



## Effective as of 07/07/2025

## 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	<b>Component Charting Name</b>	<b>Component Change</b>	Reflex Pattern	Result Type	Ask at Order Prompt	Numeric Map	Unit of Measure	CPT Code	Pricing Change	Inactivation w/ Replacement	Inactivation w/o Replacement
2003075	HTLV RTPCR	Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR			x																
3016920	5HIAA PLA	5-Hydroxyindoleacetic Acid (HIAA), Plasma			х																
3019850	GHRELIN	Ghrelin, Total	х																		



**TEST CHANGE** 

Human T-Lymphotropic Virus Types I/II DNA, Qualitative Real-Time PCR 2003075, HTLV RTPCR

Specimen Requirements:						
Patient Preparation:						
Collect:	Lavender (EDTA <u>) or</u> ), pink (K2EDTA <del>), or yellow (ACD solution A or B</del> ).					
Specimen Preparation:	Transfer 1 mL whole blood to an ARUP standard transport tube. (Min: 0.4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.					
Transport Temperature:	Frozen					
Unacceptable Conditions:	Hemolyzed specimens.					
Remarks:						
Stability:	Ambient: 48 hours; Refrigerated: 1 week; Frozen: 1 month					
Methodology:	Qualitative Real-Time Polymerase Chain Reaction					
Performed:	Varies					
Reported:	4-7 days					
Note:						
CPT Codes:	87798 x2					
New York DOH Approval Status:	This test is New York DOH approved.					
Interpretive Data:						
Reference Interval:						
By report						



**TEST CHANGE** 

## 5-Hydroxyindoleacetic Acid (HIAA), Plasma 3016920, 5HIAA PLA

3016920, 5HIAA PLA							
Specimen Requirements:							
Patient Preparation:	If clinically feasible, discontinue acetaminophen and tryptophan containing supplements at least <u>48</u> 24 hours prior to specimen collection. The patient should abstain from eating nuts, especially walnuts, and limit fruits, vegetables, and caffeinated beverages or foods to one serving per day in the 24 hours prior to specimen collection.						
Collect:	Green (sodium heparin). Also acceptable: Lavender (EDTA).						
Specimen Preparation:	Transfer 0.5 mL plasma to an ARUP standard transport tube. (Min: 0.2 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered						
Transport Temperature:	Frozen						
Unacceptable Conditions:							
Remarks:	Patient age is required.						
Stability:	Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 2 months						
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry						
Performed:	Varies						
Reported:	5-8 days						
Note:							
CPT Codes:	83497						
New York DOH Approval Status:	This test is New York DOH approved.						
Interpretive Data:							
Reference Interval:							
Test Components Number	Reference Interval						





**NEW TEST** 

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Ghrelin, Total

3019850, GHRELIN

On a single Demoins and a					
Specimen Requirements:					
Patient Preparation:	Fast 10-12 hours prior to specimen collection. Discontinue any medications or supplements that may influence cholecystokinin (CCK), glucose, growth hormone, insulin, or somatostatin levels, if possible, for 48 hours prior to collection.				
Collect:	GI preservative tube (ARUP supply #47531). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.				
Specimen Preparation:	Separate from cells ASAP. Transfer 5 mL plasma to ARUP standard transport tubes and freeze immediately. (Min: 1 ml 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: Unacceptable; Refrigerated: 24 hours; Frozen: 6 months				
Methodology:	Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)				
Performed:	Varies				
Reported:	7-10 days				
Note:					
CPT Codes:	83520				
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					



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