

IMMEDIATE HOT LINE: Effective September 26, 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.

2004745

FibroSURE

HCV FIBRO

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

0091161

Gamma-Hydroxybutyric Acid, Urine - Screen with Reflex to Confirmation/Quantitation

GHB U

Specimen Required: Collect: Random urine.

Specimen Preparation: Transfer 5 mL urine to ONE transport container. (Min: 2.4 mL)

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

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

0070080 Growth Hormone

HGH

**This test is performed at ARUP Laboratories.*

The reagents used for this test have been changed.

Specimen Required: Patient Preparation: Patient must be fasting and at complete rest for 30 minutes before blood collection.

Collect: Plasma separator tube or serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K₂EDTA).

Specimen Preparation: Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Storage/Transport Temperature: **Frozen. Also acceptable: Refrigerated.**

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: **24 hours**; Refrigerated: **1 week**; Frozen: 2 months

Reference Interval:

Effective September 26, 2011

Age	Male	Female
0-6 years	0.10-6.20 ng/mL	0.10-6.20 ng/mL
7-17 years	0.03-11.00 ng/mL	0.05-17.30 ng/mL
18 years and older	0.01-3.00 ng/mL	0.01-8.00 ng/mL

Note: The Growth Hormone assay is now standardized to the Recombinant Second International Standard (IS) 98/574. Growth hormone results read approximately 25% lower than with the previous standards (1st IS 80/505). Reference ranges have also been modified according to the assay manufacturer.

0070081 Growth Hormone, 0 Minutes

GH 0

**This test is performed at ARUP Laboratories.*

The reagents used for this test have been changed.

Specimen Required: Patient Preparation: Patient must be fasting and at complete rest for 30 minutes before blood collection.

Collect: Plasma separator tube or serum separator tube. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K₂EDTA).

Specimen Preparation: Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Storage/Transport Temperature: **Frozen. Also acceptable: Refrigerated.**

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.

Stability (collection to initiation of testing): After separation from cells: Ambient: **24 hours**; Refrigerated: **1 week**; Frozen: 2 months

Reference Interval:

Effective September 26, 2011

Age	Male	Female
0-6 years	0.10-6.20 ng/mL	0.10-6.20 ng/mL
7-17 years	0.03-11.00 ng/mL	0.05-17.30 ng/mL
18 years and older	0.01-3.00 ng/mL	0.01-8.00 ng/mL

Interpretive Data: Growth hormone stimulation tests should induce a peak of greater than 5 ng/mL in children and greater than 4 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 5-7 ng/mL equivocal and only peak values of greater than 7 ng/mL as truly normal.

For suppression testing, normal subjects have growth hormone concentrations of less than 0.8 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.

Note: The Growth Hormone assay is now standardized to the Recombinant Second International Standard (IS) 98/574. Growth hormone results read approximately 25% lower than with the previous standards (1st IS 80/505). Reference ranges have also been modified according to the assay manufacturer.

0070048 Growth Hormone, 15 Minutes

GH 15

**This test is performed at ARUP Laboratories.*

The reagents used for this test have been changed.

Specimen Required: Collect: Plasma separator tube or serum separator tube. Collect one tube per timed specimen. Also acceptable: Green (sodium or lithium heparin), lavender (EDTA), or pink (K₂EDTA).
Specimen Preparation: Allow specimen to clot completely at room temperature. Separate serum or plasma from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma per timed specimen to individual ARUP Standard Transport Tubes. (Min: 0.4 mL/timed specimen)
Storage/Transport Temperature: **Frozen. Also acceptable. Refrigerated.**
Unacceptable Conditions: Grossly hemolyzed or lipemic specimens.
Stability (collection to initiation of testing): Ambient: **24 hours**; Refrigerated: **1 week**; Frozen: 2 months

Interpretive Data: Growth hormone stimulation tests should induce a peak of greater than 5 ng/mL in children and greater than 4 ng/mL in adults; lower values suggest growth hormone deficiency. For children, some experts consider values of 5-7 ng/mL equivocal and only peak values of greater than 7 ng/mL as truly normal.

For suppression testing, normal subjects have growth hormone concentrations of less than 0.8 ng/mL within 2 hours of ingestion of a 75 or 100 gram glucose dose. Patients with acromegaly fail to show normal suppression.

✓ **HOT LINE NOTE:** This change also applies to:

- Growth Hormone, 30 Minutes (0070082)
- Growth Hormone, 45 Minutes (0070049)
- Growth Hormone, 60 Minutes (0070083)
- Growth Hormone, 90 Minutes (0070084)
- Growth Hormone, 120 Minutes (0070164)
- Growth Hormone, Timed - Other (0070069)

0091586 Heroin, Urine - Screen with Reflex to Confirmation/Quantitation

HEROIN URN

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 4 mL urine to an ARUP Standard Transport Tube. (Min: 1.9 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: 6 months

Delete

0098434 Histamine, Serum

HIST-S

HOT LINE NOTE: Delete this test and refer to Histamine, Plasma (0070036), Histamine, Urine (0070038), or Histamine, Whole Blood (0070037).

0093272 Human Immunodeficiency Virus 2 Antibody Confirmation by Immunoblot

HIV 2 IBL

Performed: Varies
Reported: 3-8 days

Specimen Required: Collect: Plain red.
Specimen Preparation: Transport 1 mL serum. (Min: 0.25 mL) Also acceptable: Plasma.
Storage/Transport Temperature: Refrigerated. **Also acceptable: Room temperature and frozen.** Submit specimen according to Biological Substance, Category B, shipping guidelines.
Stability (collection to initiation of testing): After separation from cells: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 1 month

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

0091450 Molindone Quantitation, Urine

MOLINDON U

Performed: Varies
Reported: 3-10 days

Specimen Required: Collect: Random urine.
Specimen Preparation: Transfer 5 mL urine to **ONE transport container.** (Min: 2.1 mL)
Storage/Transport Temperature: Refrigerated.
Stability (collection to initiation of testing): Ambient: 1 week; Refrigerated: 1 week; Frozen: 19 days

0091591 Naphthalene and Metabolite, Urine

NAPHTHAL U

Performed: Varies

Reported: 4-11 days

Specimen Required: Collect: Random urine.

Specimen Preparation: Transfer 6 mL urine to **ONE transport container; ensure that container remains tightly sealed.** (Min: 2.6 mL)

Storage/Transport Temperature: Refrigerated.

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