ARUP LABORATORIES

IMMEDIATE HOT LINE: Effective April 6, 2015

MEDICARE COVERAGE OF LABORATORY TESTING

Please remember when ordering laboratory tests that are billed to Medicare/Medicaid or other federally funded programs, the following requirements apply:

1. Only tests that are medically necessary for the diagnosis or treatment of the patient should be ordered. Medicare does not pay for screening tests except for certain specifically approved procedures and may not pay for non-FDA approved tests or those tests considered experimental.
2. If there is reason to believe that Medicare will not pay for a test, the patient should be informed. The patient should then sign an Advance Beneficiary Notice (ABN) to indicate that he or she is responsible for the cost of the test if Medicare denies payment.
3. The ordering physician must provide an ICD-9 diagnosis code or narrative description, if required by the fiscal intermediary or carrier.
4. Organ- or disease-related panels should be billed only when all components of the panel are medically necessary.
5. Both ARUP- and client-customized panels should be billed to Medicare only when every component of the customized panel is medically necessary.
6. Medicare National Limitation Amounts for CPT codes are available through the Centers for Medicare & Medicaid Services (CMS) or its intermediaries. Medicaid reimbursement will be equal to or less than the amount of Medicare reimbursement.

The CPT Code(s) for test(s) profiled in this bulletin are for informational purposes only. The codes reflect our interpretation of CPT coding requirements, based upon AMA guidelines published annually. CPT codes are provided only as guidance to assist you in billing. ARUP strongly recommends that clients reconfirm CPT code information with their local intermediary or carrier. CPT coding is the sole responsibility of the billing party.

New Test **2000443** **Cytology, Fine Needle Aspirate** **FA REQUEST**

*This test performed at ARUP Laboratories.
Test will now be available to order directly over the interface.

Cytopathology Specimen Collection & Handling

Methodology: Microscopy
Performed: Mon-Fri
Reported: 1-5 days

Specimen Required: Collect: Fine Needle Aspirate.
Specimen Preparation: For specific instructions refer to Cytopathology Specimen Collection & Handling. Transport specimen in ARUP Standard Transport Tube(s) or on fixed slides.
Storage/Transport Temperature: Refrigerated.
Remarks: Submit source information with the specimen.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

CPT Code(s): 88173. This CPT code may also be reported in conjunction with aspiration of the specimen (10021) and/or evaluation of fine needle aspirate, immediate cytohistologic study to determine adequacy for diagnosis (88172, 88177). Additional CPT codes may be reported depending on the preparation methods, including 88305 or 88342.

New York DOH Approved.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.

New Test 2000623 Cytology, Non-Gynecologic NG REQUEST

*This test performed at ARUP Laboratories.
Test will now be available to order directly over the interface.

Cytopathology Specimen Collection & Handling

Methodology: Microscopy
Performed: Mon-Fri
Reported: 1-5 days

Specimen Required: Collect: Any Non-Gynecologic Specimen.
Specimen Preparation: For specific instructions refer to Cytopathology Specimen Collection & Handling. Transport specimen in ARUP Standard Transport Tube(s) or on fixed slides.
Storage/Transport Temperature: Refrigerated.
Remarks: Submit source information with the specimen.
Unacceptable Conditions: CSF specimens from patients with known or suspected prion disease.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 48 hours; Frozen: Unacceptable

CPT Code(s): 88108 or 88112 or 88160 or 88104 and/or 88305. Additional CPT codes may apply if special studies are required.

New York DOH Approved.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.

2001549 Factor V, R2 Mutation F5 R2

Methodology: Polymerase Chain Reaction
Performed: Varies
Reported: 3-12 days

Specimen Required: Collect: Lavender (EDTA). Also acceptable: Yellow (ACD solution A or B)
Specimen Preparation: Transfer 5 mL whole blood to an ARUP Standard Transport Tube. (Min: 1.5 mL)
Storage/Transport Temperature: Room temperature. Also acceptable: Refrigerated.
Remarks:
Unacceptable Conditions:
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: Unacceptable

0091203 Heroin - Screen with Reflex to Confirmation/Quantitation - Serum or Plasma HEROIN SP

Specimen Required: Collect: Plain red or Gray (sodium fluoride/potassium oxalate) or lavender (EDTA) or pink (K_2EDTA).
Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.
Unacceptable Conditions: Gel separator tubes.
Stability (collection to initiation of testing): Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 month

2011937 Human Papillomavirus (HPV) 16 and 18 Genotype by PCR, SurePath SP HPVGENO

*This test performed at ARUP Laboratories.
CPT code change notification.

CPT Code(s): 87625

2007894 Human Papillomavirus (HPV) Genotypes 16 and 18/45 by Transcription-Mediated Amplification (TMA), ThinPrep HPVGENOTMA

*This test performed at ARUP Laboratories.
CPT code change notification.

CPT Code(s): 87625

2007890 **Human Papillomavirus (HPV), High Risk by Transcription-Mediated Amplification (TMA) with Reflex to HPV Genotypes 16 and 18/45 by TMA, ThinPrep** **HPV TMA GR**

*This test performed at ARUP Laboratories.
CPT code change notification.

