Health Network LABORATORIES®

LAB-LINK

VOLUME 5 • April 2016

For the most up-to-date test information, visit our online handbook at www.healthnetworklabs.com

As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

In This Issue

CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. Physicians who consider Reflex testing unnecessary may order an initial test without the Reflexed test. Reflex or confirmation tests are performed at an additional charge.

Health Network Laboratories
794 Roble Road
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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Respiratory Pathogen Profile, PCR

Test Code:	RPPPR
Effective Date:	02/16/2016
CPT Code:	***87633, 87486, 87581***
Includes:	**TESTING TO REPLACE CURRENT RESPIRATORY VIRAL PROFILE (RVPPR, Twelve target profile)** Twenty pathogen panel to include: • Influenza A Matrix • Influenza A H1 • Influenza A H3 • Influenza B • RSV A • RSV B • Coronavirus 229E • Coronavirus OC43 • Coronavirus NL63 • Coronavirus HKU1 • Human Metapneumovirus • Rhino/Enterovirus • Adenovirus • Para influenza 1 • Para influenza 2 • Para influenza 3 • Para influenza 4 • Human Bocavirus • Chlamydophila pneumoniae • Mycoplasma pheumoniae
Methodology:	Multiplex Reverse Transcription Polymerase Chain Reaction (RT-PCR)
Testing Schedule:	Daily
Report Available:	12 - 48 hours
Specimen Requirements:	Minimum Volume: 1 ml Container: Nasopharangeal swab (flocked swab) in Universal Transport Media (UTM) OR Bronchial Lavage specimens Collection: Prior to collection, instruct the patient to blow their nose to remove excess mucous. Gently pass the swab through the nose into the posterior nasopharynx. Rub the swab on the nasopharyngeal membrane several times to loosen and collect cellular material. Withdraw the swab and place in UTM tube. Snap off at the score mark and screw on cap of UTM tube.
Reference Range:	Not detected.
Clinical Utility:	Many commonly encountered respiratory pathogens (viral and bacterial) have similar clinical presentation, making diagnosis based on symptoms alone very difficult. Influenza viruses commonly cause respiratory illness, but many other pathogens may cause significant impact on patient health as well. Respiratory syncytial virus (RSV), as one example, is the most common cause of severe respiratory illness in young children, as well as a leading cause of death from respiratory illness in those aged 65 years and older. A clinician needs to accurately detect the respiratory pathogen causing illness in the patient in order to effectively prescribe treatment and control the spread of infection.
Reference:	Seasonal Influenza & Other Respiratory Viruses. Centers for Disease Control (Internet). Cited 2015 March. Available from: http://www.cdc.gov/flu/about/qa/other.htm .
Additional Information:	**All components of this panel are available individually.**

For more information, please contact Nancy Holihan 1-877-402-4221

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NEW TEST:

HNL is pleased to expand our testing menu to include the following test.

Meningitis/Encephalitis PCR,CSF

Test Code:	MEPCR
Effective Date:	02/24/2016
CPT Code:	87798 x8 , 87529 x 2, 87653, 87496, 87498, 87532
Includes:	BACTERIA • E. coli K1 • H. influenzae • L. monocytogenes • N. meningitidis • S. agalactiae • S. pneumoniae VIRUSES • Cytomegalovirus • Enterovirus • H. simplex 1 • H. simplex 2 • Herpes virus 6 • Parechovirus • Varicella zoster YEAST • C. neoformans/gattii
Alternate Names:	• Herpes Simplex Virus by Rapid PCR, CSF • Enterovirus,PCR, CSF • Varicella zoster, PCR, CSF • Cytomegalovirus PCR, CSF • CSF Infectious Disease Assay by PCR • Biofire, Film Array, ME panel • Biofire ME panel
Methodology:	multiplex PCR
Testing Schedule:	Daily
Report Available:	2 hours from receipt in lab.
Specimen Requirements:	Minimum Volume: 500uL CSF Container: CSF container Collection: Lumbar Puncture
Special Instructions:	This test replaces the current CSF PCR assays : • Herpes Simplex Virus by Rapid PCR, CSF • Enterovirus,PCR, CSF • Varicella zoster, PCR, CSF • Cytomegalovirus PCR, CSF
Reference Range:	Detected
Clinical Utility:	The FilmArray Meningitis/Encephalitis (ME) Panel is a multiplex PCR assay for cerebrospinal fluid (CSF) that targets 14 pathogens including bacteria, viruses, and fungi. A concurrent conventional bacterial culture should be considered as this assay does not provide antibiotic susceptibility information.

