

IMMEDIATE HOT LINE: Effective November 07, 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.

0051002 Ehrlichia chaffeensis Antibodies, IgG & IgM by IFA

E CHAF ABS

**This test is performed at ARUP Laboratories.*

The kit vendor has changed for this test.

Interpretive Data: Refer to individual components.

Refer to Statement B under Testing Information at <http://www.aruplab.com>.

0051004 Ehrlichia chaffeensis Antibody, IgG by IFA

E CH G

**This test is performed at ARUP Laboratories.*

The kit vendor has changed for this test.

Interpretive Data: Seroconversion between acute and convalescent sera is considered strong evidence of recent infection. The best evidence for infection is a significant change (fourfold difference in titer) on two appropriately timed specimens, where both tests are done in the same laboratory at the same time.

Refer to Statement B under Testing Information at <http://www.aruplab.com>.

Note: Human ehrlichiosis is a tick-borne disease caused by rickettsial-like agents. Two forms, human monocytic ehrlichiosis (HME) and human granulocytic ehrlichiosis (HGE), have been described. HME is often referred to as "spotless" or rashless Rocky Mountain spotted fever, and has been reported in various regions of the United States. The causative agent of HME has been identified as *Ehrlichia chaffeensis*. *Infected individuals produce specific antibodies to E. chaffeensis, which can be detected by an immunofluorescent antibody (IFA) test.*

0051003 Ehrlichia chaffeensis Antibody, IgM by IFA

E CH M

**This test is performed at ARUP Laboratories.*

The kit vendor has changed for this test.

Interpretive Data: While the presence of IgM antibodies suggests current or recent infection, low levels of IgM antibodies may occasionally persist for more than 12 months post-infection. A single IgM result should be interpreted with caution.

Refer to Statement B under Testing Information at <http://www.aruplab.com>.

2005400 FLT3 Mutation Detection by PCR

FLT3 MUTAT

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.

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

0091590 Naphthalene and Metabolite, Serum or Plasma

NAPHTHAL S

Performed: Varies

Reported: 4-11 days

Specimen Required: Collect: Plain red or lavender (EDTA).

Specimen Preparation: **Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube.** (Min: 2 mL)

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Separator tubes.

Stability (collection to initiation of testing): Ambient: **Undetermined**; Refrigerated: **Undetermined**; Frozen: **Undetermined**

0070105 Renin Activity

RENIN

** This test is performed at ARUP Laboratories.*

Adjustment to collection requirement affecting patient care.

Specimen Required: Patient Preparation: **Supine:** 1. Specimen should be obtained between 8 a.m. and 10 a.m. (after at least two hours in supine position); 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system.

Upright: 1. Specimen should be obtained before noon (after at least two hours in upright position; seated or standing); 2. Normal sodium diet (100-200 mEq/day) for at least three days; 3. Take no medications known to affect renin-aldosterone system. Contact Medical Director if more information is needed.

Collect: Lavender (EDTA) or pink (K₂EDTA). **Do not collect in refrigerated tubes.**

Specimen Preparation: Separate plasma from cells. Transfer 2 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 1.2 mL)

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

Unacceptable Conditions: Serum. Specimens collected in citrate, heparin, or oxalate. Hemolyzed or refrigerated specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: 6 hours; Refrigerated: Unacceptable; Frozen: 1 month

0091100 Sulfonylurea Hypoglycemics Panel (Quantitative), Urine

SULFON UR

Methodology: Quantitative Liquid Chromatography/Tandem Mass Spectrometry

Performed: Varies

Reported: 5-8 days

Specimen Required: Collect: Random urine.

Specimen Preparation: Transfer 5 mL urine to ARUP Standard Transport Tubes. (Min: 1.2 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Frozen.

Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 6 months

CPT Code(s): 82542

0099430 Thyroid Stimulating Immunoglobulin

TSI

** This test is performed at ARUP Laboratories.*

Reference interval adjustment for new reagent.

Reference Interval:

Effective November 7, 2011

Negative	110% basal activity or less
Positive	111% basal activity or greater

Interpretive Data: Positive results (111 percent or greater) are consistent with Graves disease but do not always correlate with the presence and severity of hyperthyroidism. **Antibodies** to the Thyroid Stimulating Hormone Receptor (TSHR) may be stimulating, blocking, or neutral. Stimulating antibodies mimic the action of TSH and may cause hyperthyroidism (Graves disease). **This test determines the net effect of all TSHR antibody types present in the serum specimen.**

Note: An elevated Thyroid Stimulating Hormone (TSH) value above 76 mU/L may produce a weakly positive Thyroid Stimulating Immunoglobulin (TSI) result (111 percent or greater).

New Test 2005771 Tryptase, Mature and Total by ELISA

TRYPT MAT

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Varies
Reported: 10-15 days

Specimen Required: Patient Preparation: For anaphylaxis, specimen should preferably be collected between 15 minutes and four hours after the suspected event causing mast cell activation. For mastocytosis, specimen should be collected during a non-acute time period.
Collect: Plain red.
Specimen Preparation: Separate serum from cells. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)
Storage/Transport Temperature: Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions: Specimens submitted in glass containers.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 2 weeks

Reference Interval: By report

CPT Code(s): 83520

New York DOH approval pending. Call for status update.

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