

Effective as of **12/02/2024**

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
0092399	HIVPHENOG T	HIV PhenoSense GT			x			x				x									
0095227	ARYLSULF A	Arylsulfatase A, 24-Hour Urine			x																
2003204	A GALACTO	Alpha-Galactosidase, Serum			x																
2007567	LH PEDIA	Luteinizing Hormone (LH), Pediatric			x		x														
2011034	NMETHYL U	N-Methylhistamine, 24-Hour Urine						x			x										
2011058	ARYL LEUK	Arylsulfatase A, Leukocytes, Blood			x		x														
2013890	TOXOG IGA	Toxoplasma gondii Antibody, IgA by ELISA, Serum			x																
2014059	4KSCORE	Prostate-Specific Kallikrein, 4Kscore										x									
3001255	14-3-3 TAU	Prion Markers (CJD), CSF			x		x														
3002337	BETA PG U	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, 24-Hour Urine			x						x										
3004160	BETAPG RAN	2,3 Dinor-11Beta-Prostaglandin F2 Alpha, Random Urine			x																
3006254	JCV AB	JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay					x														



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Hotline Table of Contents

TEST CHANGE

HIV PhenoSense GT
0092399, HIVPHENOGT

Specimen Requirements:

Patient Preparation:

Collect: Lavender (EDTA) or plasma preparation tube (PPT).

Specimen Preparation: Separate from cells within 6 hours of collection. Transfer 3 mL 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: Thawed specimens.

Remarks: ~~Provide patient's most recent viral load and viral load collection date.~~

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

Methodology: Polymerase Chain Reaction (PCR)/Culture/Sequencing

Performed: Varies

Reported: 27-38 days

Note: Procedure should be used for patients with documented HIV-1 infection ~~and viral loads greater than 500 copies/mL.~~

CPT Codes: 87900; 87901; 87903; 87904 x12

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

Interpretive Data:

Reference Interval:

By report

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.



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Effective Date: **December 2, 2024**

TEST CHANGE

Arylsulfatase A, 24-Hour Urine

0095227, ARYLSULF A

Specimen Requirements:

Patient Preparation:

Collect: 24-hour urine. Do not use preservatives. Keep refrigerated during collection.

Specimen Preparation: ~~Transfer~~ **From a well-mixed 24-hour collection, transfer** 6 mL urine to ARUP standard transport tubes. (Min. 2.5 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated.

Unacceptable Conditions: Random urine.

Remarks: Indicate total volume.

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

Methodology: Quantitative Colorimetry/Enzymatic Assay

Performed: Varies

Reported: 9-19 days

Note:

CPT Codes: 84311

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Alpha-Galactosidase, Serum

2003204, A GALACTO

Specimen Requirements:

Patient Preparation:

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

Specimen Preparation: Transfer 2 mL serum to an ARUP standard transport tube. (Min: 0.32 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: [Patient sex is required for interpretation of results.](#) Physician name and phone number are required.
[New York Clients: Informed consent is required. Document on the request form or electronic order that a copy is on file.](#)

Stability: Ambient: Unacceptable; Refrigerated: 24 hours; Frozen: 2 weeks

Methodology: Quantitative Fluorometry

Performed: Varies

Reported: 4-8 days

Note: Results for this assay are not useful for carrier determination. Carriers usually have levels in the normal range.

CPT Codes: 82657

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

Luteinizing Hormone (LH), Pediatric

2007567, LH PEDIA

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST) or plain red. Also acceptable: Lavender (EDTA).

Specimen Preparation: Separate from cells within 45 minutes. Transfer 1 mL serum or plasma to an ARUP 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.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 24 hours; Refrigerated: 48 hours; Frozen: 6 months

Methodology: Quantitative Electrochemiluminescent Immunoassay (ECLIA)

Performed: Varies

Reported: ~~8-13~~ 13 days

Note:

CPT Codes: 83002

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

Interpretive Data:

Reference Interval:

By report

TEST CHANGE

N-Methylhistamine, 24-Hour Urine

2011034, NMETHYL U

Specimen Requirements:

Patient Preparation: Patient must not be taking monoamine oxidase inhibitors (MAOIs) or aminoguanidine as these medications increase N-methylhistamine (NMH) levels.

Collect: 24-hour urine.

Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to [an](#) ARUP standard transport tube_s. (Min: 3 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: Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 300 mL.

Stability: Ambient: 2 weeks; Refrigerated: 28 days; Frozen: 28 days

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry/Colorimetry

Performed: Varies

Reported: ~~6-12~~³⁻¹⁰ days

Note:

CPT Codes: 82542

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

Interpretive Data:

Reference Interval:

By Report

TEST CHANGE

Arylsulfatase A, Leukocytes, Blood

2011058, ARYL LEUK

Specimen Requirements:

Patient Preparation:

Collect: Yellow (ACD solution B). Also acceptable: Yellow (ACD solution A). Collect Monday-Wednesday only and not the day before a holiday.

Specimen Preparation: Transport 6 mL whole blood in the original tube. (Min: 5 mL)
Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated. Also acceptable: Room temperature.

Unacceptable Conditions: ~~Grossly hemolyzed specimens.~~

Remarks: New York Clients: Informed consent is required. Document on the request form or electronic order that a copy is on file.

Stability: Ambient: 6 days; Refrigerated: 6 days; Frozen: Unacceptable

Methodology: Quantitative Colorimetry

Performed: Varies

Reported: ~~6-12~~8-15 days

Note:

CPT Codes: 82657

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

Interpretive Data:

Reference Interval:

By Report

TEST CHANGE

Toxoplasma gondii Antibody, IgA by ELISA, Serum

2013890, TOXOG IGA

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST).

