

IMMEDIATE HOT LINE: Effective December 19, 2011

This Hot Line is published by ARUP Laboratories to notify clients of updates to our test menu. New tests, inactivated tests, and test changes will be included in the Hot Line, which is published twice monthly, as needed. Hot Lines and the up-to-date [Laboratory Test Directory](#) may also be viewed on our Web site at aruplab.com. For additional information, contact ARUP Client Services at (800) 522-2787.

Changes are indicated by the red type. Note that only amended fields of an assay appear in this publication. All other fields remain the same. A red check mark (✓) indicates changes that also apply to other tests.

Unless otherwise indicated, the tests updated in this Hot Line are referred outside of ARUP Laboratories and reflect the changes made by the laboratory where specimens are sent for testing.

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.

The regulations described above are only guidelines. Additional procedures may be required by your fiscal intermediary or carrier.

0091348 Diltiazem, Serum or Plasma

DILTIAZE

Specimen Required: Collect: Lavender (EDTA) or plain red.

Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.7 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Separator tubes.

Stability (collection to initiation of testing): Ambient: 8 days; Refrigerated: 8 days; Frozen: 1 year

**0092182 Drugs of Abuse 5 Panel, Urine - Screen with Reflex to Confirmation/
Quantitation**

CDASU 5

**This test is performed at ARUP Laboratories.*

Effective Immediately

✓ **HOT LINE NOTE:** In an effort to standardize ARUP's drugs of abuse panels, the reflex testing mechanism for these tests has been updated. In the past, confirmatory test results were provided as footnotes to the results of the screening tests. The confirmatory tests thus showed up on invoices as bill-only items. The panels have now been changed so that when a screening test is positive, it will trigger an order for the appropriate confirmation test(s). The confirmation results will be transmitted separately under the confirmation test code. These changes may require updates to your laboratory's interface and/or any reflex functionality built into your LIS. Refer to Test Mix Addendum for further information. We apologize for any inconvenience or confusion this may have caused. This change also applies to:

- Drugs of Abuse 5A Panel, Urine - Screen with Reflex to Confirmation/Quantitation (0092183)
- Drugs of Abuse 7 Panel, Urine - Screen with Reflex to Confirmation/Quantitation (0092184)
- Drugs of Abuse 7A Panel, Urine - Screen with Reflex to Confirmation/Quantitation (0092185)
- Drugs of Abuse 9 Panel, Urine - Screen with Reflex to Confirmation/Quantitation (0092186)
- Drugs of Abuse 9A Panel, Urine - Screen with Reflex to Confirmation/Quantitation (0092187)

2005400 **FLT3 Mutation Detection by PCR**

FLT3 MUTAT

Effective January 1, 2012

Specimen Required: Collect: Lavender (EDTA) or bone marrow (EDTA).

Specimen Preparation: Transport 5 mL whole blood (Min: 4 mL) **OR** 3 mL bone marrow. (Min: 1 mL)

Storage/Transport Temperature: Refrigerated. **Separate specimens must be submitted when multiple tests are ordered.**

Unacceptable Conditions: Serum or plasma. Specimens collected in preservatives other than EDTA. Frozen specimens. Clotted whole blood or bone marrow. Severely hemolyzed specimens.

Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

Note: Specimens received from **New York State** clients will be tested at ARUP Laboratories. Testing is conducted under a sublicense to U.S. Patent No. 6,846,630 owned by Takara Bio, Inc., of Otsu, Japan, and licensed exclusively to IVS Technologies, LLC, of San Diego, California.

Specimens received from clients outside of **New York State** will be tested at Laboratory for Personalized Molecular Medicine (LabPMM).

0099721 **Human Placental Lactogen (HPL)**

HPL

Methodology: Enzyme-Linked Immunosorbent Assay

Specimen Required: Collect: Plain red.

Specimen Preparation: **Separate serum from cells within 2 hours of collection.** Transfer 1 mL serum to an ARUP Standard Transport Tube **and freeze immediately.** (Min: 0.5 mL)

Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**

Unacceptable Conditions: **Thawed specimens.**

Stability (collection to initiation of testing): Ambient: **Unacceptable;** Refrigerated: **Unacceptable;** Frozen: 2 weeks

0092012 **Porphyrins Profile, Plasma**

PORPH PRO

Performed: Varies

Reported: **3-8 days**

Specimen Required: Patient Preparation: **Patient** should abstain from alcohol for 24 hours prior to **test.**

Collect: Green (sodium heparin). **Also acceptable: lavender (EDTA).**

Specimen Preparation: Protect from light. Transfer 3 mL plasma to an ARUP Amber Transport Tube **and freeze immediately.** (Min: 1 mL)

Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**

Remarks: **Include a current** list of medications.

Unacceptable Conditions: Separator tubes. Specimens not protected from light. **Thawed specimens.**

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

Interpretive Data: This profile begins **with the** extraction and quantitation of total porphyrins in plasma. If the **result** for the total is greater than 1.0 µg/dL, fractionation will be performed at an additional charge.

CPT Code(s): 84311**Porphyrins total;** 82492 add if fractionation is performed

0098573 **Prednisolone, Serum or Plasma**

PREDNIISOLO

Specimen Required: Patient Preparation: Patient should not be on any corticosteroid or ACTH therapy, other than Prednisolone, if possible, for at least 48 hours prior to collection of specimen.

Collect: Plain red. Also acceptable: Lavender (EDTA).

Specimen Preparation: Separate serum or plasma from cells **within 1 hour of collection.** Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)

Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**

Unacceptable Conditions: **Specimens that have been thawed and refrozen.**

Stability (collection to initiation of testing): Ambient: **Unacceptable;** Refrigerated: **Unacceptable;** Frozen: 6 months

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

2005416 **Urticaria-Induced Basophil Activation**

UIBA

**This test is performed at ARUP Laboratories.*

Test Directory name change that improves analysis description.

HOT LINE NOTE: Test name, mnemonic and charting name changes are associated with this test. Refer to Test Mix Addendum for further information.

2005413 Urticaria-Inducing Activity

UIA

**This test is performed at ARUP Laboratories.*

Test Directory name change that improves analysis description.

HOT LINE NOTE: Test name, mnemonic and charting name changes are associated with this test. Refer to Test Mix Addendum for further information.

2005415 Urticaria-Inducing Activity with Thyroid Antibodies and Stimulating Hormone

UIAT

**This test is performed at ARUP Laboratories.*

Test Directory name change that improves analysis description.

HOT LINE NOTE: Test name, mnemonic and charting name changes are associated with this test. Refer to Test Mix Addendum for further information.

0095263 VAP Cholesterol

VAP CHOL

Performed: Varies
Reported: 3-6 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Transfer 4 mL serum to an ARUP Standard Transport Tube. (Min: 1.5 mL) If transport time is greater than four days from draw, freeze specimen.
Storage/Transport Temperature: Refrigerated. **Also acceptable: Frozen.**
Unacceptable Conditions: Frozen serum separator tubes. **Specimens that have been thawed and refrozen.**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen at -20°C: 4 weeks; Frozen at -70°C: 1 year

CPT Code(s): 83701 Lipoprotein subclasses; 84478 Triglycerides