For more information, please contact Georgia Colasante 1-877-402-4221

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TEST CHANGE:

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Folic Acid, RBC	
Test Code:	FARBC
Effective Date:	02/05/2016
Reason For Change:	Changes include tests included, specimen requirements and handling and reference range.
CPT Code:	82747
Includes:	• Hematocrit • Folate, RBC
Methodology	Quantitative Chemiluminescent Immunoassay
Testing Schedule:	Routine, daily
Report Available:	2-4 days
Specimen Requirements:	***Minimum Volume:*** — ***3 mL whole blood*** ***Container:*** — ***2 Lavender top tubes, EDTA*** ***Collection:*** — • ***Hematocrit is required for testing*** • ***If patient has not received a transfusion or experienced excessive bleeding between the RBC folate draw and the hematocrit draw, any hematocrit drawn within 24 hours of the RBC folate draw is acceptable.***
Special Instructions:	• Store 1 EDTA tube as whole blood at room temperature for hematocrit. • Transfer whole blood from second EDTA tube to an amber aliquot vial or foil wrap clear aliquot vial to protect from light, freeze immediately.
Reference Range:	***≥ 366 ng/mL***
Clinical Utility:	Aids in detection of folate deficiency.

For more information, please contact Gayle McCarthy at 1-877-402-4221

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Pain Management Opiates, Quantitation, Urine	
Test Code:	PPOPI
Effective Date:	03/01/2016
Reason For Change:	Drug testing for opiates is an important clinical tool in Pain Management. Lowering the cut-off concentration to 50 ng/mL, for all the analytes, will aid clinicians in monitoring patients for compliance.
CPT Code:	AMA 80361, 80365 CMS G0480
Includes:	Identification, quantitation and interpretation for pain management compliance monitoring of the following opiates in urine: • Codeine • Morphine • Hydrocodone • Hydromorphone • Norhydrocodone • Oxycodone • Oxymorphone • Noroxycodone ***50 ng/mL Cut-off Concentration for all analytes listed above.***
Methodology	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule:	Routine, 6 times per week
Report Available:	2-3 Days
Specimen Requirements:	Minimum Volume: 5 mL random urine Container: Plastic urine container
Special Instructions:	Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. List only the medications taken within the last 2-3 days.
Reference Range:	Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state. Interpretation and concentration of drug/metabolite in urine is dependent on dose, time of dose, metabolic rate and hydration state.
Clinical Utility:	• Compliance monitoring for pain management. • Useful for detection, identification and quantitation of opiates.

For more information, please contact Nadine Koenig at 1-877-402-4221

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Opiates, Quantitative, Urine	
Test Code:	COPI
Effective Date:	03/01/2016
Reason For Change:	Drug testing for opiates is an important clinical tool. Lowering the cut-off concentration to 50 ng/mL will aid clinicians in assessing patient compliance while maintaining the objective of traditional urine drug testing.
CPT Code:	AMA 80361, 80365 CMS G0480
Includes:	Identification and quantitation of the following in urine: • Codeine • Morphine • Hydrocodone • Hydromorphone • Norhydrocodone • Oxycodone • Oxymorphone • Noroxycodone ***50 ng/mL Cut-off Concentration for all analytes listed above.***
Methodology	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule:	Routine, daily
Report Available:	2-3 Days
Specimen Requirements:	Minimum Volume: 5 mL random urine Container: Plastic urine container
Reference Range:	None detected.
Clinical Utility:	Useful for the positive identification and quantitation of opiates and opiate metabolites in urine.

For more information, please contact Nadine Koenig at 1-877-402-4221

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Troponin	
Test Code:	TROPI
Effective Date:	04/19/2016
Reason For Change:	Change in primary tube type.
CPT Code:	84484
Methodology	Chemiluminescence
Testing Schedule:	Routine daily, STAT testing available
Report Available:	1 day
Specimen Requirements:	Minimum Volume: 2 mL plasma Container: ***Light Green top tube, lithium heparin, plasma separator***
Reference Range	< 0.05 ng/mL
Critical Values:	> 0.78 ng/mL
Clinical Utility:	Used in the evaluation of acute cardiac injury, MI.

