

782

ALDOSTERONE, SERUM

Specimen Required:

Quantity: 6.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Frozen (-20 C or colder)

Test Frequency: Mon-Fri

Methodology: Radioimmunoassay

Performed by: ARUP [70015]

Collection Notes:

If specimen is drawn from an upright patient [seated or standing], patient should be upright for at least 2 hours before drawing specimen.

Transport 1 mL. Samples need to be collected in a plastic tube.

Unacceptable Sample: Plasma samples. Samples collected in glass tubes.

Stability: After separation from cells: ambient - 4 hours; refrigerated - 1 week; frozen - 1 month.

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PSA (PROSTATIC SPECIFIC ANTIGEN)

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Specimen Required:

Quantity: 1.0 mL
Type: Serum or Heparinized Plasma
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Microparticle Enzyme Immunoassay

Performed by: Avera LabNet

Collection Notes:

TEMPERATURE: Freeze specimen if transport/storage will exceed 5 days.

Separate specimens must be submitted when multiple tests are ordered.

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CEA (CARCINOEMBRYONIC ANTIGEN)

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Specimen Required:

Quantity: 1.0 mL
Type: Serum (red, gold, or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Microparticle Enzyme Immunoassay

Performed by: Avera LabNet

1088

PSA, SCREEN (PROSTATIC SPECIFIC ANTIGEN SCREEN)

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Medical Necessity Comment:

Medicare will cover [on or after 1/1/00] prostate cancer screening tests for early detection of prostate cancer under the Balanced Budget Act of 1997.

Refer to Collection Note Section for payment requirements under this program.

Specimen Required:

Quantity: 1.0 mL
Type: Serum or Heparinized Plasma
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Microparticle Enzyme Immunoassay

Performed by: Avera LabNet

Collection Notes:

TEMPERATURE: Freeze specimen if storage/transport will exceed 5 days.

PSA, Screen should be the test of choice when testing is desired for Medicare beneficiary as outlined by the Prostate Cancer Screening Program under the Balanced Budget Act of 1997.

Screening test programs are services ordered to detect an undiagnosed disease where early detection may prevent harm, where the patient has no signs, symptoms, or history of the disease.

Prostate Cancer Screening Tests and Procedures will be covered under the Medicare program if the following requirements are met:

- Performed on a male Medicare beneficiary age 50 or older;
- Ordered by the beneficiary's attending physician or qualified physician assistant, nurse practitioner, clinical nurse specialist, or certified nurse midwife
- Performed at a frequency no greater than once every 12 months [at least 11 months must have passed following the month in which the last Medicare-covered PSA was performed].
- Documentation of the time elapsed since the last Medicare-covered PSA must also be documented in the medical record.

1094

T4, FREE (FREE T4, FT4)

MEDICARE COVERAGE NOTICE:

Test covered under Medical Review Policy -Medical necessity documentation/evaluation and appropriate waiver [ABN] use required.

Specimen Required:

Quantity: 1.0 mL
Type: Green (Lithium Heparin) Plasma or Serum (red, gold or equivalent)
Temperature: Refrigerate (2 - 8 C)

Test Frequency: Daily

Methodology: Microparticle Enzyme Immunoassay

Performed by: Avera LabNet

Collection Notes:

Temperature: Freeze specimen if storage time will exceed 24 hours.