

IMMEDIATE HOT LINE: Effective May 9, 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

0091330	Boron, Serum or Plasma	BORON SP
Performed:	Varies	
Reported:	3-9 days	
Specimen Required:	<p>Collect: Royal blue, plastic (trace metal-free; EDTA) or royal blue, plastic (trace metal-free; no additive). Specimen Preparation: Separate from cells within 2 hours of draw. Transfer 1 mL serum or plasma to an ARUP Trace Element-Free Transport Tube (ARUP supply #43116). Available online through eSupply using ARUP Connect™ or contact ARUP Client Services at (800) 522-2787. (Min: 0.4 mL) Storage/Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen. Unacceptable Conditions: Glass containers or separator tubes. Stability (collection to initiation of testing): Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 month</p>	
CPT Code(s):	83018	

0091352 Carbidopa and Levodopa Quantitation, Serum or Plasma SINEMET SP

Performed: Varies
Reported: 3-10 days

Specimen Required: Collect: Plain red, lavender (EDTA), or pink (K₂EDTA).
Specimen Preparation: **Separate serum from cells within 2 hours of draw.** Transfer 2 mL serum or plasma to an ARUP **Standard** Transport Tube. (Min: 0.7 mL)
Storage/Transport Temperature: **CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered.**
Unacceptable Conditions: **Separator tubes.**
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 week

HOT LINE NOTE: Remove information found in the Remarks field under Specimen Requirements.

Delete 0092305 Francisella tularensis Antibodies, Total FRAN TULAR

** This test is performed at ARUP Laboratories.*

The reagent previously used for this test is not available.

HOT LINE NOTE: Delete this test and refer to *Francisella tularensis* Antibodies, IgG and IgM (2005350).

0098842 IGF Binding Protein 2 IGFBP-2

Performed: Varies
Reported: 3-9 days

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: Frozen.
Unacceptable Conditions: **Thawed specimens.**
Stability (collection to initiation of testing): Ambient: **Unacceptable**; Refrigerated: **Unacceptable**; Frozen: 1 year

0080515 Myelin Basic Protein MBP

** This test is performed at ARUP Laboratories.*

The kit used for this test is currently backordered.

HOT LINE NOTE: This test is temporarily unavailable; testing will resume when ARUP Laboratories has obtained the required kits. Clients will be notified when testing is available.

Delete 0080341 Oligoclonal Band Profile with MBP MS PRO

** This test is performed at ARUP Laboratories.*

The kit previously used for this test is not available.

HOT LINE NOTE: Delete this test and refer to Oligoclonal Band Profile (0080440) and Myelin Basic Protein (0080515).

Myelin Basic Protein (0080515) is temporarily unavailable; testing will resume when ARUP Laboratories has obtained the required kits.

0050105 Thyroglobulin Antibody

ATHYG

** This test is performed at ARUP Laboratories.*

The reagent previously used for this test is not available.

Specimen Required: Collect: Serum separator tube.

Specimen Preparation: Transfer 0.5 mL serum to an ARUP Standard Transport Tube. (Min: 0.3 mL) Also acceptable: **Heparinized** plasma.

Storage/Transport Temperature: Refrigerated.

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens. EDTA plasma.

Stability (collection to initiation of testing): After separation from cells: Ambient **48 hours**; Refrigerated: **1 Week**; Frozen: 6 months

Reference Interval:

Effective May 9, 2011

0.0-20.0 IU/mL

Interpretive Data: A value of **20.0** IU/mL or less indicates a negative result for thyroglobulin antibodies.

The Thyroglobulin Antibody assay is being performed using the Siemens Immulite 2000.

This test was developed and its performance characteristics determined by ARUP Laboratories.

0070421 Thyroglobulin, Serum or Plasma

THYROG

** This test is performed at ARUP Laboratories.*

The reagent previously used for a component of this test is not available.

Reference Interval:

Available Separately	Components	Reference Interval	
		Age	Reference Interval
No	Thyroglobulin	0-11 months	0.6-5.5 ng/mL
		1-11 years	0.6-40.0 ng/mL
		12 years and older	1.3-31.8 ng/mL
Yes (0050105)	Thyroglobulin Antibody	Effective May 9, 2011 0.0-20.0 IU/mL	
No	Percent Recovery	80-120%	

Interpretive Data: Thyroglobulin (Tg) is measured by the Beckman Coulter Access method, which has a lower limit of quantification of 0.1 ng/mL. Tg results less than 0.1 ng/mL are consistent with the absence of thyroglobulin-producing thyroid tissue. Results obtained with different assay methods or kits cannot be used interchangeably. The Tg result, regardless of concentration, should not be interpreted as absolute evidence for the presence or absence of papillary or follicular thyroid cancer and is not recommended for use as a screening procedure to detect the presence of cancer in the general population.

