

Effective as of **February 6, 2023**

**Additional ordering and billing information**

[Information when ordering laboratory tests that are billed to Medicare/Medicaid](#)

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Test Number	Mnemonic	Test Name	New Test	Test Name Change	Specimen Requirements	Methodology	Performed/Reported	Note	Interpretive Data	Reference Interval	Component Charting Name	Component Change	Reflex Pattern	Result Type	Ask at Order Prompt	Numeric Map	Unit of Measure	CPT Code	Pricing Change	Inactivation w/ Replacement	Inactivation w/o Replacement
0080011	CITRIC S	Citric Acid, Serum or Plasma					x														
0098359	SPORO AB	Sporothrix Antibody, Serum (Inactive as of 01/17/23)																			x
0098726	NEURON CSF	Neuronal Cell Antibodies, Quantitative, CSF	x	x	x							x									
0098842	IGFBP-2	Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)			x		x														
0099076	COMP 9	Complement Component 9					x														
0099465	NEURON-SER	Neuronal Cell Antibodies, Quantitative, Serum	x	x	x							x									
0099728	ANTI-T4	Thyroxine Antibody					x														
2001915	GUM CARAGE	Allergen, Occupational, Gum Carageenan IgE				x															
2006330	MYCO A	Mycoplasma pneumoniae Antibody, IgA			x	x	x														
2013484	P53 MUTAT	TP53 Somatic Mutation, Prognostic				x												x			
3001549	PHOSPHA AB	Phosphatidylcholine Antibodies - IgG, IgM and IgA			x																
3003648	COV19G SQ	COVID-19 IgG (Spike), Semi-Quantitative by CIA			x																

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3005983	MERK ABS	Merkel Cell Carcinoma Antibodies	x																		

**TEST CHANGE**

Citric Acid, Serum or Plasma

0080011, CITRIC S

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red. Also acceptable: Green (sodium heparin), lavender (EDTA), or white (potassium EDTA).

**Specimen Preparation:** Transfer 2 mL serum or plasma to an ARUP Standard Transport Tube. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

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

**Unacceptable Conditions:** Room temperature specimens.

**Remarks:**

**Stability:** Ambient: 8 hours; Refrigerated: 18 days; Frozen: 1 month

**Methodology:** Quantitative Spectrophotometry/Enzymatic Assay

**Performed:** Varies

**Reported:** 3-118 days

**Note:**

**CPT Codes:** 82507

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

By report

**TEST CHANGE**

Neuronal Cell Antibodies, Quantitative, CSF

0098726, NEURON CSF

Specimen Requirements:

Patient Preparation:

Collect: Cerebrospinal fluid (CSF)-

Specimen Preparation: Transfer 2 mL CSF to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen. Also acceptable: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay

Performed: Varies

Reported: 3-8 days

Note:

CPT Codes: 83520

New York DOH Approval Status: Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

Interpretive Data:

Reference Interval:

By report

**HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.**

**TEST CHANGE**

**Insulin-Like Growth Factor Binding Protein 2 (IGFBP-2)**

0098842, IGFBP-2

**Specimen Requirements:**

**Patient Preparation:** Fasting specimen preferred.

**Collect:** Plain red or serum separator tube (SST).

**Specimen Preparation:** Transfer 1 mL serum to an ARUP [standard transport tube](#) ~~Standard Transport Tube~~. (Min: 0.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

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

**Unacceptable Conditions:** Grossly hemolyzed or lipemic specimens.

**Remarks:**

**Stability:** Ambient: 12 hours; Refrigerated: 4 days; Frozen: [28 days](#) ~~month~~

**Methodology:** Quantitative Radioimmunoassay

**Performed:** Varies

**Reported:** 4-~~14~~[11](#) days

**Note:**

**CPT Codes:** 83519

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

By report

**TEST CHANGE**

**Complement Component 9**

0099076, COMP 9

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red. Also acceptable: ~~L~~avender (EDTA) or white (PPT).

**Specimen Preparation:** Transfer 1 mL serum or plasma to an ARUP ~~standard transport tube~~**Standard Transport Tube**. (Min: 0.1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** Ambient. Also acceptable: ~~refrigerated; frozen~~**Refrigerated; Frozen**.

**Unacceptable Conditions:** Grossly hemolyzed or severely lipemic specimens.

**Remarks:**

**Stability:** Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 2 weeks

**Methodology:** Quantitative Radial Immunodiffusion

**Performed:** Varies

**Reported:** 4-~~14~~**11** days

**Note:**

**CPT Codes:** 86160

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

By report

**TEST CHANGE**

**Neuronal Cell Antibodies, Quantitative, Serum**

0099465, NEURON-SER

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red or serum separator tube (SST).

**Specimen Preparation:** Transfer 1 mL serum to an ARUP [standard transport tube](#)~~Standard Transport Tube~~. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** Frozen. [Also acceptable: Refrigerated](#)

**Unacceptable Conditions:**

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: Indefinitely

**Methodology:** Quantitative Enzyme-[Linked Immunosorbent Assay](#)  
[Immunoassay](#)

**Performed:** Varies

**Reported:** 3-8 days

**Note:**

**CPT Codes:** 83520

**New York DOH Approval Status:** Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

**Interpretive Data:**

**Reference Interval:**

By report

**HOTLINE NOTE:** There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.

**TEST CHANGE**

**Thyroxine Antibody**

0099728, ANTI-T4

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red. Also acceptable: Serum separator tube.

