

Effective as of **02/05/2024**

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
0070051	EST	Estriol, Serum								x											
0091352	SINEMET SP	Carbidopa and Levodopa Quantitative, Serum or Plasma					x														

TEST CHANGE

Estriol, Serum

0070051, EST

Specimen Requirements:

Patient Preparation:

Collect: Serum Separator Tube (SST).

Specimen Preparation: Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.6 mL)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Plasma.

Remarks: Patient gestational age required.

Stability: After separation from cells: Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: 1 year (avoid repeated freeze/thaw cycles)

Methodology: Quantitative Chemiluminescent Immunoassay

Performed: Sun-Sat

Reported: 1-2 days

Note:

CPT Codes: 82677

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

Interpretive Data:

Reference Interval:

Effective ~~February 05, 2024~~ **November 19, 2012**

Based on gestational age:	
25 weeks	2.1 - 9.6 2.1 - 6.7 ng/mL
26 weeks	2.2 - 8.0 2.2 - 7.3 ng/mL
27 - 29 weeks	2.3 - 10.0 2.3 - 9.1 ng/mL
30 - 31 weeks	2.7 - 11.7 2.7 - 10.6 ng/mL
32 - 37 weeks	2.9 - 18.4 2.9 - 16.7 ng/mL
Nonpregnant Female Male	Less than 0. 22 08 ng/mL
Male Nonpregnant Female	Less than 0. 20 16 ng/mL

TEST CHANGE

Carbidopa and Levodopa Quantitative, Serum or Plasma

0091352, SINEMET SP

Specimen Requirements:

Patient Preparation:

Collect: Plain ~~red, lavender~~ **Red, Lavender** (EDTA), or ~~p~~**P**ink (K2EDTA).

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP ~~standard transport tube~~ **Standard Transport Tube** and flash freeze immediately with dry ice. (Min: 0.3 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: CRITICAL FROZEN.

Unacceptable Conditions: Separator tubes. Thawed specimens.

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 6 days

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Performed: Varies

Reported: ~~5-13~~**8-11** days

Note:

CPT Codes: 80375 (Alt code: G0480)

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

Interpretive Data:

Reference Interval:

By report