Health Network LABORATORIES®

LAB-LINK

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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
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TEST CHANGE:
The following test change will be effective on the date indicated below. Please note that the changes are listed in Bold, italicized type. Additional information regarding the change will be provided where applicable.

Sedimentation Rate, Whole Blood (SR)	
Description of Change	Change to methodology, specimen type and reference range.
Effective Date:	11/07/2017
Suggested CPT Code:	85651 (Westergren), 85652 (Photometrical Rheoscope)
Methodology:	***Westergren*** ***Photometrical Rheoscope***
Testing Schedule:	Routine daily, STAT testing available
Report Available:	1 day
Specimen Requirements:	Minimum Volume: 2 mL whole blood Container: ***Lavender top tube, EDTA***
Reference Range:	***Male*** ***<2 weeks: 0 - 2 mm/hour*** ***2 weeks - 12 years: 3 - 13 mm/hour*** ***13 - 50 years: 0 - 15 mm/hour*** ***≥ 51 years: 0 - 20 mm/hour*** ***Female*** ***<2 weeks: 0 - 2 mm/hour*** ***2 weeks - 12 years: 3 - 13 mm/hour*** ***13 - 50 years: 0 - 20 mm/hour*** ***≥51 years: 0 - 30 mm/hour***
Clinical Utility:	Used as a nonspecific marker of inflammation.

For more information, please contact Diane Raber at 877-402-4221

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TEST CHANGE:
The following test change will be effective on the date indicated below. Please note that the changes are listed in Bold, italicized type. Additional information regarding the change will be provided where applicable.

Prostate Specific Antigen, Total (PSAGT)	
Description of Change	Changing methodology to Chemiluminescent Immunoassay
Effective Date:	10/11/2017
Suggested CPT Code:	84153
Methodology:	***Chemiluminescent Immunoassay (CLIA)***
Testing Schedule:	Routine, daily
Report Available:	1-3 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Special Instructions:	• ***If specimen cannot be tested within 8 hours, centrifuge, transfer to plastic aliquot tube, and freeze.*** • ***It is recommended to obtain specimens for PSA testing prior to*** • ***procedures involving manipulation of the prostate.*** • ***An erroneously elevated Total PSA level can be observed if the serum specimen from a patient is collected following digital rectal exam (DRE), needle biopsy, or transurethral resection.***
Reference Range:	<4.00 ng/mL
Clinical Utility:	Determination of Total PSA levels are useful as an aid in the detection of prostate cancer when used in conjunction with digital rectal examination (DRE) in men 50 years or older. An adjunctive test to aid in management of prostate cancer patients.

Effective October 11, 2017, testing for PSA will be performed using the Siemens Vista instrument. Although results correlate well (R-0.996) with the previous method (Abbott Architect), individual patient results may demonstrate an increasing bias with increasing PSA values. Testing using the Abbott Architect will remain available upon request until November 15, 2017; if you would like concomitant testing to re-baseline your patient, please contact HNL's Customer Care Department at 484-425-8170.

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

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Prostate Specific Antigen, Free and Total (FPSAG)	
Description of Change	Changing methodology and reference ranges.
Effective Date:	10/11/2017
Suggested CPT Code:	84153, 84154
Includes:	• Prostate Specific Antigen, Total • Prostate Specific Antigen, Free • Prostate Specific Antigen, % Free (calculation)
Methodology:	***Chemiluminescent Immunoassay (CLIA)***
Testing Schedule:	Routine, 2 times per week
Report Available:	3-7 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Special Instructions:	• Centrifuge specimen, transfer serum to plastic aliquot tube, and freeze immediately. • Once frozen, the specimen must remain frozen until tested.
Reference Range:	***Prostate Specific Antigen, Total: <4.00 ng/mL*** ***Prostate Specific Antigen, Free: no reference ranges avialable*** ***Prostate Specific Antigen, % Free Interpretation**** ***% Free PSA Value / Probability of Prostate Cancer*** ***Age / 50-59 / 60-69 / 70+ / All*** ***<10% / 45.3 / 58.0 / 70.3 / 55.4*** ***11-19% / 22.5 / 30.3 / 38.0 / 29.4*** ***≥20% / NA / 25.0 / 28.3 / 24.2*** ***Prevalence of Cancer / 30.3 / 27.2 / 42.9 / 36.4*** ****Please note that the clinical utility of % Free PSA has not been determined for total PSA values <4.00 or >10.00 ng/mL.*** ***% Free PSA Value / Probability of Prostate Cancer*** ***Age / 50-59 / 60-69 / 70+ / All*** ***<10% / 45.3 / 58.0 / 70.3 / 55.4*** ***11-19% / 22.5 / 30.3 / 38.0 / 29.4*** ***≥20% / NA / 25.0 / 28.3 / 24.2*** ***Prevalence of Cancer / 30.3 / 27.2 / 42.9 / 36.4*** ****Please note that the clinical utility of % Free PSA has not been determined for total PSA values <4.00 or >10.00 ng/mL.***
Clinical Utility:	Testing is best utilized as a follow up on patients previously determined to have Total PSA values in the range of 4.00-10.00 ng/mL. In this range, the measurement of Free PSA and the calculation of a % Free PSA value are helpful in the discrimination of prostate cancer from benign disease.