**Specimen Preparation:** Transfer 1 mL serum to an ARUP **standard transport tube**~~Standard Transport Tube~~. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** Room temperature. Also acceptable: Refrigerated or frozen.

**Unacceptable Conditions:** Glass containers. Grossly hemolyzed or lipemic specimens.

**Remarks:**

**Stability:** Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: 4 weeks

**Methodology:** Quantitative Radiobinding Assay

**Performed:** Varies

**Reported:** ~~4-11~~**3-9** days

**Note:**

**CPT Codes:** 83519

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

By report



**TEST CHANGE**

Allergen, Occupational, Gum Carageenan IgE

2001915, GUM CARAGE

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube.

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 0.5 mL serum plus 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.34 mL plus 0.04 mL for each allergen ordered) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

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

Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 1 year

Methodology: Quantitative Enzyme Immunoassay (EIA) Radioallergosorbent Test (RAST)

Performed: Varies

Reported: 3-6 days

Note:

CPT Codes: 86003

New York DOH Approval Status: This test is New York DOH approved.

Interpretive Data:

Reference Interval:

By report

**TEST CHANGE**

**Mycoplasma pneumoniae Antibody, IgA**

2006330, MYCO A

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red or serum separator tube (SST)

**Specimen Preparation:** Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.6 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** Frozen.

**Unacceptable Conditions:** Thawed specimens.

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 2 weeks~~1 week~~; Frozen: 14 months

**Methodology:** Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

**Performed:** Varies

**Reported:** 7-10~~3-9~~ days

**Note:**

**CPT Codes:** 86738

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

**By Report**

**TEST CHANGE**

**TP53 Somatic Mutation, Prognostic**

2013484, P53 MUTAT

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Lavender (EDTA) or **pPink** (K2EDTA). Also acceptable: Paraffin embedded tissue.

**Specimen Preparation:** Transport 6 mL whole blood (Min: 3 mL) OR 3 mL bone marrow (Min: 1 mL). Transport tissue block in a tissue transport kit (ARUP supply #47808) available online through eSupply using ARUP Connect (TM) or contact ARUP Client Services at (800-) 522-2787. Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

**Transport Temperature:** Refrigerated. Also acceptable: Room temperature.

**Unacceptable Conditions:**

**Remarks:**

**Stability:** Whole Blood or Bone Marrow: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable, Paraffin Embedded Tissue: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

**Methodology:** [Polymerase Chain Reaction](#)/Sequencing

**Performed:** Varies

**Reported:** 3-11 days

**Note:**

**CPT Codes:** [81352+](#)

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

Test Number	Components	Reference Interval

**TEST CHANGE**

**Phosphatidylcholine Antibodies - IgG, IgM and IgA**

3001549, PHOSPHA AB

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain ~~r~~Red or serum separator tube~~Serum Separator Tube~~ (SST).

**Specimen Preparation:** Transfer 1 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

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

**Unacceptable Conditions:** Specimens transported in separator tubes.

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 2 weeks; Frozen: 2~~3~~ months

**Methodology:** Semi-Quantitative Immunoassay

**Performed:** Varies

**Reported:** 3-9 days

**Note:**

**CPT Codes:** 83520 x3

**New York DOH Approval Status:** Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.

**Interpretive Data:**

**Reference Interval:**

By report

**TEST CHANGE**

COVID-19 IgG (Spike), Semi-Quantitative by CIA

3003648, COV19G SQ

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Serum separator tube (SST). Also acceptable: lithium heparin.

**Specimen Preparation:** 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: 0.5 mL)

**Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Specimens containing particulate material or otherwise obviously contaminated. Severely hemolyzed, heat-inactivated, severely icteric, or lipemic specimens. Postmortem specimens.

**Remarks:**

**Stability:** After separation from cells: Ambient: 72 hours; Refrigerated: 1 week; Frozen: 1 month (avoid repeated freeze/thaw cycles)

**Methodology:** Semi-Quantitative Chemiluminescent Immunoassay (CLIA)

**Performed:** Sun-Sat

**Reported:** Within 24 hours

**Note:**

**CPT Codes:** 86769

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

This test is for in vitro diagnostic use under the FDA Emergency Use Authorization (EUA). In compliance with this authorization, please visit <https://www.aruplab.com/infectious-disease/coronavirus/testing> for more information and to access the applicable fact sheets.

**Reference Interval:**

Less than 1.00 Index Value	Negative
Greater than or equal to 1.00 Index Value	Positive

**NEW TEST**

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**Merkel Cell Carcinoma Antibodies**

3005983, MERK ABS

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Plain red or serum separator tube (SST).

**Specimen Preparation:** Separate from cells ASAP or within 4 hours of collection. Transfer 2 mL serum to an ARUP Standard Transport Tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

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

**Unacceptable Conditions:**

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Indefinitely

**Methodology:** Multiplex Bead Assay

**Performed:** Varies

**Reported:** 21-31 days

**Note:** Screening for the Merkel cell polyomavirus VP1 capsid antibody is done once, on the first specimen submitted. Additional charges apply.

**CPT Codes:** 0058U

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Reference Interval:**

By report

**HOTLINE NOTE: Refer to the Hotline Test Mix for interface build information.**



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and its Department of Pathology*

## Inactivations

The following will be discontinued from ARUP's test menu on **February 6, 2023**  
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0098359	Sporothrix Antibody, Serum (Inactive as of 01/17/23)	