Specimen Preparation: Transfer 3 mL serum to an ARUP 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: Refrigerated. Also acceptable: Frozen.

Unacceptable Conditions: Grossly hemolyzed, icteric, lipemic, and bacterially contaminated specimens.

Remarks:

Stability: Ambient: **24 hours**; Refrigerated: 1 week; Frozen: Indefinitely

Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: 5-12 days

Note:

CPT Codes: 86777

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

Interpretive Data:

Reference Interval:

By Report

TEST CHANGE

Prostate-Specific Kallikrein, 4Kscore

2014059, 4KSCORE

Specimen Requirements:

Patient Preparation:

Collect: Serum separator tube (SST).

Specimen Preparation: Transfer 4 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.

Unacceptable Conditions: Frozen serum separator tubes (SST).

Remarks: Biopsy history, digital rectal exam (DRE) results, and clinical indication for ordering are required ~~must be provided at time of order.~~

Stability: Ambient: Unacceptable; Refrigerated: 72 hours; Frozen: 1 month

Methodology: Electrochemiluminescent Immunoassay (ECLIA)

Performed: Varies

Reported: 5-10 days

Note: 4 Kallikrein Biomarkers: Total PSA, free PSA, percent free PSA, intact PSA, and hK2. A digital rectal exam (DRE) is required and submissions should indicate "nodule" or "no nodule." Test should not be ordered if DRE has been performed within the last 4 days or if biopsy history is positive. DREs performed after collection of specimen are acceptable.

CPT Codes: 81539

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

Interpretive Data:

Reference Interval:

By report

HOTLINE NOTE: There is a component change associated with this test. One or more components have been added or removed. Refer to the Hotline Test Mix for interface build information.

TEST CHANGE

Prion Markers (CJD), CSF

3001255, 14-3-3 TAU

Specimen Requirements:

Patient Preparation: Patient must be 12 years of age or older.

Collect: CSF

Specimen Preparation: The first 2 mL of CSF that flows from the tap should be discarded. Transfer 2 mL CSF to ARUP standard transport tubes or other polypropylene tubes, taking care to avoid blood contamination from the tap. **Freeze at -20 within 20 minutes of collection, 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: Completed requisition form required. Cloudy or pink specimens may result in partial results for some components.

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

Methodology: Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) ~~/~~
~~/~~Qualitative Real-Time Quaking-Induced Conversion

Performed: Varies

Reported: ~~12-22~~~~7-17~~ days

Note: Repeat testing should be collected no sooner than 2 weeks following last encounter.

CPT Codes: 86317; 0035U

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

Interpretive Data:

Reference Interval:

By report



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Effective Date: **December 2, 2024**

TEST CHANGE

2,3 Dinor-11 Beta-Prostaglandin F2 Alpha, 24-Hour Urine

3002337, BETA PG U

Specimen Requirements:

Patient Preparation: Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.

Collect: 24-hour urine. Refrigerate during collection.

Specimen Preparation: From a well-mixed 24-hour collection transfer 5 mL urine to ARUP standard transport tubes. (Min: **2.74** mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated. Also acceptable: Frozen.

Unacceptable Conditions:

Remarks: Collection duration and urine volume must be provided for testing. Total collection volume must be greater than 300 mL.

Stability: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Methodology: Quantitative Colorimetry/High Performance Liquid Chromatography-Tandem Mass Spectrometry

Performed: Varies

Reported: 9-15 days

Note: Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.

CPT Codes: 84150

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

Interpretive Data:

Reference Interval:

By Report

TEST CHANGE

2,3 Dinor-11 Beta-Prostaglandin F2 Alpha, Random Urine

3004160, BETAPG RAN

Specimen Requirements:

Patient Preparation: Patients taking aspirin or nonsteroidal anti-inflammatory drugs (NSAIDs) may have decreased concentrations of prostaglandin F2 alpha. If possible, discontinue for 2 weeks or 72 hours, respectively, prior to specimen collection.

Collect: Urine.

Specimen Preparation: Transfer 5 mL urine to ARUP standard transport tubes. (Min: **3.4** mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Refrigerated. Also acceptable: Frozen.

Unacceptable Conditions:

Remarks:

Stability: Ambient: 8 hours; Refrigerated: 2 weeks; Frozen: 1 month

Methodology: Quantitative Liquid Chromatography-Tandem Mass Spectrometry /Colorimetry

Performed: Varies

Reported: 6-11 days

Note: Elevated levels of 2,3-dinor-11beta-prostaglandin F2 alpha (2,3 BPG) in urine are not specific for systemic mast cell disease and may be found in patients with angioedema, diffuse urticaria, or myeloproliferative diseases in the absence of diffuse mast cell proliferation.

CPT Codes: 84150; 82570

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

Interpretive Data:

Reference Interval:

By Report



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Effective Date: **December 2, 2024**

TEST CHANGE

JC Virus Antibody by ELISA, Serum with Reflex to Inhibition Assay

3006254, JCV AB

Specimen Requirements:

Patient Preparation:

Collect: Plain red or serum separator tube (SST). Also acceptable: Lavender (K2EDTA)

Specimen Preparation: Transfer 1 mL serum or plasma to an ARUP 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:

Remarks:

Stability: Ambient: 1 week; Refrigerated: 2 weeks; Frozen: 3 months

Methodology: Enzyme-Linked Immunosorbent Assay (ELISA)

Performed: Varies

Reported: 6-10 days

Note: If antibody result is indeterminate, then a confirmation (inhibition) assay will be added.

CPT Codes: 86711; if reflexed, add 86711

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

Interpretive Data:

Reference Interval:

By report