Effective as of **January 3, 2023**

**Additional ordering and billing information**

Information when ordering laboratory tests that are billed to Medicare/Medicaid


<table>
<thead>
<tr>
<th>Test Number</th>
<th>Mnemonic</th>
<th>Test Name</th>
<th>Note</th>
<th>Pricing Change</th>
<th>Inactivation w/ Replacement</th>
<th>Inactivation w/o Replacement</th>
</tr>
</thead>
<tbody>
<tr>
<td>0051506</td>
<td>TD PAN</td>
<td>Thanatophoric Dysplasia, Types 1 and 2 (FGFR3) 13 Mutations</td>
<td>(Change effective as of 1/3/2023: Refer to 2012015 in the January Hotline)</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>0051508</td>
<td>TD PAN FE</td>
<td>Thanatophoric Dysplasia, Types 1 and 2 (FGFR3) 13 Mutations, Fetal</td>
<td>(Change effective as of 1/3/2023: Refer to 2012010 in the January Hotline)</td>
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<tr>
<td>3006111</td>
<td>ST2 SOL</td>
<td>ST2, Soluble</td>
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<td>x</td>
<td></td>
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</table>
NEW TEST – Available Now

Click for Pricing

ST2, Soluble
3006111, ST2 SOL

Specimen Requirements:

Patient Preparation:

Collect: Plain red. Also acceptable: Serum separator tube (SST).

Specimen Preparation: Transfer 1 mL serum 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. Also acceptable: Refrigerated.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 72 hours; Refrigerated: 1 week; Frozen: 3 months

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay

Performed: Varies

Reported: 3-11 days

Note: CPT Codes: 83006

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.
## Inactivations

The following will be discontinued from ARUP’s test menu on **January 3, 2023**

Replacement test options are indicated when applicable.

<table>
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<tr>
<th>Test Number</th>
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<th>Refer to Replacement Test</th>
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