ARUP LABORATORIES

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

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Effective as of 08/04/2025

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
2002552	CDIFF AB	Clostridium difficile Cytotoxin Antibody by Neutralization (Change effective as of 08/04/25: Refer to 3001801, 2002838)																		x	
3004480	SDH NGS	Hereditary Paraganglioma-Pheochromocytoma (SDHA, SDHB, SDHC, and SDHD) Sequencing and Deletion/Duplication			x																
3004788	PANC NGS	Pancreatitis Panel (CFTR, CTRC, PRSS1, SPINK1), Sequencing			x																
3005912	PGLPCC NGS	Hereditary Paraganglioma-Pheochromocytoma Expanded Panel, Sequencing and Deletion/Duplication			x																
3006254	JCV AB	JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay			x																

TEST CHANGE

Hereditary Paraganglioma-Pheochromocytoma (SDHA, SDHB, SDHC, and SDHD) Sequencing and Deletion/Duplication

3004480, SDH NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 8~~5~~ mL (Min: 8~~2~~ mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable New York State Clients: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing/Multiplex Ligation-Dependent Probe Amplification (MLPA)
Performed:	Varies
Reported:	10-15 days
Note:	Genes tested: SDHA* (NM_004168), SDHB (NM_003000), SDHC (NM_003001), SDHD (NM_003002) * One or more exons are not covered by sequencing, and deletion/duplication detection is not available for this gene; see Additional Technical Information.
CPT Codes:	81404; 81405; 81406; 81479
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:	
Refer to report	
Reference Interval:	

By report

TEST CHANGE

Pancreatitis Panel (CFTR, CTRC, PRSS1, SPINK1), Sequencing

3004788, PANC NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender or pink (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 5 mL (Min: 3~~2~~ mL)
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 2 weeks; Frozen: Unacceptable New York State Clients: Ambient: 8 days~~1 week~~; Refrigerated: 8 days~~1 week~~; Frozen: 1 month~~Unacceptable~~
Methodology:	Massively Parallel Sequencing/Sequencing
Performed:	Varies
Reported:	10-15 days
Note:	Genes Tested: CFTR, CTRC, PRSS1, SPINK1
CPT Codes:	81223; 81404; 81405
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:

Refer to report.

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Counseling and informed consent are recommended for genetic testing. Consent forms are available online.

Reference Interval:

By report

TEST CHANGE

Hereditary Paraganglioma-Pheochromocytoma Expanded Panel, Sequencing and Deletion/Duplication

3005912, PGLPCC NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender or pink (EDTA) or yellow (ACD solution A or B). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 3 mL whole blood. (Min: 2 mL) New York State Clients: 8~~5~~ mL (Min: 8~~2~~ mL)
Transport Temperature:	Refrigerated
Unacceptable Conditions:	Serum or plasma; grossly hemolyzed or frozen specimens; saliva, buccal brush, or swab; FFPE tissue; DNA.
Remarks:	
Stability:	Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable ~~New York State Clients: Ambient: 24 hours; Refrigerated: 1 week; Frozen: Unacceptable~~
Methodology:	Massively Parallel Sequencing
Performed:	Varies
Reported:	10-15 days
Note:	Genes Tested: FH; MAX; MEN1*; NF1; RET; SDHA*; SDHAF2; SDHB; SDHC*; SDHD*; TMEM127; VHL* *One or more exons are not covered by sequencing and/or deletion/duplication analysis for the indicated gene; see Additional Technical Information.
CPT Codes:	81437
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:	
Refer to report	
Reference Interval:	
By report	

TEST CHANGE

JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay

3006254, JCV AB

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red or serum separator tube (SST). Also acceptable: Lavender (K2EDTA)
Specimen Preparation:	Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Room temperature or refrigerated.
Unacceptable Conditions:	
Remarks:	Clinical information is needed for appropriate interpretation. At order entry, indicate whether the patient is currently on natalizumab therapy.
Stability:	Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 months
Methodology:	Enzyme-Linked Immunosorbent Assay (ELISA)
Performed:	Varies
Reported:	6-10 days
Note:	If antibody result is indeterminate, then a confirmation (inhibition) assay will be added.
CPT Codes:	86711; if reflexed, add 86711
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

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Inactivations

The following will be discontinued from ARUP's test menu on August 4, 2025
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
2002552	Clostridium difficile Cytotoxin Antibody by Neutralization (Change effective as of 08/04/25: Refer to 3001801, 2002838)	Toxigenic Clostridioides difficile by LFA with Reflex to PCR, Stool (3001801) or Clostridium difficile toxin B gene (tcdB) by PCR (2002838)