ARUP LABORATORIES

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

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Effective as of 11/03/2025

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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	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
2008650	BATH SALTS	NPS Stimulants (Bath Salts Panel), Urine		x	x	x											x			
2011411	BATHSLT SP	NPS Stimulants (Bath Salts Panel), Serum/Plasma		x	x	x											x			
2014694	SCID-PRE	Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen			x															
2014699	STR-SCID	Maternal T Cell Engraftment in SCID			x															
2014704	SCID-MAT	Maternal T Cell Engraftment in SCID, Maternal Specimen			x															
3001858	CLL NGS	Chronic Lymphocytic Leukemia Mutation Panel by Next Generation Sequencing			x															
3002570	TROFI DNA	Trofile (DNA) Co-Receptor Tropism			x															

TEST CHANGE

NPS Stimulants (Bath Salts ~~Qualitative~~ Panel)~~,~~, Urine

2008650, BATH SALTS

Specimen Requirements:	
Patient Preparation:	
Collect:	Urine.
Specimen Preparation:	Transport 1~~2~~ mL urine in an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.4~~7~~ mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen. Also acceptable: Refrigerated.
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: 1 week; Refrigerated: 2 weeks~~1 month~~; Frozen: 2 weeks~~1 month~~
Methodology:	Semi-Quantitative~~Qualitative~~ High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	
CPT Codes:	80371 ~~(Alt code: G0480)~~
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

NPS Stimulants (Bath Salts ~~Qualitative~~ Panel)~~,~~ Serum~~/ or~~ Plasma

2011411, BATHSLT SP

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red, lavender~~Red, Lavender~~ (K2EDTA), or p~~P~~ink (K2EDTA).
Specimen Preparation:	Separate from cells ASAP or within 2 hours of collection. Transfer 1~~2~~ mL serum or plasma to an ARUP standard transport tube.~~Standard Transport Tube.~~ (Min: 0.4~~7~~ mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen.
Unacceptable Conditions:	Gel separator tubes.~~Separator Tubes.~~ Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: 24~~48~~ hours; Frozen: 2 weeks
Methodology:	Semi-Quantitative~~Qualitative~~ High Performance Liquid Chromatography-Tandem Mass Spectrometry
Note:	
CPT Codes:	80371 ~~(Alt code: G0480)~~
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen

2014694, SCID-PRE

Specimen Requirements:	
Patient Preparation:	
Collect:	Buccal brush
Specimen Preparation:	Collect 3-4 brush samples from patient and place in dry, sterile container for transport. ~~New York State Clients: 4-8 brush samples.~~
Transport Temperature:	Ambient. Also acceptable: Refrigerated
Unacceptable Conditions:	
Remarks:	
Stability:	Room Temperature: 1 week; Refrigerated: 1 month; Frozen: unacceptable ~~New York State Clients: Room Temperature: 7 days; Refrigerated: 14 days; Frozen: Unacceptable~~
Methodology:	Polymerase Chain Reaction (PCR) / Fragment Analysis
Note:	To complete Maternal T Cell Engraftment in SCID testing, samples should be collected to perform the following three tests: (1) A buccal brush collected from the patient for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694), used as a genetic baseline for the patient. (2) A peripheral blood sample from the biological mother for Maternal T Cell Engraftment in SCID, Maternal Specimen (ARUP test code 2014704), used as a genetic baseline for the mother. (3) A peripheral blood sample collected from the patient for Maternal T Cell Engraftment in SCID (ARUP test code 2014699). T cells isolated from the blood sample will be genotyped for comparison to the patient and biological mother baseline genotypes. If T-cell sorting is not completed on the blood sample before submission of Maternal T Cell Engraftment in SCID (ARUP test code 2014699), BMT Cell Isolation (ARUP test code 2005498) will be added to each order of Maternal T Cell Engraftment in SCID (ARUP test code 20146990). Additional charges apply for cell isolation.
CPT Codes:	81265
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:	

TEST CHANGE

Maternal T Cell Engraftment in SCID

2014699, STR-SCID

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A) ~~New York State Clients: Lavender (EDTA) or yellow (ACD solution A or B)~~
Specimen Preparation:	Transport 3 mL whole blood. ~~(Min: 2 mL)~~ ~~New York State Clients: Transport 5 mL whole blood.~~ (Min: 2 mL)
Transport Temperature:	Ambient. Also acceptable: refrigerated. Ship overnight. Specimens should be received within 24 hours of collection for optimal isolation of T cells. ~~New York State Clients: Ambient~~
Unacceptable Conditions:	Clotted or hemolyzed specimens.
Remarks:	
Stability:	Room temperature: 72 hours; Refrigerated: 72 hours; Frozen: Unacceptable ~~New York State Clients: Room Temperature: 1 week; Refrigerated: 2 weeks; Frozen: Unacceptable~~
Methodology:	Polymerase Chain Reaction (PCR) / Fragment Analysis
Note:	To complete Maternal T Cell Engraftment in SCID testing, samples should be collected to perform the following three tests: (1) A buccal swab or brush collected from the patient for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694), used as a genetic baseline for the patient. (2) A peripheral blood sample from the biological mother for Maternal T Cell Engraftment in SCID, Maternal Specimen (ARUP test code 2014704), used as a genetic baseline for the mother. (3) A peripheral blood sample collected from the patient for Maternal T Cell Engraftment in SCID (ARUP test code 2014699). T cells isolated from the blood sample will be genotyped for comparison to the patient and biological mother baseline genotypes. If T-cell sorting is not completed on the blood sample before submission of Maternal T Cell Engraftment in SCID (ARUP test code 2014699), BMT Cell Isolation (ARUP test code 2005498) will be added to each order of Maternal T Cell Engraftment in SCID (ARUP test code 20146990). Additional charges apply for cell isolation.
CPT Codes:	81268; If cell sorting is performed, add 88184
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:

