

IMMEDIATE HOT LINE: Effective December 05, 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.

| | | |
|---------------------------|--|---------------|
| 2002387 | Acetylcholinesterase and Fetal Hemoglobin | ACETYL |
| Performed: | Varies | |
| Reported: | 3-11 days | |
| Specimen Required: | Collect: Amniotic Fluid <u>Specimen Preparation:</u> Transfer 2 mL amniotic fluid to an ARUP Standard Transport Tube. (Min: 1 mL) <u>Storage/Transport Temperature:</u> Refrigerated. <u>Remarks:</u> Include gestational age, collection date, clinical indications, and the AFP and MoM results, if available. <u>Stability (collection to initiation of testing):</u> Ambient: 2 weeks; Refrigerated: 4 months; Frozen: 3 years | |
| CPT Code(s): | 82013 Acetylcholinesterase; 83033 Fetal Hemoglobin | |
| 0089110 | Anabolic Steroids Panel | ANAB |
| Performed: | Varies | |
| Reported: | 10-13 days | |
| Specimen Required: | Collect: Random urine. <u>Specimen Preparation:</u> Transport 40 mL urine. (Min: 12 mL) <u>Storage/Transport Temperature:</u> Refrigerated. <u>Stability (collection to initiation of testing):</u> Ambient: 1 week; Refrigerated: 1 month; Frozen: Indefinitely | |

| | | |
|--|--|------------------|
| 0091330 | Boron, Serum or Plasma | BORON SP |
| Methodology: | Quantitative Inductively Coupled Plasma/ Optical Emission Spectrometry | |
| Specimen Required: | <p><u>Collect:</u> Royal blue, plastic (trace metal-free; EDTA) or royal blue, plastic (trace metal-free; no additive). <u>Specimen Preparation:</u> Separate from cells within 2 hours of draw. Transfer 2 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 0.7 mL) <u>Storage/Transport Temperature:</u> Refrigerated. Also acceptable: Room temperature or frozen. <u>Unacceptable Conditions:</u> Glass containers or separator tubes. <u>Stability (collection to initiation of testing):</u> Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month</p> | |
| HOT LINE NOTE: There is a clinically significant charting name change associated with this test. Interface clients, refer to Test Mix Addendum for further information. | | |
| 0091331 | Boron, Urine | BORON URN |
| Methodology: | Quantitative Inductively Coupled Plasma / Optical Emission Spectrometry | |
| Specimen Required: | <p><u>Patient Preparation:</u> High concentrations of gadolinium are known to interfere with most metals tests. If gadolinium-containing contrast media has been administered, a specimen cannot be collected for 48 hours. <u>Collect:</u> Random urine in a plastic trace metal-free or acid-washed container. <u>Specimen Preparation:</u> Transfer 6 mL urine to ARUP Trace Element-Free Transport Tubes (ARUP supply #43116). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 2.7 mL) <u>Storage/Transport Temperature:</u> Refrigerated. <u>Unacceptable Conditions:</u> Glass containers. <u>Stability (collection to initiation of testing):</u> Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month</p> | |
| HOT LINE NOTE: There is a clinically significant charting name change associated with this test. Interface clients, refer to Test Mix Addendum for further information. | | |
| 0092572 | Cutaneous Direct Immunofluorescence, Biopsy | CUTDIF |
| Specimen Required: | <p><u>Collect:</u> Tissue, skin, or mucous membrane. <u>Specimen Preparation:</u> Transport epidermis/epithelium and dermis tissue (optimal 4-5 mm) in Michel's (or Zeus) medium. <u>Storage/Transport Temperature:</u> Room temperature. <u>Unacceptable Conditions:</u> Formalin-fixed tissue. <u>Stability (collection to initiation of testing):</u> Ambient: 10 days; Refrigerated: 10 days; Frozen: Unacceptable</p> | |
| 0098843 | IGF Binding Protein-1 | IGFBP-1 |
| Performed: | Varies | |
| Reported: | 3-9 days | |
| Specimen Required: | <p><u>Patient Preparation:</u> Patient should fast overnight (12 hours) prior to collection. <u>Collect:</u> Plain red or serum separator tube. <u>Specimen Preparation:</u> Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL) <u>Storage/Transport Temperature:</u> Refrigerated. Also acceptable: Frozen. <u>Unacceptable Conditions:</u> Grossly hemolyzed or lipemic specimens. <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 4 weeks</p> | |

0081293 Maternal Screening, Sequential, Specimen #1

MS SEQ-1

**This test is performed at ARUP Laboratories.*

Broaden specimen collection allowance to be consistent with industry standard.

Specimen Required: Patient Preparation: **This test requires a nuchal translucency (NT) measurement that has been performed by a certified ultrasonographer.** The ultrasonographer MUST be certified to perform NT measurements by one of the following agencies: FASTER trial, Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR). To avoid possible test delays for an ultrasonographer that is new to our database, please contact the genetic counselor at 800-242-2787 extension 2020 prior to sending specimen.

If an NT is unobtainable, order Maternal Serum Screening, Integrated (ARUP test codes 0081062 and 0081064), which can be interpreted without an NT value.

Specimen must be drawn between 11 weeks, 0 days and 13 weeks, 6 days gestation (Crown-Rump length (CRL) must be 4.2-8.5 cm).
Collect: Serum separator tube or plain red.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Storage/Transport Temperature: Refrigerated.

