ARUP LABORATORIES

*A nonprofit enterprise of the University of Utah and its Department of Pathology*

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**Effective as of April 3, 2023**

**Additional ordering and billing information**

Information when ordering laboratory tests that are billed to Medicare/Medicaid

Information regarding Current Procedural Terminology (CPT)

| 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 |
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| 0050156 | C5 | Complement C5, Concentration | | x | | | | | | | x | | | | | | | | | | |
| 2010476 | UBIT | Helicobacter pylori Breath Test, Adult (Change effective as of 04/03/23: Refer to 3006271 in the April Immediate Change Hotline) | | | | | | | | | | | | | | | | | | x | |
| 2010925 | UBT PED | Helicobacter pylori Breath Test, Pediatric (Change effective as of 04/03/23: Refer to 3006271 in the April Immediate Change Hotline) | | | | | | | | | | | | | | | | | | x | |
| 2013906 | EPIPRO | Epi proColon (Inactive as of 4/3/2023) | | | | | | | | | | | | | | | | | | | x |
| 3006271 | HPBT | Helicobacter pylori, Breath Test | x | | | | | | | | | | | | | | | | | | |

## TEST CHANGE

Complement C5, Concentration~~Component 5~~

0050156, C5

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|---|---|
| Specimen Requirements: | |
| Patient Preparation: | |
| Collect: | Serum separator tube. |
| Specimen Preparation: | Allow specimen to clot for one hour at room temperature. Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube and freeze immediately. (Min: 0.3 mL) |
| Transport Temperature: | CRITICAL FROZEN. Separate specimens must be submitted when multiple tests are ordered. |
| Unacceptable Conditions: | Non-frozen specimens. Specimens exposed to repeated freeze/thaw cycles. Specimens left to clot at refrigerated temperature. |
| Remarks: | |
| Stability: | After separation from cells: Ambient: 2 hours; Refrigerated: Unacceptable; Frozen: 2 weeks |
| Methodology: | Quantitative Radial Immunodiffusion |
| Performed: | Tue, Fri |
| Reported: | 3-8 days |
| Note: | |
| CPT Codes: | 86160 |
| New York DOH Approval Status: | This test is New York DOH approved. |
| Interpretive Data: | |
| Reference Interval: | |
| 7-20 mg/dL | |

NEW TEST

Click for Pricing

# Helicobacter pylori, Breath Test

3006271, HPBT

| Specimen Requirements: | |
|---|---|
| Patient Preparation: | Remind the patient that there is 84 mg of phenylalanine per packet of Citrica Powder. Phenylketonurics restrict dietary phenylalanine. The patient should have fasted at least one hour before administering the solution. The patient should not have taken antimicrobials, proton pump inhibitors (e.g., Prilosec, Prevacid, Aciphex, Nexium), or bismuth preparations (e.g., Pepto Bismol) within two weeks prior to administering the test. |
| Collect: | Breath Test Kit IDkit Hp (TM) Two (ARUP Supply #58132) available online through e-Supply using ARUP Connect (TM) or contact ARUP Client Services at 800-522-5787. |
| Specimen Preparation: | 1) Label breath collection bags with patient name, MRN, date and time of collection, and indicate Baseline (blue) or Post Ingestion (gray). 2) Collect the blue Baseline specimen according to the instructions in the Breath Test Kit, IDkit Hp (TM) Two. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the blue Baseline collection bag until the bag is full. 3) Prepare the test drink per kit instructions. 4) Administer the test drink within two hours of preparation per kit instructions and precautions. Regardless of age and bodyweight, the patient must consume the entire solution through the provided straw within 2 minutes. 5) Collect the gray Post Ingestion specimen 15 minutes after ingestion of the test drink, but no later than 20 minutes post ingestion. Instruct the patient to hold their breath for 4-5 seconds, and then exhale into the gray Post Ingestion collection bag until the bag is full. 6) Ensure the caps on the bag mouthpieces are secured (push until they click). |
| Transport Temperature: | CRITICAL ROOM TEMPERATURE. Do not freeze. Protect bags from sharp objects and direct sunlight. Refrain from applying any external pressure on the Breath Sample Bags. |
| Unacceptable Conditions: | Underinflated or uncapped bags. Specimens from patients younger than 3 years. |
| Remarks: | Also Acceptable: BreathTek UBT Kit. Follow collection instructions included in kit. The patient should be informed that the Pranactin-Citric drink that will be administered contains |

| | |
|---|---|
| | phenylalanine. Phenylketonurics restrict dietary phenylalanine. 1) Label breath collection bags with patient name, MRN, date and time of collection, and indicate Baseline (blue) or Post-dose (pink). 2) Collect the blue Baseline specimen according to the instructions in the BreathTek UBT kit. 3) After the allotted time, collect the pink Post-dose specimen according to the instructions in the kit. 4) Ensure the caps on the bag mouthpieces are secured (push until they snap). |
| Stability: | Ambient: 2 weeks; Refrigerated: Unacceptable; Frozen: Unacceptable. |
| Methodology: | Qualitative Spectrophotometry |
| Performed: | Sun-Sat |
| Reported: | 1-4 days |
| Note: | |
| CPT Codes: | 83013 |
| New York DOH Approval Status: | This test is New York DOH approved. |

Interpretive Data:

A negative result does not rule out the possibility of *Helicobacter pylori* infection. If clinical signs are suggestive of *H. pylori* infection, retest with a new specimen or an alternate method.

Known causes of false-negative results include:

1. Ingestion of antimicrobials, proton pump inhibitors, and bismuth preparations during the preceding 2 weeks.

2. Administration of the breath test less than 4 weeks after completion of definitive therapy to eradicate *H. pylori.*

3. Premature or late collection of the postdose specimen.

Known causes of false-positive results include:

1. Patients with achlorhydria.

2. Rinsing the testing solution in the mouth or not using the straw provided in the kit, which can allow contact with urease-positive bacteria.

3. The presence of other gastric spiral organisms such as *Helicobacter heilmannii.*

Reference Interval:

Negative

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

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# Inactivations

**The following will be discontinued from ARUP's test menu on April 3, 2023**
**Replacement test options are indicated when applicable.**

| Test Number | Test Name | Refer to Replacement Test |
|---|---|---|
| 2010476 | Helicobacter pylori Breath Test, Adult (Change effective as of 04/03/23: Refer to 3006271 in the April Immediate Change Hotline) | Helicobacter pylori, Breath Test (3006271) |
| 2010925 | Helicobacter pylori Breath Test, Pediatric (Change effective as of 04/03/23: Refer to 3006271 in the April Immediate Change Hotline) | Helicobacter pylori, Breath Test (3006271) |
| 2013906 | Epi proColon (Inactive as of 4/3/2023) | |