

IMMEDIATE HOT LINE: Effective **March 5, 2012**

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.

**0091310**

**Chloroquine, Plasma**

**CHLOROQUI**

**Specimen Required:** Collect: Lavender (EDTA) or pink (K<sub>2</sub>EDTA).

Specimen Preparation: Separate plasma from cells within 2 hours of draw. Transfer 1 mL plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Unacceptable Conditions: Separator tubes.

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

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

**0093167**

**Colorado Tick Fever Antibodies, IgG&IgM, IFA**

**COLOR TICK**

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

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.25 mL)

Storage/Transport Temperature: Refrigerated.

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

**0097646      Corticotropin Releasing Hormone      CORT REL**

**Methodology:**      Radioimmunoassay

**Specimen Required:** Collect: Green (sodium heparin).  
Specimen Preparation: Transport 3 mL plasma. (Min: 1.1 mL)  
Storage/Transport Temperature: Refrigerated.  
Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 8 days; Frozen: 3 months

**HOT LINE NOTE:** Remove information found in the Unacceptable Conditions field.

**0091320      Diuretic Survey, Serum or Plasma      DIURETIC**

**Specimen Required:** Collect: Plain red or lavender (EDTA).  
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: 1 week; Refrigerated: 1 week; Frozen: 6 months

**HOT LINE NOTE:** Remove information found in the Remarks field.

**2006069      Febrile Seizures Panel      FEBRIL PAN**

**CPT Code(s):**      83891 Isolation, 83892 Digestion, 83896 x26 Nucleic acid probes, 83898 x90 Amplification, 83900 Multiplex amplification, 83901 x24 Amplification, 83904 x90 Sequencing, 83909 x91 Capillary electrophoresis, 83912 Interpretation and report

**2005400      FLT3 Mutation Detection by PCR      FLT3 MUTAT**

**Specimen Required:** Collect: Lavender (EDTA), yellow (ACD solution A or B), or green (sodium or lithium heparin).  
Specimen Preparation: Transport 5 mL whole blood (Min: 4 mL) **OR** 3 mL bone marrow. (Min: 1 mL) Separate specimens must be submitted when multiple tests are ordered.  
Storage/Transport Temperature: Refrigerated.  
Unacceptable Conditions: Serum or plasma. Frozen specimens. Clotted whole blood. Severely hemolyzed specimens.  
Stability (collection to initiation of testing): Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable

**0091515      Fluoride, Urine      FLUORIDE U**

**Specimen Required:** Collect: Urine collected in a trace metal-free or acid-washed plastic container.  
Specimen Preparation: Transport 6 mL urine. (Min: 2.9 mL) Submit in 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.  
Storage/Transport Temperature: Refrigerated.  
Remarks: Avoid exposure to gadolinium-based contrast media for 48 hours prior to specimen collection.  
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: 1 month

***New Test*      2006328      Glutathione Total      GLUT TOT**

**Methodology:**      Quantitative Kinetic  
**Performed:**      Varies  
**Reported:**      4-11 days

**Specimen Required:** Collect: Yellow top (ACD Solution B).  
Specimen Preparation: Transport 10 mL blood in original collection container. (Min: 1 mL)  
Storage/Transport Temperature: **CRITICAL REFRIGERATED.**  
Unacceptable Conditions: Hemolyzed specimens.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 21 days; Frozen: Unacceptable

**Reference Interval:** By Report

**CPT Code(s):**      82978

New York DOH approval pending. Call for status update.

