ARUP® LABORATORIES

A nonprofit enterprise of the University of Utah and its Department of Pathology

Effective as of 05/05/2025

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
0050503	Coxsackie A 9	Coxsackie A9 Virus Antibodies by CF (Inactive as of 05/05/25)																			x
2001628	LCM CSF	Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM, CSF (Inactive as of 05/05/25)																			x
2001629	LCM G CSF	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG, CSF (Inactive as of 05/05/25)																			x
2001630	LCM M CSF	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM, CSF (Inactive as of 05/05/25)																			x
2001633	LCM G SER	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG (Inactive as of 05/05/25)																			x
2001634	LCM M SER	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM (Inactive as of 05/05/25)																			x

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2001635	LCM SER	Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM (Inactive as of 05/05/25)																			x
2007081	COTININE	Cotinine Screen, Urine			x				x												
2014108	ENT AB PAN	Enterovirus Antibodies Panel (Inactive as of 05/05/25)																			x

TEST CHANGE

Cotinine Screen, Urine

2007081, COTININE

Specimen Requirements:	
Patient Preparation:	
Collect:	Random urine
Specimen Preparation:	Transfer 4 mL urine with no additives to an ARUP standard transport tube. ~~Standard Transport Tube.~~ (Min: 2 mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Specimens exposed to repeated freeze/thaw cycles
Remarks:	
Stability:	Ambient: 10 days ~~1 week~~; Refrigerated: 10 days ~~1 week~~; Frozen: 8 ~~3~~ months
Methodology:	Enzyme Multiplied Immunoassay Technique
Performed:	Sun-Sat
Reported:	1-5 days
Note:	
CPT Codes:	80307
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

Methodology: Immunoassay

Positive Cutoff: 500 ng/mL ~~Cotinine is a metabolite of nicotine and may be detected up to seven days after nicotine exposure. The cutoff is set at 100 ng/mL to detect active exposure (smoking). This test will not distinguish between tobacco use and nicotine replacement therapy.~~

Reference Interval:

Negative

Inactivations

The following will be discontinued from ARUP's test menu on May 5, 2025
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0050503	Coxsackie A9 Virus Antibodies by CF (Inactive as of 05/05/25)	
2001628	Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM, CSF (Inactive as of 05/05/25)	
2001629	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG, CSF (Inactive as of 05/05/25)	
2001630	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM, CSF (Inactive as of 05/05/25)	
2001633	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgG (Inactive as of 05/05/25)	
2001634	Lymphocytic Choriomeningitis (LCM) Virus Antibody, IgM (Inactive as of 05/05/25)	
2001635	Lymphocytic Choriomeningitis (LCM) Virus Antibodies, IgG & IgM (Inactive as of 05/05/25)	
2014108	Enterovirus Antibodies Panel (Inactive as of 05/05/25)	