

IMMEDIATE HOT LINE: Effective June 27, 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.

Test Updates

0055037 Allergen, Epidermals and Animal Proteins, Feather Mix

FEATHER

** This test is performed at ARUP Laboratories.*

The reagent used for a portion of this test is no longer available.

Note: This assay provides a single qualitative (positive/negative) result only. It does not provide information on the amount of IgE specific for any of the component allergens (goose, chicken, duck and turkey feathers).

0091349 Disulfiram (Antabuse) and Metabolite Quantitation, Serum or Plasma

ANTABUS SP

Performed: Varies

Reported: 4-11 days

Specimen Required: Collect: Lavender EDTA or plain red.

Specimen Preparation: Separate serum or plasma from cells within 1 hour. Transfer 7 mL serum or plasma to **ONE transport container and freeze within one hour of collection.** (Min: 3.2 mL)

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

Unacceptable Conditions: **Thawed specimens.** Specimens submitted in glass tubes. Separator tubes.

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

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

0091293 Disulfiram (Antabuse) and Metabolite Quantitation, Urine ANTABUS UR

Performed: Varies
Reported: 3-8 days

Specimen Required: Collect: Urine.
Specimen Preparation: Transfer 15 mL urine to **ONE** transport container and freeze **within one hour of collection.** (Min: 6.2 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Unacceptable Conditions: Glass containers. Thawed specimens.
Stability (collection to initiation of testing): Ambient: Undetermined; Refrigerated: Undetermined; Frozen: Undetermined

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

2004331 HIV GenoSure® MG GENOSURE

Specimen Required: Collect: Lavender (EDTA) or plasma preparation tube.
Specimen Preparation: Separate PPT plasma from cells within 2 hours of collection. Separate EDTA plasma from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Remarks: Indicate viral load and viral load collection date on the test request form. If viral load is less than 500 copies, testing MAY NOT be performed.
Unacceptable Conditions: Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20°C: 2 weeks; Frozen at -70°C: Indefinitely

CPT Code(s): 87900 Phenotype; 87901 Genotype

0092050 Human Immunodeficiency Virus (HIV) Phenotype Comprehensive HIV COMPRE

Specimen Required: Collect: Lavender (EDTA) or plasma preparation tube.
Specimen Preparation: Separate PPT plasma from cells within 2 hours of collection. Separate EDTA plasma from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Remarks: Indicate patient's most recent viral load and viral load collection date on the test request form. If viral load is less than 500 copies, testing MAY NOT be performed.
Unacceptable Conditions: Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20°C: 2 weeks; Frozen at -70°C: Indefinitely

CPT Code(s): 87903 Phenotype with culture 1-10 drugs; 87904 x10 Phenotype with culture, each additional drug

0093370 Trofile Co-Receptor Tropism Assay TROFILE

Specimen Required: Collect: Lavender (EDTA) or plasma preparation tube.
Specimen Preparation: Separate PPT plasma from cells within 2 hours of collection. Separate EDTA plasma from cells within 6 hours of collection. Transfer 3 mL plasma to an ARUP Standard Transport Tube and freeze immediately. (Min: 3 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Remarks: Indicate viral load and viral load collection date on the test request form. If viral load is less than 1,000 copies, testing MAY NOT be performed.
Unacceptable Conditions: Thawed specimens.
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen at -20°C: 2 weeks; Frozen at -70°C: Indefinitely

New Tests

New Test 2005389 Human Papillomavirus (HPV) DNA, High Risk by Invader Method HPVHI INV

** This test is performed at ARUP Laboratories.*

This test is being made available due to client request.

Methodology: Qualitative Nucleic Acid Probe
Performed: Tue, Thu
Reported: 2-7 days

Specimen Required: Patient Preparation: Females should avoid high concentrations of antifungal cream, contraceptive jelly, or douche at time of collection.
Collect: ThinPrep® PAP specimen transport media collection device. Refer to Cytology, ThinPrep® Pap Test Specimen Collection in the Laboratory Test Directory for specific collection guidelines.
Specimen Preparation: Discard collection device. Transfer each specimen vial to an individual, sealed bag. (Min: 2 mL)
Storage/Transport Temperature: Room temperature. Submit specimen according to Biological Substance, Category B, shipping guidelines.
Unacceptable Conditions: Swabs or specimens in any other transport media. Specimens other than cervical are not accepted for children under age 13.
Stability (collection to initiation of testing): Ambient: 18 weeks; Refrigerated: 18 weeks; Frozen: Unacceptable

Reference Interval:
Effective June 27, 2011

Not Detected

Interpretive Data: The high-risk HPV test detects HPV types 16, 18, 31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66, and 68, which are associated with cervical cancer and its precursor lesions. Cross-reactivity with two HPV types of unknown risk has been observed: HPV 67 and HPV 70. Results of this test should be correlated with cytologic and histologic findings. Sensitivity may be affected by specimen integrity and/or cellularity.

A negative result does not exclude the possibility of HPV infection because very low levels of infection or sampling error may cause a false-negative result. False-negative result may be obtained with specimens that are contaminated with high levels of contraceptive jelly and/or antifungal creams.

CPT Code(s): 87621

New York DOH Approved.

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