

Effective as of **03/03/2025**

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
0055428	CHILI PEP	Allergen, Food, Pepper C. frutescens IgE (Inactive as of 03/03/25)																			x
2006328	GLUT TOT	Glutathione Total			x																
2014351	RABIES AB	Rabies Antibody Screen by RFFIT, Serum			x																
3019464	CENO	Cenobamate, Serum or Plasma	x																		

TEST CHANGE

Glutathione Total

2006328, GLUT TOT

Specimen Requirements:

Patient Preparation:

Collect: Yellow (ACD solution B) (ARUP supply #49658) or yellow (ACD solution A). Available online through eSupply using ARUP Connect(TM) or contact ARUP Client Services at 800-522-2787.

Specimen Preparation: Transport whole blood in original collection container. ACD solution B: 10 mL (Min: 8.5) or ACD solution A: 8.5 mL (Min: 6.5 mL) or transfer 1 mL whole blood to an ARUP standard transport tube (Min: 1 mL). Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.

Transport Temperature: Critical refrigerated

Unacceptable Conditions: [Hemolyzed specimens](#)

Remarks:

Stability: Ambient: Unacceptable; Refrigerated: 3 weeks; Frozen: Unacceptable

Methodology: Quantitative Kinetic Assay

Performed: Varies

Reported: 5-9 days

Note:

CPT Codes: 82978

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

Interpretive Data:

Reference Interval:

By Report

TEST CHANGE

Rabies Antibody Screen by RFFIT, Serum

2014351, RABIES AB

Specimen Requirements:

Patient Preparation:

Collect: Plain ~~r~~Red or serum separator tube~~Serum Separator Tube~~ (SST).

Specimen Preparation: Transfer 2 mL serum to an ARUP standard transport tube~~Standard Transport Tube~~. (Min: 1 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: 1 month

Methodology: Rapid Fluorescent Focus Inhibition

Performed: Varies

Reported: 21-31 days

Note:

CPT Codes: 86382

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

Interpretive Data:

Reference Interval:

By report

NEW TEST

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Cenobamate, Serum or Plasma

3019464, CENO

Specimen Requirements:

Patient Preparation:

Collect: Plain red, lavender (K2EDTA), or pink (K2EDTA)

Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 1 mL serum or plasma to an ARUP standard transport tube. (Min: 0.3 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: Polymer gel separation tube (SST or PST)

Remarks:

Stability: Ambient: 1 month; Refrigerated: 1 month; Frozen: 2 years

Methodology: Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry

Performed: Varies

Reported: 7-10 days

Note:

CPT Codes: 80339

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.

Inactivations

The following will be discontinued from ARUP's test menu on **March 3, 2025**

Replacement test options are indicated when applicable.

Test Number	Test Name	Refer to Replacement Test
0055428	Allergen, Food, Pepper <i>C. frutescens</i> IgE (Inactive as of 03/03/25)	