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Thyroid Stimulating Hormone (TSH)	
Description of Change	Change of methodology and reference ranges.
Effective Date:	10/11/2017
Suggested CPT Code:	84443
Alternate Name:	• Thyrotropin Hormone • Thyrotropin Stimulating Hormone • TSH
Methodology:	***Chemiluminescent Immunoassay***
Testing Schedule:	Routine, daily
Report Available:	1 day
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Reference Range:	***Age — Reference Range*** ***0-23 months — 0.82-5.91 uIU/mL*** ***2-12 years — 0.66-3.90 uIU/mL*** ***13-18 years — 0.46-3.98 uIU/mL*** ***>18 years — 0.36-3.74 uIU/mL***
Clinical Utility:	Used in the evaluation of thyroid disorders and thyroid replacement therapy; may also aid in evaluation of pituitary disorders.

For more information, please contact Charlene Miller at 877-402-4221

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T4, Free (FT4)	
Description of Change	Change in methodology and reference ranges.
Effective Date:	10/11/2017
Suggested CPT Code:	84439
Alternate Name:	• Free T4 • Free Thyroxine • Unbound T4
Methodology:	***Chemiluminescent Immunoassay (CLIA)***
Testing Schedule:	Routine, daily
Report Available:	1-3 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Reference Range:	***Age — Reference Range*** ***0-23 months — 0.88-1.48 ng/dL*** ***2-12 years — 0.81-1.35 ng/dL*** ***13-18 years — 0.78-1.33 ng/dL*** ***>18 years — 0.76-1.46 ng/dL***
Clinical Utility:	Used in the evaluation of thyroid function and thyroid disorders.

For more information, please contact Charlene Millers at 877-402-4221

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Antinuclear Antibody Screen (*ANABT*)	
Description of Change	HNL will be using indirect immunofluorescence for screening for anti nuclear antibodies. The order code for ANA will change from ANA to ANABT and the report will look slightly different.
Effective Date:	10/2/2017
Suggested CPT Code:	86038 with reflex to 86039 when appropriate.
Includes:	• Antinuclear Antibody Screen (ANABT) • Reflexed on all positive screens: Titer and pattern
Methodology:	***Indirect Immunofluorescence***
Testing Schedule:	Routine, 2 times per week
Report Available:	3-7 days
Specimen Requirements:	Minimum Volume: 1 mL serum Container: Gold top tube, serum separator
Reference Range:	***<1:40***
Clinical Utility:	Screening test for the detection of antibodies to nuclear antigens.

For more information, please contact Kim Pacella at 877-402-4221

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TEST CHANGE:
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Antinuclear Antibody Screen with Reflex to Antinuclear Antibody Profile (ANARX)	
Description of Change	HNL will be using indirect immunofluorescence for screening for anti nuclear antibodies. The order code for ANA Reflex profile will change from ANARF to ANARX and the report will look slightly different
Effective Date:	09/8/2017
Suggested CPT Code:	86038 with reflex to 86039, 86225, 86235x6 when appropriate.
Includes:	Antinuclear Antibody Screen (ANABT) • Reflexed on all positive screens: Titer and pattern • Reflexed on positive screens ≥1:80: DNA Autoantibody, Double-Stranded SS-A Autoantibody SS-B Autoantibody RNP Autoantibody Sm/RNP Autoantibody Scl-70 Autoantibody
Methodology:	See individual test listings
Testing Schedule:	Routine, 2 times per week
Report Available:	3-5 days
Specimen Requirements:	Minimum Volume: 2 mL serum Container: Gold top tube, serum separator
Special Instructions:	• ***Do not confuse with orders for Antinuclear Antibody Screen (ANABT) or Antinuclear Antibody Profile, Comprehensive (ANAP)*** • ***No further reflex testing is performed if the initial ANA Screen is <1:80***
Reference Range:	See individual test listings
Clinical Utility:	Initial screen for evaluation of connective tissue disorders, with reflex to more specific autoantibody testing when screen results are positive.

For more information, please contact Kim Pacella at 877-402-4221