CPT Code(s): 87624; if reflexed add 87625

2011933 **Human Papillomavirus (HPV), High Risk with 16 and 18 Genotype by PCR, SurePath** **SP HPV1618**

*This test performed at ARUP Laboratories.
CPT code change notification.

CPT Code(s): 87624, 87625

2011940 **Human Papillomavirus (HPV), High Risk with 16 and 18 Genotype by PCR, ThinPrep** **TP HPV1618**

*This test performed at ARUP Laboratories.
CPT code change notification.

Specimen Required: Patient Prep:
Collect: Cervical specimen with brush or spatula from ThinPrep kit and place in PreservCyt Media.
Specimen Preparation: Transfer 3 mL to an ARUP Standard Transport Tube. (Min 1.5 mL). If test is being used for primary screening, submit specimen aliquot and retain the original specimen at the client site.
Storage/Transport Temperature: Refrigerated.
Remarks: Specimen source required.
Unacceptable Conditions: Bloody or dark brown specimens. Specimens in any media other than indicated above.
Stability (collection to initiation of testing): Ambient: 6 months; Refrigerated: 6 month; Frozen: Unacceptable

CPT Code(s): 87624, 87625

Delete **2004230** **Neurokinin A (Substance K)** **NEUROKIN**

HOT LINE NOTE: Delete this test.

New Test **2012125** ***SHOX* Mutation Detection** **SHOX**

Methodology: Polymerase Chain Reaction/ High Performance Liquid Chromatography/Sequencing
Performed: Varies
Reported: 14-24 days

Specimen Required: Collect: Lavender (EDTA) or yellow (ACD).
Specimen Preparation: Transport 3 mL whole blood. (Min: 1 mL)
Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: Unacceptable

Reference Interval: By report

CPT Code(s): 81479

New York DOH Approved.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.

2005978 Special Stain, Oil Red O **OIL RED SS**

*This test performed at ARUP Laboratories.
Important updates to published specimen collection instructions.

Specimen Required: Collect: Frozen tissue or Fresh tissue or Frozen cryostat sections.
Specimen Preparation: **Frozen Tissue or Fresh Tissue:** Transport 1 g in a sterile container. (Min: 0.5 g)
Frozen Cryostat Sections: Transport 2 slides (4-8 micron section). (Min: 1 slide).
Storage/Transport Temperature: **Frozen Tissue or Frozen Cryostat Sections:** Frozen.
Fresh Tissue: Refrigerated.
Unacceptable Conditions: Specimens submitted with non-representative tissue type. Depleted specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Indefinitely; Frozen: Indefinitely

HOT LINE NOTE: Remove information found in the Remarks field.

New Test **2001181 UroVysion FISH** **UF REQUEST**

Cytopathology Specimen Collection & Handling

Methodology: Fluorescence in situ Hybridization/Computer Assisted Analysis/Microscopy
Performed: Mon-Fri
Reported: 4-12 days

Specimen Required: Collect: Urine (second morning void) in ThinPrep UroCyte Urine Collection Kit (UroVysion FISH Collection Kit #41440). Available online through eSupply using ARUP Connect™ or contact Client Services at (800) 522-2787.
Specimen Preparation: For purposes of obtaining the greatest yield of diagnostic material, a second-morning, clean-catch voided urine specimen should be collected. For specific instructions refer to Cytopathology Specimen Collection & Handling.
Storage/Transport Temperature: Refrigerated.
Remarks: Submit source information with the specimen.
Unacceptable Conditions: Specimens in inappropriate fixative. Specimens submitted in expired reagents.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: Unacceptable

Reference Interval: Negative: No evidence of numeric chromosomal aberrations associated with urothelial carcinoma identified.
Positive: Numeric chromosomal aberrations associated with urothelial carcinoma identified.

Interpretive Data: Negative: Negative results indicate a lack of evidence for the presence of numeric chromosomal abnormalities commonly associated with urothelial carcinoma, within the cells collected in this specimen. Negative results in the presence of other symptoms/signs of urothelial carcinoma may suggest the possibility of a false-negative result. In this circumstance, additional clinical studies to exclude urothelial carcinoma should be pursued as clinically indicated. Although the UroVysion Kit was designed to detect genetic abnormality associated with most urothelial cancers, there will be some urothelial cancers for which genetic changes cannot be detected by the UroVysion Test.

Positive: Positive results indicate the presence of one or more numeric chromosomal abnormalities commonly associated with urothelial carcinoma, within the cells collected in this specimen. Positive results in the absence of clinical documentation of urothelial carcinoma within the bladder suggest the possibility of urothelial carcinoma or other urologic malignancy from another site (including ureter, kidney, urethra, and prostate). In this circumstance, further clinical evaluation to exclude these as a source of the abnormal cells is justified.

The UroVysion Bladder Cancer Kit (UroVysion Kit) is approved for use by the U.S. Food and Drug Administration.

CPT Code(s): 88121; if manual 88120

New York DOH Approved.

HOT LINE NOTE: Refer to the Test Mix Addendum for interface build information.