ARUP LABORATORIES

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

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Effective as of 06/02/2025

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
2005894	ISAC MICRO	Allergen Panel, IgE by ImmunoCap ISAC			x																
2013881	HDV QNT	Hepatitis Delta Virus by Quantitative PCR			x			x	x												
2014677	ECS SEQ FX	Expanded Carrier Screen by Next Generation Sequencing with Fragile X			x																
2014680	ECS SEQ	Expanded Carrier Screen by Next Generation Sequencing			x																
3019849	AMYLOID B	Amyloid Beta (1-40)	x																		

TEST CHANGE

Allergen Panel, IgE by ImmunoCap ISAC

2005894, ISAC MICRO

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST). Also acceptable: Lavender (EDTA) or green (sodium or lithium heparin).
Specimen Preparation:	Transfer 0.4 mL serum or plasma to an ARUP standard transport tube. (Min: 0.25 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Frozen~~Refrigerated~~. Also acceptable: Refrigerated~~Frozen~~.
Unacceptable Conditions:	Ambient specimens.
Remarks:	
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 1 month
Methodology:	Semi-Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay
Performed:	Varies
Reported:	4-12 days
Note:	Method Description: The method uses solid-phase immunoassays against 112 antigenic epitopes and measures IgE antibody concentrations in patient serum or plasma. The binding of a specific IgE to an immobilized allergen component is detected by the addition of a secondary fluorescence-labeled anti-human IgE antibody. Results are reported in ISAC Standardized Units (ISU).
CPT Codes:	86008 x112
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

Hepatitis Delta Virus by Quantitative PCR

2013881, HDV QNT

Specimen Requirements:	
Patient Preparation:	
Collect:	Serum separator tube (SST).
Specimen Preparation:	Separate serum from cells. Transport 2 mL serum in a sterile container. (Min: 0.5 mL)
Transport Temperature:	Frozen.
Unacceptable Conditions:	
Remarks:	Specimen source required.
Stability:	Ambient: 24 hours; Refrigerated: 1 week; Frozen: 30 days~~4 months~~
Methodology:	Quantitative Polymerase Chain Reaction (PCR)
Performed:	Mon, Thu
Reported:	2-5 days
Note:	The limit of quantification for this test is 2.0~~1~~ log IU/mL (92~~120~~ IU/mL). If the test DID NOT DETECT the virus, the result will be reported as ";Not Detected <"~~<~~ 2.0;~~1~~ log IU/mL (< 92;~~120~~ IU/mL)." If the test DETECTED the presence of the virus but was not able to accurately quantify the number of copies, the result will be reported as ";Detected, <2.0log IU/mL (< 92IU/mL)." ~~"Not Quantified."~~
CPT Codes:	87523
New York DOH Approval Status:	This test is New York DOH approved.

Interpretive Data:

The quantitative range of this assay is 2.0~~1~~-6.7~~8~~ log IU/mL (92 - 4,600~~120 - 5,800~~,000 IU/mL).

A negative result (less than 2.0~~1~~ log IU/mL or less than 92~~120~~ IU/mL) does not rule out the presence of PCR inhibitors in the patient specimen or HDV RNA concentrations below the level of detection of the test. Inhibition may also lead to underestimation of viral quantitation.

Reference Interval:

Not Detected

TEST CHANGE

Expanded Carrier Screen by Next Generation Sequencing with Fragile X

2014677, ECS SEQ FX

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA).
Specimen Preparation:	Transport 4 mL whole blood. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Patient history form is required. Patient must be at least 18 years of age, be pregnant, or be actively seeking/planning a pregnancy, or be a male partner of the pregnant patient.
Stability:	Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing / Polymerase Chain Reaction (PCR)
Performed:	Varies
Reported:	17-21 days
Note:	
CPT Codes:	81479
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

TEST CHANGE

Expanded Carrier Screen by Next Generation Sequencing

2014680, ECS SEQ

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (EDTA).
Specimen Preparation:	Transport 4 mL whole blood. (Min: 1 mL) Test is not performed at ARUP; separate specimens must be submitted when multiple tests are ordered.
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Patient history form is required. Patient must be at least 18 years of age, be pregnant, or be actively seeking/planning a pregnancy, or be a male partner of the pregnant patient.
Stability:	Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: Unacceptable
Methodology:	Massively Parallel Sequencing / Polymerase Chain Reaction (PCR)
Performed:	Varies
Reported:	17-21 days
Note:	
CPT Codes:	81479
New York DOH Approval Status:	This test is New York DOH approved.
Interpretive Data:	
Reference Interval:	
By report	

NEW TEST

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Amyloid Beta (1-40)

3019849, AMYLOID B

Specimen Requirements:	
Patient Preparation:	
Collect:	Lavender (K2 or K3EDTA)
Specimen Preparation:	Separate from cells ASAP. 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:	
Remarks:	
Stability:	Ambient: 1 hour; Refrigerated: 24 hours; Frozen: 6 months
Methodology:	Quantitative Radioimmunoassay (RIA)
Performed:	Varies
Reported:	15-19 days
Note:	
CPT Codes:	83519
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	

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