



Effective as of 12/04/2023

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
3017098	KARIUS	Microbial Cell-Free DNA by Sequencing (Karius Test)	x																		
3017103	MCV AB	Mutated Citrullinated Vimentin (MCV) Antibody, Serum	х																		



Effective Date: December 4, 2023

NEW TEST

Click for Pricing

Microbial Cell-Free DNA by Sequencing (Karius Test)

3017098, KARIUS

Specimen Requirements:

Patient Preparation:

Collect: Plasma preparation tube (PPT). Also acceptable: Lavender

(K2EDTA)

Specimen Preparation: Plasma preparation tube (PPT): Separate from cells within 6

hours of collection. Freeze immediately. Transfer in original tube. Lavender (K2EDTA): Separate from cells within 24 hours of collection. Transfer 2 mL plasma to an ARUP standard transport tube. (Min: 0.7) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are

ordered.

Transport Temperature: CRITICAL FROZEN

Unacceptable Conditions:

Remarks:

Stability: Ambient: 96 hours; Refrigerated: Unacceptable; Frozen: 6

months

Methodology:

Performed: Varies

Reported: 3-6 days

Note:

CPT Codes: 0152U

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

Interpretive Data:

Reference Interval:

Test Components Reference Interval

Number

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



NEW TEST

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Mutated Citrullinated Vimentin (MCV) Antibody, Serum

3017103, MCV AB

Specimen Requirements:

Patient Preparation:

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

Specimen Preparation: Transfer 1 mL serum to an ARUP standard transport tube. (Min:

0.5 mL) Test is not performed at ARUP; separate specimens

Effective Date: December 4, 2023

must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated

Unacceptable Conditions:

Remarks:

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 6 months

Methodology:

Performed: Varies

Reported: 3-6 days

Note:

CPT Codes: 83520

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.