Tg antibodies (Tg Ab) are known to interfere with the measurement of Tg. In patients with positive Tg Ab results (greater than **20.0** IU/mL), a recovery study is performed. A recovery of less than 80 percent in any specimen suggests a Tg Ab interference so the Tg concentration cannot be accurately quantified. A Tg result of greater than or equal to 0.1 ng/mL, in the presence of a positive Tg Ab result, qualitatively indicates that Tg is present in the specimen.

0050645 Thyroid Antibodies

THYRO

** This test is performed at ARUP Laboratories.*

The reagent previously used for a component of this test is not available.

Reference Interval:

Available Separately	Components	Reference Interval
Yes (0050105)	Thyroglobulin Antibody	Effective May 9, 2011 0.0-20.0 IU/mL
Yes (0050075)	Thyroid Peroxidase (TPO) Antibody	0.0-9.0 IU/mL

Interpretive Data: Refer to report.

New Tests

New Test 2005350 *Francisella tularensis* Antibodies, IgG and IgM

FTULARPAN

* This test is performed at ARUP Laboratories.

This test is replacing *Francisella tularensis* Antibodies, Total (0092305).

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Mon, Wed, Fri
Reported: 1-6 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Remove serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, or turbid specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Reference Interval:

Available Separately	Components	Reference Interval	
Yes (2005353)	<i>Francisella tularensis</i> Antibody, IgG	Effective May 9, 2011	
		9 U/mL or less	Negative - No significant level of IgG antibody to <i>Francisella tularensis</i> detected.
		10-15 U/mL	Equivocal - Questionable presence of IgG antibody to <i>Francisella tularensis</i> . Repeat testing in 10-14 days may be helpful.
		16 U/mL or greater	Positive - Presence of IgG antibody to <i>Francisella tularensis</i> detected, suggestive of current or past exposure/immunization.
Yes (2005354)	<i>Francisella tularensis</i> Antibody, IgM	Effective May 9, 2011	
		9 U/mL or less	Negative - No significant level of IgM antibody to <i>Francisella tularensis</i> detected.
		10-15 U/mL	Equivocal - Questionable presence of IgM antibody to <i>Francisella tularensis</i> . Repeat testing in 10-14 days may be helpful.
		16 U/mL or greater	Positive - Presence of IgM antibody to <i>Francisella tularensis</i> detected, suggestive of current or recent exposure/immunization.

Interpretive Data: Cross reactivity with *Brucella* and *Yersinia* antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

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

CPT Code(s): 86668 x2

New York DOH approval pending. Call for status update.

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

IMMEDIATE HOT LINE: Effective May 9, 2011

New Test 2005353 Francisella tularensis Antibody, IgG

FTULARG

* This test is performed at ARUP Laboratories.

This is a component of the test replacing *Francisella tularensis* Antibodies, Total (0092305).

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Mon, Wed, Fri
Reported: 1-4 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Remove serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, or turbid specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Reference Interval:
 Effective May 9, 2011

9 U/mL or less	Negative - No significant level of IgG antibody to <i>Francisella tularensis</i> detected.
10-15 U/mL	Equivocal - Questionable presence of IgG antibody to <i>Francisella tularensis</i> . Repeat testing in 10-14 days may be helpful.
16 U/mL or greater	Positive - Presence of IgG antibody to <i>Francisella tularensis</i> detected, suggestive of current or past exposure/immunization.

Interpretive Data: Cross reactivity with *Brucella* and *Yersinia* antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

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

CPT Code(s): 86668

New York DOH approval pending. Call for status update.

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

New Test 2005354 Francisella tularensis Antibody, IgM

FTULARM

* This test is performed at ARUP Laboratories.

This is a component of the test replacing *Francisella tularensis* Antibodies, Total (0092305).

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay
Performed: Mon, Wed, Fri
Reported: 1-6 days

Specimen Required: Collect: Serum separator tube.
Specimen Preparation: Remove serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.15 mL)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Contaminated, heat-inactivated, or turbid specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

Reference Interval:
 Effective May 9, 2011

9 U/mL or less	Negative - No significant level of IgM antibody to <i>Francisella tularensis</i> detected.
10-15 U/mL	Equivocal - Questionable presence of IgM antibody to <i>Francisella tularensis</i> . Repeat testing in 10-14 days may be helpful.
16 U/mL or greater	Positive - Presence of IgM antibody to <i>Francisella tularensis</i> detected, suggestive of current or recent exposure/immunization.

Interpretive Data: Cross reactivity with *Brucella* and *Yersinia* antibodies may occur. Therefore, results should be interpreted with caution and correlated with clinical information. The best evidence for current infection is a significant change on two appropriately timed specimens, where both tests are performed in the same laboratory at the same time.

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

CPT Code(s): 86668

New York DOH approval pending. Call for status update.

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