

Effective as of **July 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
0099007	ANT B	Antimony, Blood (Inactive as of 07/03/2023)																			x
3002337	BETA PG U	2,3 Dinor-11Beta- Prostaglandin F2 Alpha, 24-Hour Urine			x							x									
3016444	PHOSPHO T	Phospho-Tau/Total- Tau/A Beta42, CSF			x																

**TEST CHANGE**

**2,3 Dinor-11 Beta-Prostaglandin F2 Alpha, 24- Hour Urine**

3002337, BETA PG U

**Specimen Requirements:**

**Patient Preparation:** Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.

**Collect:** 24-hour urine. Refrigerate during collection.

**Specimen Preparation:** From a well-mixed 24-hour collection transfer 5 mL urine to ARUP standard transport tubes. (Min: 4 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:**

**Remarks:** Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 500 mL.

**Stability:** Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

**Methodology:** Quantitative Colorimetry/**High Performance** Liquid Chromatography-Tandem Mass Spectrometry

**Performed:** Varies

**Reported:** 3-11 days

**Note:** Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.

**CPT Codes:** 84150

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

**Interpretive Data:**

**Reference Interval:**

By Report

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**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**

Phospho-Tau/Total-Tau/A Beta42, CSF

3016444, PHOSPHO T

Specimen Requirements:

Patient Preparation:

Collect: CSF

Specimen Preparation: Transfer 2 mL CSF to an ARUP standard transport tube ~~within 4 hours of collection.~~ (Min: 0.5 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen

Unacceptable Conditions: Specimens received in polystyrene tubes. Specimens with cell count greater than 500 erythrocytes/mm<sup>3</sup>.

Remarks:

Stability: Ambient: 72 hours, Refrigerated: 21 days, Frozen: 4 months

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: 7-19 days

Note:

CPT Codes: 83520 x3

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

Interpretive Data:

Reference Interval:

Test Number	Components	Reference Interval



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## Inactivations

The following will be discontinued from ARUP's test menu on **July 3, 2023**

Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0099007	Antimony, Blood (Inactive as of 07/03/2023)	