Effective as of 03/04/2024

Additional ordering and billing information

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


| Test Number | Mnemonic | Test Name                                      | New Test | Test Name Change | Methodology | Perform/Reported | Note | Interpretive Data | Reference Interval | Component Change | Reflex Pattern | Result Type | Ask at Order Prompt | Numeric Map | Unit of Measure | CPT Code | Pricing Change | Pricing Change w/ Replacement Inactivation w/ Replacement |
|-------------|----------|-----------------------------------------------|----------|------------------|-------------|------------------|------|-------------------|-------------------|------------------|---------------|-------------|--------------|-----------------|-------------|-----------------|-----------|---------------|-----------------------------|
| 0080011     | CITRIC S | Citric Acid, Serum or Plasma                  | x        | x                |             |                  |      |                   |                   |                 |               |             |               |               |             |               |           |               |                             |
| 2006240     | SBDS FGS | Shwachman-Diamond Syndrome (SBDS) Sequencing   | x        |                  |             |                  |      |                   |                   |                 |               |             |               |               |             |               |           |               |                             |
| 2012039     | LYSO SER | Lysozyme, Serum                               | x        | x                | x           |                  |      |                   |                   |                 |               |             |               |               |             |               |           |               |                             |
TEST CHANGE
Citric Acid, Serum or Plasma
0080011, CITRIC S

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST). Also acceptable: Green (sodium heparin), lavender (EDTA), or plasma preparation tube (PPT). Also acceptable: white (potassium EDTA).

Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP standard transport tube (Standard Transport Tube). (Min: 1 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: Room temperature specimens.

Remarks:

Stability: Ambient: 8 hours; Refrigerated: 17-18 days; Frozen: 17 days 1 month.

Methodology: Quantitative Spectrophotometry/Enzymatic Assay

Performed: Varies

Reported: 3-12 days

Note: CPT Codes: 82507

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: By report
# TEST CHANGE

Shwachman-Diamond Syndrome (SBDS) Sequencing
2006240, SBDS FGS

## Specimen Requirements:

<table>
<thead>
<tr>
<th>Patient Preparation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Collect:</td>
<td>Lavender (K2 or K3EDTA). Also acceptable: Pink (K2EDTA) or buccal swabs.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Specimen Preparation:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Transport:</td>
<td>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.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transport Temperature:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Refrigerated. Also acceptable: Room temperature. Protect from extreme temperatures.</td>
<td></td>
</tr>
</tbody>
</table>

## Unacceptable Conditions:

- Prenatal specimens

## Remarks:

### Stability:

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

## Methodology:

- Sequencing

## 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
TEST CHANGE
Lysozyme, Serum
2012039, LYSO SER
Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST).

Specimen Preparation: Separate serum from cells ASAP or within 2 hours of collection. Transfer 1 mL serum to an ARUP Standard Transport Tube. (Min: 0.4 mL)

Transport Temperature: Refrigerated.

Unacceptable Conditions: Hemolyzed, lipemic, icteric, or contaminated specimens.

Remarks:

Stability: After separation from cells: Ambient: Unacceptable; Refrigerated: 5 days; Frozen: 1 month.

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Sun, Tue, Thu

Reported: 1-5 days

Note: Serum lysozyme levels may be elevated in acute myelomonocytic leukemia (FAB-M4), chronic myelomonocytic leukemia (CMML), and chronic myelocytic leukemia (CML). Increased serum lysozyme activity is present in tuberculosis, sarcoidosis, megaloblastic anemias, acute bacterial infections, ulcerative colitis, regional enteritis, and Crohn disease. Elevated serum lysozyme occurs during severe renal insufficiency, renal transplant rejection, urinary tract infections, pyelonephritis, glomerulonephritis, and nephrosis.

CPT Codes: 85549

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

Interpretive Data:

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the US Food and Drug Administration. This test was performed in a CLIA certified laboratory and is intended for clinical purposes.
Effective Date: March 4, 2024

<table>
<thead>
<tr>
<th>Component</th>
<th>Interpretation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysozyme, Serum</td>
<td>2.75 ug/mL or less</td>
</tr>
<tr>
<td></td>
<td>Negative</td>
</tr>
<tr>
<td></td>
<td>2.76 - 4.50 ug/mL</td>
</tr>
<tr>
<td></td>
<td>Equivocal</td>
</tr>
<tr>
<td></td>
<td>4.51 ug/mL or greater</td>
</tr>
<tr>
<td></td>
<td>Positive</td>
</tr>
</tbody>
</table>

Reference Interval:

<table>
<thead>
<tr>
<th>Test Number</th>
<th>Components</th>
<th>Reference Interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lysozyme, Serum</td>
<td>Less than or equal to 4.50 ug</td>
<td>2.75 ug/mL</td>
</tr>
</tbody>
</table>

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