

Effective as of **September 5, 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
0080342	PYD & DPD	Pyridinoline and Deoxypyridinoline by HPLC (Inactive as of 09/05/23)																			x
0080351	EDS6	Ehlers-Danlos Syndrome Type VI Screen (Inactive as of 09/05/23)																			x
0099073	COMP 7	Complement Component 7 (Inactive as of 09/05/23)																			x
0099074	COMP 8	Complement Component 8 (Inactive as of 09/05/23)																			x
0099076	COMP 9	Complement Component 9 (Inactive as of 09/05/23)																			x
2006240	SBDS FGS	Shwachman-Diamond Syndrome (SBDS) Sequencing			x							x									
3001591	EPI NGS	Comprehensive Epilepsy Panel, Sequencing and Deletion/Duplication			x																
3001959	MITO PAN	Mitochondrial Disorders Panel (mtDNA and Nuclear Genes)			x							x									
3001965	MTDNA NGS	Mitochondrial Disorders (mtDNA) Sequencing and Deletion Analysis by NGS			x							x									
3016813	PEPSIN	Pepsin A, Respiratory	x																		

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3016847	HSV ABS WB	Herpes Simplex Virus Type 1 and 2 Antibodies, IgG by Western Blot, Serum	x																		

TEST CHANGE

Shwachman-Diamond Syndrome (SBDS) Sequencing

2006240, SBDS FGS

Specimen Requirements:

Patient Preparation:

Collect: Lavender (K2 or ~~K3EDTA~~~~K3-EDTA~~). Also acceptable: Pink (K2EDTA) or buccal swabs.

Specimen Preparation: Transport 5 mL whole blood- (Min: 2 mL) or 2 buccal swabs (Min: 2 swabs). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Refrigerated.~~ Also acceptable: Room temperature. ~~Also acceptable: Refrigerated.~~ Protect from extreme temperatures.

Unacceptable Conditions:

Remarks: ~~Clinical indication or reason for testing is required.~~

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

Methodology: Sequencing

Performed: Varies

Reported: 21-28 days

Note:

CPT Codes: 81479

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

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

Comprehensive Epilepsy Panel, Sequencing and Deletion/Duplication

3001591, EPI NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). New York State Clients: Lavender (EDTA).
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: Transport 3 mL whole blood. (Min: 3 mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	14-21 days
Note:	Genes Tested: AARS; ABAT*; ADGRG1; ADSL*; ALDH5A1; ALDH7A1; ALG1*; ALG13*; ALG3; ALG6; ALG8; ALG9*; AMACR; AMT; ANKRD11*; AP3B2*; ARFGF2; ARG1; ARHGEF9*; ARV1*; ARX*; ASAH1*; ASNS; ATN1; ATP1A1; ATP1A3; ATP6AP2; ATP7A; ATRX*; BCKDK; BRAT1*; BTD*; C12orf57; CACNA1A; CACNA1D; CACNA1E; CACNA2D2; CAD; CARS2*; CASK; CDKL5; CHD2; CHRNA4; CHRN2; CLCN4; CLN3; CLN5*; CLN6*; CLN8; CLTC; CNKSR2*; CNTNAP2; COL4A1; CPT2; CSTB; CTSD; CTSF; CUL4B*; DCX; DDX3X*; DEAF1*; DEPDC5; DHDDS; DIAPH1; DMXL2*; DNAJC5; DNM1*; DNM1L; DOCK7; DPAGT1; DPM1; DPYD; DYNC1H1**; DYRK1A; EEF1A2; EHMT1*; EPM2A***; FARS2**; FGF12; FKTN*; FLNA; FOLR1; FOXG1*; FRRS1L; GABBR2*; GABRA1; GABRB2; GABRB3*; GABRD; GABRG2*; GALC; GAMT; GATM; GFAP; GNAO1; GNB1; GOSR2; GPHN*; GRIA3; GRIN1; GRIN2A; GRIN2B; HACE1; HCN1; HECW2; HNRNPU; HSD17B10; IQSEC2; ITPA; KANSL1*; KCNA1; KCNA2; KCNB1; KCNC1; KCNH1; KCNJ10; KCNJ11; KCNMA1; KCNQ2*; KCNQ3; KCNT1; KCTD7*; KDM5C*; KIF1A*; LGI1; MBD5*; MDH2; MECP2; MED17; MEF2C; MFSD8; MOCS2; MOGS; MPDU1; MTHFR; MTOR; NDE1; NECAP1; NEDD4L; NEU1;

