

Effective as of 02/02/2026
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	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
2007582	18 HYDRO	18-Hydroxycorticosterone by Mass Spectrometry		x																
2013034	A SUB PGH	Alpha Subunit, Free, Pituitary Glycoprotein Hormones (PGH)		x																

TEST CHANGE**18-Hydroxycorticosterone by Mass Spectrometry**

2007582, 18 HYDRO

Specimen Requirements:**Patient Preparation:**

Collect: Serum separator tube (SST) or plasma preparation tube (PPT).
Also acceptable: Lavender (EDTA) or green (sodium heparin).

Specimen Preparation: Separate from cells within 1 hour of collection. Transfer 3 mL serum or plasma to an ARUP standard transport tube 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 24 hours**; Refrigerated: **Unacceptable 24 hours**; Frozen: 3 months

Methodology: Quantitative Mass Spectrometry

Note:

CPT Codes: 82542

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

Interpretive Data:**Reference Interval:**

[Refer to By](#) report

TEST CHANGE**Alpha Subunit, Free, Pituitary Glycoprotein Hormones (PGH)**

2013034, A SUB PGH

Specimen Requirements:**Patient Preparation:**

Collect: Serum separator tube (SST) or plain red.

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection.
Transfer 1 mL serum to an ARUP standard transport tube. (Min: 0.25 mL) Freeze immediately.
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.Transport Temperature: **CRITICAL FROZEN****Frozen**.**Unacceptable Conditions:****Remarks:**Stability: Ambient: Unacceptable24 hours; Refrigerated: Unacceptable24 hours; Frozen: 6 months

Methodology: Quantitative Chemiluminescent Immunoassay (CLIA)

Note:

CPT Codes: 83520

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

Interpretive Data:**Reference Interval:**