

Effective as of **December 5, 2022**

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
2002270	ST2	ST2, Soluble (Inactive as of 12/05/22)																			x
2002926	BLAST DERM	Blastomyces dermatitidis Antigen Quantitative by EIA			x																
2006982	VIT B5 S	Vitamin B5 (Pantothenic Acid), Serum			x																
2009310	MGMT	MGMT Promoter Methylation Detection (Change effective as of 12/05/2022: Refer to 3005956 in the December Hotline)																		x	
2011075	COCCI AG	Coccidioides Antigen Quantitative by EIA			x																
3005941	HISTO GAL	Histoplasma Galactomannan Antigen by EIA, Quantitative, Body Fluid	x																		
3005956	MGMT METH	MGMT Promoter Methylation Detection by ddPCR	x																		

TEST CHANGE

Blastomyces dermatitidis Antigen Quantitative by EIA

2002926, BLAST DERM

Specimen Requirements:

Patient Preparation:

Collect: Plain ~~red, serum separator tube~~ ~~Red, Serum Separator Tube~~ (SST), ~~lavender (K2 or K3EDTA)~~, ~~green (sodium~~ ~~Green (Sodium~~ or ~~lithium heparin)~~, ~~light blue (sodium citrate~~ ~~Lithium Heparin)~~, ~~Light Blue (Sodium Citrate)~~, CSF, or BAL.

Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP ~~Standard Transport Tube~~ ~~standard transport tube~~. (Min: 1.2 mL) Transfer 1 mL CSF to an ARUP ~~Standard Transport Tube~~ ~~standard transport tube~~. (Min: 0.8 mL) Transfer 1 mL BAL to an ARUP ~~Standard Transport Tube~~ ~~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~~ ~~Refrigerated~~. Also acceptable: Room temperature or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions: Urine

Remarks: Specimen source required.

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

Methodology: Quantitative Enzyme Immunoassay

Performed: Varies

Reported: 3-5 days

Note: For urine specimens refer to Blastomyces Antigen Quantitative by EIA, Urine (ARUP test code 3001798).

CPT Codes: 87449

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

TEST CHANGE

Vitamin B5 (Pantothenic Acid), Serum

2006982, VIT B5 S

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST). New York State Clients: Plain red.

Specimen Preparation: Protect from light. Allow specimen to clot for 30 minutes and separate from cells. Transfer 1 mL serum to an ARUP Amber Transport Tube (ARUP supply #54457) available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at (800) 522-2787. (Min: 0.5 mL) New York State Clients: Transfer 1.2 mL serum to an ARUP Standard Transport Tube. (Min. 0.6 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Frozen.

Unacceptable Conditions: Grossly hemolyzed or lipemic specimens. Specimens not protected from light.

Remarks:

Stability: Ambient: 24 hours; Refrigerated: 1 week; Frozen: 3 weeks, New York State Clients: Ambient: **Unacceptable 6 hours**; Refrigerated: **Unacceptable 4 days**; Frozen: 1 month

Methodology: Quantitative Cell Based Assay

Performed: Varies

Reported: 3-10 days

Note:

CPT Codes: 84591

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

Interpretive Data:

Reference Interval:

Effective July 16, 2012

By report



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

Effective Date: **December 5, 2022**

TEST CHANGE

Coccidioides Antigen Quantitative by EIA

2011075, COCCI AG

Specimen Requirements:

Patient Preparation:

Collect: Plain red, serum separator tube (SST), lavender (K2 or K3 EDTA), pink (K2 EDTA), green (sodium or lithium heparin), or light blue (sodium citrate). Also acceptable: Urine, CSF, or BAL.

Specimen Preparation: Transfer 2 mL serum or plasma to an ARUP ~~standard transport tube~~. ~~Standard Transport Tube~~. (Min: 1.2 mL) Transfer 1 mL urine or BAL to an ARUP ~~standard transport tube~~. ~~Standard Transport Tube~~. (Min: 0.5 mL) Transfer 1 mL CSF to an ARUP ~~standard transport tube~~. ~~Standard Transport Tube~~. (Min: 0.8 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: ~~Frozen~~ ~~Refrigerated~~. Also acceptable: Room temperature or ~~refrigerated~~ ~~frozen~~.

Unacceptable Conditions:

Remarks: Specimen source required.

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

Methodology: Quantitative Enzyme Immunoassay

Performed: Varies

Reported: 3-4 days

Note:

CPT Codes: 87449

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



*A nonprofit enterprise of the University of Utah
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Effective Date: **December 5, 2022**

NEW TEST

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Histoplasma Galactomannan Antigen by EIA, Quantitative, Body Fluid

3005941, HISTO GAL

Specimen Requirements:

Patient Preparation:

Collect: Lavender (K2 or K3EDTA), green (sodium or lithium heparin), light blue (sodium citrate). Also acceptable: BAL or CSF.

Specimen Preparation: Transfer 2 mL plasma to an ARUP standard transport tube. (Min: 1.2 mL) Transfer 1 mL BAL to an ARUP standard transport tube. (Min: 0.5 mL) Transfer 1 mL CSF to an ARUP standard transport tube. (Min: 0.8 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated. Also acceptable: Room temperature or frozen.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 2 weeks; Refrigerated: 2 weeks; Frozen: Indefinitely

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay

Performed: Varies

Reported: 3-4 days

Note: For serum specimens refer to Histoplasma Antigen Quantitative by EIA, Serum (ARUP test code 0092522).

CPT Codes: 87385

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

Interpretive Data:

Reference Interval:

By report

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

NEW TEST

[Click for Pricing](#)

MGMT Promoter Methylation Detection by ddPCR

3005956, MGMT METH

Specimen Requirements:

Patient Preparation:

Collect: Tumor tissue.

Specimen Preparation: Tumor Tissue: Formalin fix (10 percent neutral buffered formalin) and paraffin embed tissue. Protect from excessive heat. Tissue block will be returned after testing. Transport tissue block or 5 unstained 5-micron slides. (Min: 3 slides) Transport block and/or slide(s) in a tissue transport kit (ARUP Supply #47808) available online through eSupply using ARUP Connect(TM)? or contact ARUP Client Services at 800-522-2787.

Transport Temperature: Room temperature. Ship in cooled container during summer months.

Unacceptable Conditions: Specimens fixed/processed in alternative fixatives (alcohol, Prefer) or heavy metal fixatives (B-4 or B-5). Decalcified specimens. Less than 25 percent tumor.

Remarks: Include surgical pathology report. If multiple specimens (blocks or slides) are sent to ARUP, they must be accompanied by one of the following: an order comment indicating that the ARUP pathologist should choose the specimen most appropriate for testing (e.g., "Choose best block"), or individual orders for each sample submitted. A Pathologist Block Selection Fee (ARUP test code 3002076) will be added to orders that utilize the first option. If multiple specimens are sent to ARUP without a request for pathologist block/slide selection or individual orders, they will be held until clarification is provided.

Stability: Ambient: Indefinitely; Refrigerated: Indefinitely; Frozen: Unacceptable

Methodology: Droplet Digital PCR (ddPCR)

Performed: DNA isolation: Sun-Sat Assay: Varies

Reported: 8-12 days

Note:

CPT Codes: 81287

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.

Reference Interval:

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

Inactivations

The following will be discontinued from ARUP's test menu on **December 5, 2022**
Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
2002270	ST2, Soluble (Inactive as of 12/05/22)	
2009310	MGMT Promoter Methylation Detection (Change effective as of 12/05/2022: Refer to 3005956 in the December Hotline)	MGMT Promoter Methylation Detection by ddPCR 3005956