NEXMIF; NGLY1; NHLRC1; NPRL2; NPRL3; NR2F1*; NRXN1*; NSD1; NTRK2*; OPHN1; PACS1; PAFAH1B1*; PCDH19; PEX1; PEX12; PEX2; PEX3; PEX6; PHF6; PHGDH; PIGA; PIGG; PIGN; PIGO; PIGQ; PIGT; PIGV; PLCB1; PLPBP*; PMM2; PNKP; PNPO; POLG; PPT1; PRICKLE2; PRRT2; PSAP; PTPN23; PURA; QARS1; QDPR; RELN; RFT1; RNASEH2A; RNASEH2B; RNASEH2C; ROGDI; RORB*; SAMHD1*; SATB2; SCARB2; SCN1A*; SCN1B; SCN2A; SCN3A; SCN8A; SERPINI1; SETBP1; SLC12A5; SLC13A5; SLC19A3***; SLC1A2; SLC25A12*; SLC25A22; SLC2A1; SLC35A2; SLC6A1; SLC9A6*; SMARCA2*; SMC1A; SMS; SNAP25; SPATA5; SPTAN1*; ST3GAL3*; ST3GAL5; STRADA; STX1B; STXBP1*; SUOX; SYN1; SYNGAP1*; SYNJ1; SZT2*; TBC1D24; TBL1XR1; TCF4; TPK1*; TPP1; TREX1; TSC1; TSC2; TSEN54*; UBA5; UBE3A*; UNC80*; VPS13A; WDR45; WWOX**; ZEB2* *One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see limitations section below.
**Deletion/duplication detection is not available for this gene.
***One or more exons are not covered by sequencing, and deletion/duplication detection is not available for this gene; see limitations section below.

CPT Codes:	81419
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:	
Refer to report.	
Reference Interval:	
By report	

TEST CHANGE

Mitochondrial Disorders Panel (mtDNA and Nuclear Genes)

3001959, MITO PAN

Specimen Requirements:

Patient Preparation:

Collect: Lavender (K2EDTA or K3EDTA). Also acceptable: Buccal swabs.

Specimen Preparation: Transport 5 mL whole blood (Min: 2 mL) or 2 buccal swabs. (Min: 2 swabs) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing

Performed: Varies

Reported: 42-49 days

Note:

CPT Codes: 81460; 81465; 81440

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

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

Mitochondrial Disorders (mtDNA) Sequencing and Deletion Analysis by NGS

3001965, MTDNA NGS

Specimen Requirements:

Patient Preparation:

Collect: Lavender (K2 or K3EDTA). Also acceptable: Buccal **s**Swabs.

Specimen Preparation: Transport 5 mL whole blood (Min: 2 mL) or 2 buccal swabs. (Min: 2 swabs) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: Unacceptable

Methodology: Massively Parallel Sequencing

Performed: Varies

Reported: 30-33 days

Note:

CPT Codes: 81460; 81465

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

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.

NEW TEST

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Pepsin A, Respiratory

3016813, PEPSIN

Specimen Requirements:

Patient Preparation:

Collect: Bronchial wash, bronchoalveolar lavage (BAL), or tracheal aspirate.

Specimen Preparation: Transfer 2 mL respiratory specimen to an ARUP standard transport tube and freeze immediately. (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:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months

Methodology:

Performed: Varies

Reported: 5-10 days

Note:

CPT Codes: 83986, 84157, 83516

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:

Test Number	Components	Reference Interval

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

NEW TEST

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Herpes Simplex Virus Type 1 and 2 Antibodies, IgG by Western Blot, Serum
3016847, HSV ABS WB

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST).

Specimen Preparation: Transfer 1 mL serum 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: Frozen. Also acceptable: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 1 week; Frozen: 6 months Do not freeze/thaw.

Methodology:

Performed: Varies

Reported: 13-34 days

Note:

CPT Codes: 86695, 86696

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:

Test Number	Components	Reference Interval

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

Inactivations

The following will be discontinued from ARUP's test menu on **September 5, 2023**
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0080342	Pyridinoline and Deoxypyridinoline by HPLC (Inactive as of 09/05/23)	
0080351	Ehlers-Danlos Syndrome Type VI Screen (Inactive as of 09/05/23)	
0099073	Complement Component 7 (Inactive as of 09/05/23)	
0099074	Complement Component 8 (Inactive as of 09/05/23)	
0099076	Complement Component 9 (Inactive as of 09/05/23)	