

IMMEDIATE HOT LINE: Effective June 13, 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](http://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.

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**2002552**      ***Clostridium difficile* Cytotoxin Antibody**      **CDIFF AB**

**Methodology:**      Antibody Neutralization

**Performed:**      Varies

**Reported:**      3-9 days

**Specimen Required:** Collect: Plain red.

Specimen Preparation: Separate serum from cells. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 1 mL)

Storage/Transport Temperature: Refrigerated.

Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 1 month

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**0092382**      **Escitalopram, Serum or Plasma**      **ESCITALO**

**CPT Code(s):**      80299

**0091341      Fluoride, Serum or Plasma      FLUORIDE**

**Performed:**      Varies  
**Reported:**      3-9 days

**Specimen Required:** Collect: Plain red or lavender (EDTA).  
Specimen Preparation: Separate from cells within 2 hours. Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL)  
Storage/Transport Temperature: Refrigerated.  
Unacceptable Conditions: Gray (potassium oxalate/sodium fluoride) or separator tubes.  
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 2 months

**2004745      Hepatitis C Virus (HCV) FibroSURE™      HCV FIBRO**

**Specimen Required:** Patient Preparation: Patient must be 14 years of age or older. Patient should fast at least 8 hours prior to collection.  
Collect: Plain red or serum separator tube.  
Specimen Preparation: Separate from cells within one hour of collection. Transfer 3 mL serum to an ARUP Standard Transport Tube. (Min: 3 mL)  
Storage/Transport Temperature: Frozen.  
Remarks: Patient age and gender must be included on the request form.  
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

**0070036      Histamine, Plasma      HIST-P**

*\* This test is performed at ARUP Laboratories.*

The kit used for this test has been changed.

**Performed:**      Tue, Sat  
**Reported:**      1-6 days

**Specimen Required:** Collect: Lavender (EDTA) or pink (K<sub>2</sub>EDTA). Collect in a pre-chilled tube and on ice.  
Specimen Preparation: Centrifuge refrigerated and separate upper two-thirds of plasma within 20 minutes. Transfer 1 mL plasma 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: Non-frozen or hemolyzed specimens.  
Stability (collection to initiation of testing): After separation from cells: Ambient: 1 hour; Refrigerated: 6 hours; Frozen: 6 months

**Reference Interval:**  
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0-8 nmol/L

**0091084      Mercaptopurine Quantitation, Serum or Plasma      MERCAP SP**

**CPT Code(s):**      80299

**2004263      PreDx™ Diabetes Risk Profile      DIAB RISK**

**Specimen Required:** Patient Preparation: Patient must be 18 years of age or older. Patient should fast for at least 10 hours prior to collection.  
Collect: Serum separator tube **AND** lavender (EDTA). **Serum separator tube should be collected before EDTA tube. ARUP Standard Transport Tubes should be frozen prior to collection.**  
Specimen Preparation: **Serum:** Gently invert 5 times following collection; allow specimen to clot at least 30-40 minutes (not more than 60) in a vertical position at room temperature. Centrifuge for 15-20 minutes between 1100 g and 1300 g. Transfer 3 mL serum to a FROZEN ARUP Standard Transport Tube and freeze immediately. (Min: 1 mL)  
**EDTA Whole Blood:** Gently invert 8-10 times following collection. Transfer 3 mL whole blood to a FROZEN 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: Hemolyzed specimens. Specimens from patients less than 18 years of age.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week