Test Number	Components	Reference Interval
	Maternal Engraftment, Interpretation	
		Type Maternal: Maternal cells only. Type Patient: Patient cells only. Mixed: Patient and maternal T cells present. Semiquantitative results of percentage of patient and maternal cells will be reported.

TEST CHANGE

Maternal T Cell Engraftment in SCID, Maternal Specimen

2014704, SCID-MAT

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), pink (K2EDTA), or yellow (ACD solution A). ~~New York State Clients: Lavender (EDTA)~~
Specimen Preparation:	Transport 2 mL whole blood. (Min: 1 mL) ~~New York State Clients: Transport 5 mL whole blood. (Min: 3 mL).~~
Transport Temperature:	Refrigerated. Also acceptable: Ambient.
Unacceptable Conditions:	
Remarks:	
Stability:	Room Temperature: 1 week; Refrigerated: 1 month; Frozen: unacceptable ~~New York State Clients: Room Temperature: 7 days; Refrigerated: 14 days; Frozen: Unacceptable~~
Methodology:	Polymerase Chain Reaction (PCR) / Fragment Analysis
Note:	To complete Maternal T Cell Engraftment in SCID testing, samples should be collected to perform the following three tests: (1) A buccal brush collected from the patient for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694), used as a genetic baseline for the patient. (2) A peripheral blood sample from the biological mother for Maternal T Cell Engraftment in SCID, Maternal Specimen (ARUP test code 2014704), used as a genetic baseline for the mother. (3) A peripheral blood sample collected from the patient for Maternal T Cell Engraftment in SCID (ARUP test code 2014699). T cells isolated from the blood sample will be genotyped for comparison to the patient and biological mother baseline genotypes. If T-cell sorting is not completed on the blood sample before submission of Maternal T Cell Engraftment in SCID (ARUP test code 2014699), BMT Cell Isolation (ARUP test code 2005498) will be added to each order of Maternal T Cell Engraftment in SCID (ARUP test code 2014699). Additional charges apply for cell isolation.
CPT Codes:	See CPT code for Maternal T Cell Engraftment in SCID, Pre-Engraftment Specimen (ARUP test code 2014694)
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:

TEST CHANGE

Chronic Lymphocytic Leukemia Mutation Panel by Next Generation Sequencing

3001858, CLL NGS

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA), green (sodium heparin), bone marrow (EDTA), or bone marrow (sodium heparin). Fresh-frozen tissue. New York State Clients: Lavender (EDTA)
Specimen Preparation:	Whole Blood and Bone Marrow: Transport 3 mL. (Min: 1.5 mL) Fresh-Frozen Tissue: Transport 5 mg fresh-frozen tissue. (Min: 5 mg) Separate specimens must be submitted when multiple tests are ordered. New York State Clients: Transport 5 mL whole blood (Min: 2 mL) or 2 mL bone marrow (Min: 2 mL).
Transport Temperature:	Whole Blood or Bone Marrow: Refrigerated. Fresh-frozen Tissue: Frozen. New York State Clients: Refrigerated.
Unacceptable Conditions:	Serum, plasma, grossly hemolyzed specimens, buccal brush or swab, FFPE tissue.
Remarks:	Specimen source is required.
Stability:	Whole Blood or Bone Marrow: Ambient: 72 hours; Refrigerated: 1 week; Frozen: Unacceptable Fresh-Frozen Tissue: Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 1 month New York State Clients: Ambient: Unacceptable~~72 hours~~; Refrigerated: 2 weeks~~4 days~~; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing
Note:	Genes tested: *ATM; BCL2; BIRC3*; BRAF; BTG1; BTK; CARD11; CD79B; CXCR4; DDX3X; FBXW7; IKZF3; KRAS; MAP2K1; MED12; MGA; MYD88; NOTCH1; NRAS; PLCG2; POT1; RNASEH2A; RNASEH2B; RPS15*; SAMHD1; SF3B1; TP53; XPO1; ZMYM3* *One or more exons are not covered by sequencing for the indicated gene; see Additional Technical Information test fact sheet.
CPT Codes:	81450
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

Trofile (DNA) Co-Receptor Tropism

3002570, TROFI DNA

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2 or K3EDTA~~K3 EDTA~~).
Specimen Preparation:	Freeze immediately. Transport ~~Transfer~~ 4 mL whole blood in the original collection tube. ~~to an ARUP Standard Transport Tube and freeze immediately.~~ (Min: 4 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	CRITICAL FROZEN.
Unacceptable Conditions:	Thawed specimens.
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 2 weeks
Methodology:	Polymerase Chain Reaction (PCR) / Culture
Note:	Recommended for patients with undetectable viral loads.
CPT Codes:	87999
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	