Remarks: **The sequential maternal screen also requires the following information:** a crown-rump length measurement (cm), ultrasonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, if the patient requires insulin, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a chromosome abnormality, if the patient is taking valproic acid or carbamazepine (TegretoI®), physician's name and phone number, and for in vitro fertilization pregnancies, the age of the egg donor.

Unacceptable Conditions: A crown rump length greater than 8.5 cm. Heparin, EDTA, or citrate plasma. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 2 months

0081150 Maternal Serum Screen, First Trimester

MS FT

**This test is performed at ARUP Laboratories.*

Broaden specimen collection allowance to be consistent with industry standard.

Specimen Required: Patient Preparation: **This test requires a nuchal translucency (NT) measurement that has been performed by a certified ultrasonographer.** The ultrasonographer MUST be certified to perform NT measurements by one of the following agencies: FASTER trial, Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (NTQR). To avoid possible test delays for an ultrasonographer who is new to our database, please contact the genetic counselor at 800-242-2787 extension 2020 prior to sending specimen.

If an NT is unobtainable, order Maternal Serum Screening, Integrated (ARUP test codes 0081062 and 0081064), which can be interpreted without an NT value.

Specimen must be drawn in the first trimester between 11 weeks, 0 days and 13 weeks, 6 days. (Crown-Rump length (CRL) must be 4.2-8.5 cm). Patient History information is required.

Collect: Serum separator tube or plain red.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Storage/Transport Temperature: Refrigerated.

Remarks: **The First Trimester Maternal Screen also requires the following information:** a crown-rump length measurement (cm), ultrasonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, if the patient has had a previous pregnancy with a chromosome abnormality, physician's name and phone number; and for in vitro fertilization pregnancies, the age of the egg donor.

Unacceptable Conditions: A crown-rump length greater than 8.5 cm. Heparin, EDTA or citrated plasma. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 2 months

0081062 Maternal Serum Screening, Integrated, Specimen #1

MS INT-1

**This test is performed at ARUP Laboratories.*

Broaden specimen collection allowance to be consistent with industry standard.

Specimen Required: Patient Preparation: The final Integrated Maternal Screen can be interpreted with or without a nuchal translucency (NT) measurement.

If performed, the NT measurement must be obtained between 10 weeks, 3 days and 13 weeks, 6 days gestation. The NT measurement must also be performed by an ultrasonographer that is certified by one of the following agencies: FASTER trial, Fetal Medicine Foundation (FMF) or Nuchal Translucency Quality Review (TQR). To avoid possible test delays for an ultrasonographer that is new to our database, please contact the genetic counselor at 800-242-2787 extension 2020 prior to sending specimen.

Specimen must be drawn between 10 weeks, 3 days and 13 weeks, 6 days gestation (Crown-Rump length (CRL) must be 3.6-8.5 cm).

Collect: Serum separator tube or plain red.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL)

Storage/Transport Temperature: Refrigerated.

Remarks: **This test also requires the following information:** a crown-rump length measurement (cm), ultrasonographer's name and certification number, date of ultrasound, patient's date of birth, current weight, due date, number of fetuses present, patient's race, if the patient requires insulin, if there is a known family history of neural tube defects, if the patient has had a previous pregnancy with a chromosome abnormality, if the patient is taking valproic acid or carbamazepine (Tegretol®), physician's name and phone number; and for in vitro fertilization pregnancies, the age of the egg donor.

Unacceptable Conditions: Heparin, EDTA, or citrate plasma. Specimens exposed to repeated freeze/thaw cycles. Hemolyzed specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 30 days

0091077 Silicon, Urine

SILICON UR

Methodology: Quantitative Inductively Coupled Plasma/Optical Emission Spectrometry

Performed: Varies

Reported: 3-8 days

Specimen Required: Patient Preparation: Avoid exposure to gadolinium-based contrast media for 48 hours prior to specimen collection.

Collect: Random urine in a trace metal-free or acid-washed container.

Specimen Preparation: Transport 6 mL urine. (Min: 2.7 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Glass containers.

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

0070225 Thyroid Stimulating Hormone 3rd Generation

TSH 3

**This test is performed at ARUP Laboratories.*

Correcting published information to correspond with currently reported reference interval.

Reference Interval:

| | Males | Females |
|---|-------------------|---|
| Cord Blood | 2.000-40.000 mU/L | 2.000-40.000 mU/L |
| 0-3 days | 5.170-14.600 mU/L | 5.170-14.600 mU/L |
| 4-30 days | 0.430-16.100 mU/L | 0.430-16.100 mU/L |
| 1-24 months | 0.620-8.050 mU/L | Effective Immediately 0.620-8.050 mU/L |
| 2-6 years | 0.540-4.530 mU/L | 0.540-4.530 mU/L |
| 7-11 years | 0.660-4.140 mU/L | 0.660-4.140 mU/L |
| 12-19 years | 0.530-3.590 mU/L | 0.530-3.590 mU/L |
| 20 years and older | 0.300-4.000 mU/L | 0.300-4.000 mU/L |
| 1 st trimester (10-13 weeks gestation) | | 0.03-3.40 mU/L |
| 2 nd trimester (14-20 weeks gestation) | | 0.19-4.06 mU/L |