For more information, please contact Lisa Crowthers at 1-877-402-4221

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Cytopathology, Direct Smears Cytology (Non Fine Needle Aspiration)	
Effective Date:	04/01/2016
Reason For Change:	Title change to specify collection method for Non Fine Needle Aspiration.
CPT Code:	88160
Includes:	Evaluation of smear preparation for nipple discharge or viral changes
Methodology	Cytopathologic Evaluation
Testing Schedule:	3-5 days, STAT reading may be requested
Report Available:	1 day
Specimen Requirements:	Minimum Volume: Adequate cellular material for diagnostic evaluation Collection: • Slides MUST be labeled with patient's full name and second patient identifier (i.e., DOB, MR#, SS#) on the frosted end of the slide in pencil. • Do not use marker or pen. • Submit smears AIR DRIED (NO FIXATION) and note on accompanying requisition "Smears air dried."
Special Instructions:	• For lesions of skin or vulva, which are dry surfaces, it is helpful to moisten the lesion with saline before scraping it. • Submit specimen with a completed Cytology Non-Gyn Requisition (HNL-32) or one of the laboratory's appropriate electronic forms. • Cytology herpetic interpretation is not a confirmatory study; cellular changes only suggest viral infection.
Reference Range	Negative for diagnostic malignancy or negative for viral changes.
Clinical Utility:	Cytologic evaluation for diagnostic malignancy or viral changes

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<table>
<tr><th colspan="2">Cytopathology, Needle Aspiration</th></tr>
<tr><td>Effective Date:</td><td>04/01/2016</td></tr>
<tr><td>Reason For Change:</td><td>Change in collection method. Collect entire specimen in appropriate needle rinse container. Replaces direct smear preparation.</td></tr>
<tr><td>CPT Code:</td><td>88173</td></tr>
<tr><td>Includes:</td><td>Evaluation of cellular material for diagnostic malignancy.
NOTE: Cytotechnologist assistance for rapid adequacy reading is available at LVHN-CC, and LVHN-MUH through LVHN Central Scheduling and/or Epic.</td></tr>
<tr><td>Methodology</td><td>Cytopathologic Evaluation</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, Monday - Friday no holidays</td></tr>
<tr><td>Report Available:</td><td>3-5 days; rapid adequacy reading is available at time of procedure</td></tr>
<tr><td>Specimen Requirements:</td><td>
<table>
<tr><td>Minimum Volume:</td><td>Adequate cellular material for diagnostic evaluation</td></tr>
<tr><td>Container:</td><td>Blue top tube with Cytolyt solution, saline OR clean container with no preservatives</td></tr>
<tr><td>Collection:</td><td>Submit specimen with a completed Non-Gyn Cytology Requisition Form (HNL-32) or one of the laboratory's appropriate electronic forms.
NOTE: Cytotechnologist is available Monday-Friday 0730-1600 at LVHN-CC and LVHN-MUH; call LVHN Central Scheduling at 610-402-8378 to schedule all FNA procedures requiring Cytotechnologist assistance.</td></tr>
</table>
</td></tr>
<tr><td>Reference Range</td><td>Negative for diagnostic malignancy</td></tr>
<tr><td>Clinical Utility:</td><td>Cytologic evaluation for diagnostic malignancy.</td></tr>
</table>

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ADDITIONAL INFORMATION

SPECIMEN LABELING REQUIREMENTS

Health Network LABORATORIES®

Dear Valued Client,

At Health Network Laboratories, we are committed to providing all of our clients with high-quality, safe and efficient laboratory testing. To ensure you get your test results as quickly as possible, I would like to take this time to remind you that all specimens must have at least two of the following patient identifiers on each specimen container:

• Patient's legal first AND last names • Date of Birth • Patient's Social Security number	• HNL Requisition number • HNL/LVHN/GSRH medical record number

All specimens must also be accompanied by a requisition, script or electronic order. If the two patient identifiers are not provided, a Specimen Identification form will be generated and the results will be pending until the specimen is properly identified and the form returned to HNL.

Careful labeling is vital to accurate results

Please remember that specimens should never be labeled in advance of collection. Labeling should happen at the point of collection while the patient is still present. Proper labeling includes HNL computer-generated labels or hand-printed with the following information, in addition to the two patient identifiers outlined above:

- Date and time of collection
- Initials or tech code of person collecting specimen
- Site of collection on each container (Microbiology, Pathology, and Cytology specimens)
- Specimen type (for aliquots only)

  Example: red top serum, lavender EDTA plasma, blue sodium citrate plasma

If you are using the computer-generated label, please note the person collecting the specimen must **hand write** their initials and the actual time of collection on the label.

For Blood Bank specimens only

- Specimens drawn for **type and crossmatch** or for a **possible transfusion** MUST include the patient's full name, Typenex™ Band Identification Number, and either their medical record number, date of birth, or social security number.
- All other outpatient Blood Bank specimens MUST be labeled with the patient's full name and either their medical record number, date of birth, or social security number.
- All specimens MUST include the date and time of collection and the initials or tech code of the person collecting the specimen.

Thank you for your cooperation as we work together to get your results as efficiently as possible.

Respectfully,

Daniel F. Brown, MD MBA
Medical Director, HNL