ARUP LABORATORIES

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

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Effective as of 04/01/2024

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
0050184	META PF	Metanephrines, Plasma (Free)			x																
3016813	PEPSIN	Gastric Pepsin A, Respiratory		x																	
3017737	PAB PAN	Platelet Antibody Identification Panel	x																		

TEST CHANGE

Metanephrines, Plasma (Free)

0050184, META PF

Specimen Requirements:	
Patient Preparation:	Drugs and medications may affect results and should be discontinued for at least 72 hours prior to specimen collection, if possible. Collection of the specimen after the patient has rested for 15 minutes in a supine position is recommended.
Collect:	Lavender (EDTA), pink (K2EDTA), or green (sodium or lithium heparin).
Specimen Preparation:	Centrifuge within 1 hour. Transfer 2 mL plasma to an ARUP standard transport tube~~Standard Transport Tube~~ and freeze immediately. (Min: 1 mL) Avoid hemolysis.
Transport Temperature:	Frozen. Separate specimens must be submitted when multiple tests are ordered.
Unacceptable Conditions:	Plasma separator tubes. Body fluids other than EDTA or heparinized plasma. ~~Non-frozen specimens.~~ Grossly hemolyzed.
Remarks:	
Stability:	After separation from cells: Ambient: Unacceptable~~3 Days~~; Refrigerated: 10 Days; Frozen: 1 month
Methodology:	Quantitative Liquid Chromatography-Tandem Mass Spectrometry
Performed:	Sun-Sat
Reported:	2-5 days
Note:	Isoetharine, isoproterenol, 3,4-methylenedioxyamphetamine (MDA), and 3,4-methylenedioxymethamphetamine (MDMA) are known to interfere with this test. Many drugs/medications, including over-the-counter and herbal products, can interfere with test results. Testing for all potential interactions is not possible. If the patient is taking a drug not listed as an interferent, its potential effect on test results is unknown. If test results are inconsistent with clinical evidence, drug interference should be considered. If appropriate, the patient should discontinue the potential interferent for 48-72 hours and a new sample collected for retesting.

CPT Codes:	83835
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

This test is useful in the detection of pheochromocytoma, a rare neuroendocrine tumor. The majority of patients with pheochromocytoma have a plasma normetanephrine concentration in excess of 2.2 nmol/L and/or a metanephrine concentration in excess of 1.1 nmol/L. Increased concentrations of these analytes serve as confirmation for diagnosis. Patients with essential hypertension and plasma concentrations of normetanephrine below 0.9 nmol/L and a metanephrine concentration below 0.5 nmol/L, can be excluded from further testing. If clinical suspicion remains, repeat testing or testing for metanephrines in a 24-hr. urine specimen should be considered.

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

Reference Interval:

Normetanephrine: 0.0-0.89 nmol/L
Metanephrine: 0.0-0.49 nmol/L

TEST CHANGE

Gastric Pepsin A, Respiratory

3016813, PEPSIN

Specimen Requirements:	
Patient Preparation:	
Collect:	Bronchial wash, broncheoalveolar lavage (BAL), or tracheal aspirate.
Specimen Preparation:	Transfer 2 mL respiratory specimen to an ARUP standard transport tube and freeze immediately. (Min: 0.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen
Unacceptable Conditions:	
Remarks:	
Stability:	Ambient: Unacceptable; Refrigerated: Unacceptable; Frozen: 3 months
Methodology:	Semi-Quantitative Enzymatic Assay
Performed:	Varies
Reported:	5-10 days
Note:	
CPT Codes:	83986, 84157, 83516
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:

Test Number	Components	Reference Interval

NEW TEST

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Platelet Antibody Identification Panel

3017737, PAB PAN

Specimen Requirements:	
Patient Preparation:	
Collect:	Plain red. Also acceptable: Serum separator tube (SST).
Specimen Preparation:	Transfer 5 mL serum to an ARUP standard transport tube. (Min: 3 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: Unacceptable; Refrigerated: 1 week; Frozen: 2 weeks
Methodology:	Platelet Antibody Bead Array (PABA)/Flow Cytometry
Performed:	Varies
Reported:	7-10 days
Note:	Panel includes testing for antibodies against HPA-1a/b, HPA-2a/b, HPA-3a/b, HPA-4b, HPA-5a/b, GPIIb/IIIa, GPIa/IIa, GP1b/IX,GPIV and class I HLA.
CPT Codes:	86022
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	

Reference Interval:

Test Number	Components	Reference Interval

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