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

<b>0091353</b>	<b>Glyburide, Serum or Plasma</b>	<b>GLYBURID</b>
<p><b>Specimen Required:</b> Collect: <b>Plain</b> red or lavender (EDTA).  <u>Specimen Preparation:</u> <b>Transfer 3 mL serum or plasma</b> ton an ARUP Standard Transport Tube. (Min: 1.2 mL)  <u>Storage/Transport Temperature:</u> <b>Refrigerated.</b>  <u>Unacceptable Conditions:</u> <b>Separator</b> tubes.  <u>Stability (collection to initiation of testing):</u> Ambient: <b>1 week</b>; Refrigerated: <b>1 week</b>; Frozen: <b>4 months</b></p> <p><b>HOT LINE NOTE:</b> There is a component change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.</p>		
<b>0098299</b>	<b>Human Anti-Mouse Antibody (HAMA), ELISA</b>	<b>HAMA</b>
<p><b>Specimen Required:</b> <u>Collect:</u> Plain red or serum separator tube.  <u>Specimen Preparation:</u> Transport 1 mL serum. (Min: 0.5 mL)  <u>Storage/Transport Temperature:</u> <b>Frozen</b>  <u>Stability (collection to initiation of testing):</u> Ambient: <b>1 week</b>; Refrigerated: <b>2 weeks</b>; Frozen: <b>1 month</b></p>		
<b>0091203</b>	<b>Heroin, Serum or Plasma - Screen with Reflex to Confirmation/Quantitation</b>	<b>HEROIN SP</b>
<p><b>Specimen Required:</b> <u>Collect:</u> <b>Plain red</b>, lavender (EDTA) or pink (K<sub>2</sub>EDTA). Also acceptable: Gray (sodium fluoride/potassium <b>oxalate</b>).  <u>Specimen Preparation:</u> Separate from cells within 2 hours. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.6 mL)  <u>Storage/Transport Temperature:</u> <b>CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.</b>  <u>Unacceptable Conditions:</u> Thawed specimens. Separator tubes.  <u>Stability (collection to initiation of testing):</u> Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months</p>		
<b>2002805</b>	<b>HLA Antibody Detection</b>	<b>HLA ABSCN</b>
<p><b>Performed:</b> <b>Varies</b>  <b>Reported:</b> 1-5 days</p> <p><b>Specimen Required:</b> <u>Collect:</u> Plain red.  <u>Specimen Preparation:</u> <b>Transfer 5 mL serum to ARUP Standard Transport Tubes.</b> (Min. 2 mL)  <u>Storage/Transport Temperature:</u> <b>Frozen.</b>  <u>Stability (collection to initiation of testing):</u> Ambient: 48 hours; Refrigerated: 1 month; Frozen: 2 years</p> <p><b>Interpretive Data:Background Information for HLA Antibody Detection:</b>  <b>Purpose:</b> To detect HLA Class I IgG <b>antibody.</b>  <b>Analytical Sensitivity &amp; Specificity:</b> More sensitive than conventional lymphocyte cytotoxicity procedures.  <b>Limitations:</b> Only detects IgG antibody isotype; IgM antibody not detected  <b>Test Results:</b> <b>Results</b> are reported as panel reactive (PRA) present or absent and do not provide a specificity.</p>		
<b>0098880</b>	<b>LymphogranulomaVenereum (LGV), Differentiation Antibody Panel, MIF</b>	<b>LYMPH VEN</b>
<p><b>Specimen Required:</b> <u>Collect:</u> Plain red or serum separator tube.  <u>Specimen Preparation:</u> <b>Transfer 1 mL serum to an ARUP Standard Transport Tube.</b> (Min: 0.2 mL)  <u>Storage/Transport Temperature:</u> Refrigerated.  <u>Stability (collection to initiation of testing):</u> Ambient: 1 week; Refrigerated: <b>2 weeks</b>; Frozen: <b>1month</b></p>		

**New Test    2006330    *Mycoplasma pneumoniae* Antibody, IgA    MYCO A**

**Methodology:** Semi-Quantitative Enzyme-Linked Immunosorbent Assay  
**Performed:** Varies  
**Reported:** 3-9 days

**Specimen Required:** Collect: Plain red or SST.  
Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.6 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: 4 months

**Reference Interval:** By Report

**CPT Code(s):** 83738

New York DOH Approved.

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

**2004230    Neurokinin A (Substance K)    NEUROKIN**

**Specimen Required:** Patient Preparation: Patient must be fasting 10-12 hours prior to collection. Antacid medication or medications that may affect intestinal motility should be discontinued, if possible, for at least 48 hours prior to specimen collection.  
Collect: GI preservative tube. Order ARUP supply #47190 online through eSupply using Connect or contact ARUP Client Services at 800-522-2787.  
Specimen Preparation: Separate from cells within 1 hour of draw. Transfer 5 mL 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: Thawed specimens. Specimens not collected in GI preservative tube.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month

**2006162    Neuronal Nuclear Antibody (Hu) by IFA with Reflex to Titer and Western Blot,    NNAB CSF  
CSF**

**CPT Code(s):** 86255 ANNA; if reflexed, add 86256 Titer; 84181 Western blot

**2004232    Pancreastatin    PANCREA**

**Specimen Required:** Patient Preparation: Patient must be fasting 10-12 hours prior to collection. Patient should not be on any medications that may influence insulin levels, if possible, for at least 48 hours prior to collection.  
Collect: GI preservative tube. Order ARUP supply #47190 online through eSupply using Connect or contact ARUP Client Services at 800-522-2787.  
Specimen Preparation: Separate from cells within 1 hour of draw and transfer 2 mL 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: Thawed specimens. Specimens not collected in GI preservative tube.  
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 months

**0091260    Phenol Exposure, Urine    PHENOL U**

**Specimen Required:** Collect: Urine collected at end of work shift.  
Specimen Preparation: Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1.9 mL)  
Storage/Transport Temperature: Refrigerated.  
Remarks: Preservative-free urine specimens are recommended.  
Unacceptable Conditions: Urine specimens preserved with Benzoic Acid.  
Stability (collection to initiation of testing): Ambient: 4 days; Refrigerated: 1 week; Frozen: 1 year

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**0098781 Plasminogen Activator Inhibitor 1, Activity**

**PAI-1**

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

The kit vendor has changed for this test.

**Performed:** Mon, Thu  
**Reported:** 1-8 days

**Reference Interval:** By report

**Interpretive Data:** Refer to report