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.

---

**0091310 Chloroquine, Plasma**

**CHLOROQUI**

**Specimen Required:** Collect: Lavender (EDTA) or pink (K2EDTA).

**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
IMMEDIATE HOT LINE: Effective March 5, 2012

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.
                      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: Unacceptable

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.
### Glyburide, Serum or Plasma (GLYBURID)

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

**Specimen Preparation:** Transfer 3 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1.2 mL)

**Storage/Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Separator tubes.

**Stability (collection to initiation of testing):** Ambient: 1 week; Refrigerated: 1 week; Frozen: 4 months

**HOT LINE NOTE:** There is a component change associated with this test that affects interface clients only. Refer to Test Mix Addendum for further information.

### Human Anti-Mouse Antibody (HAMA), ELISA (HAMA)

**Specimen Required:** Collect: Plain red or serum separator tube.

**Specimen Preparation:** Transport 1 mL serum. (Min: 0.5 mL)

**Storage/Transport Temperature:** Frozen

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

### Heroin, Serum or Plasma - Screen with Reflex to Confirmation/Quantitation (HEROIN SP)

**Specimen Required:** Collect: Plain red, lavender (EDTA) or pink (K<sub>2</sub>EDTA). Also acceptable: Gray (sodium fluoride/potassium oxalate). (Min: 1.6 mL)

**Specimen Preparation:** Separate from cells within 2 hours. Transfer 4 mL serum or plasma to an ARUP Standard Transport Tube.

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

**Unacceptable Conditions:** Thawed specimens. Separator tubes.

**Stability (collection to initiation of testing):** Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 months

### HLA Antibody Detection (HLA ABSCN)

**Performed:** Varies

**Reported:** 1-5 days

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

**Specimen Preparation:** Transfer 5 mL serum to ARUP Standard Transport Tubes. (Min. 2 mL)

**Storage/Transport Temperature:** Frozen.

**Interpretive Data:** Background Information for HLA Antibody Detection:

**Purpose:** To detect HLA Class I IgG antibody.

**Analytical Sensitivity & Specificity:** More sensitive than conventional lymphocyte cytotoxicity procedures.

**Limitations:** Only detects IgG antibody isotype; IgM antibody not detected

**Test Results:** Results are reported as panel reactive (PRA) present or absent and do not provide a specificity.

### Lymphogranuloma Venereum (LGV), Differentiation Antibody Panel, MIF (LYMPH VEN)

**Specimen Required:** Collect: Plain red or serum separator tube.

**Specimen Preparation:** Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.2 mL)

**Storage/Transport Temperature:** Refrigerated.

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

**Methodology:** Semi-Quantitative Enzyme-Linked Immunosorbent Assay

**Perfomed:** Varies

**Reported:** 3-9 days

**Specimen Required:**
- **Collect:** Plain red or SST.
- **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: 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)**

**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

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

---

**2006162**

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

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

---

**2004232**

**Pancreastatin**

**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**

**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
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