



# LAB-LINK

NEW AND UPDATED  
LABORATORY TESTING INFORMATION

## *In This Issue:*

TABLE OF CONTENTS .....	2
TEST CHANGES .....	3
NEW TESTS .....	4 – 5

**TEST CHANGES**

Butorphanol, Quantitative, Urine (CBUTO)	06/18/2018	03
Cystic Fibrosis Analysis, 39 Mutations (CFM39)	07/31/2018	03

**NEW TESTS**

QuantiFERON®-TB Gold Plus (QFTBP)	08/01/2018	04
CKD Kidney Profile (CKDKP)	08/22/2018	05

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.

# TEST CHANGES

The following tests have been **INACTIVATED**.

## ***Butorphanol, Quantitative, Urine (CBUTO)***

Description of Change:	INACTIVATED TEST
Effective Date:	06/18/2018
Replacement Test:	No

For additional information, please contact **Shannon Clarke** at 877-402-4221.

## ***Cystic Fibrosis Analysis, 39 Mutations (CFM39)***

Description of Change:	INACTIVATED TEST
Effective Date:	07/31/2018
Replacement Test:	<b>Cystic Fibrosis Analysis, 23 Mutations (CMF23)</b> , which detects the 23 mutations recommended by the American College of Medical Genetics and Genomics (ACMG) using multiplex polymerase chain reaction followed by solid phase electrochemical methodology. For more information, please refer to the Health Network Laboratories (HNL) Laboratory Handbook at HealthNetworkLabs.com.

For additional information, please contact **Allyssa Staboleski** at 877-402-4221.

# NEW TEST

<b>QuantiFERON®-TB Gold Plus (QFTBP)</b>	
Effective Date:	08/01/2018
Suggested CPT Code:	86480
Methodology:	ELISA
Testing Schedule:	Routine, daily
Report Availability:	1 to 3 days
Specimen Requirements:	Minimum volume: 1 mL in each of the 4 specialized QuantiFERON®-TB Gold Plus tubes (red, gray, yellow and green) OR 5 mL in 1 lithium-heparin green-top tube Container: 4 specialized QuantiFERON®-TB Gold Plus tubes (red, gray, yellow and green) OR 1 lithium-heparin green-top tube
Special Instructions:	QuantiFERON®-TB Gold Plus tubes: Immediately after filling tubes, shake them 10 times just firmly enough to make sure the inner surface of the tube is coated with blood. This will dissolve antigens on tube walls. Lithium-heparin tube: Let tube stand at room temperature for a minimum of 15 minutes and transport refrigerated.
Clinical Utility:	QuantiFERON®-TB Gold Plus is an indirect test for <i>M. tuberculosis</i> infection, using innovative antigens that measure the cell mediated immune response to tuberculosis infection from both CD4+ and CD8+ T cells, that is intended to be used in conjunction with risk assessment, radiography and other medical and diagnostic evaluations.
Reference Range:	Negative

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

# NEW TEST

## CKD Kidney Profile (CKDKP)

Effective Date:	08/22/2018
Suggested CPT Codes:	82565, 82043 and 82570
Includes:	<ul style="list-style-type: none"><li>• Albumin, Urine</li><li>• Creatinine, Urine</li><li>• Albumin/Creatinine Ratio</li><li>• Creatinine, Serum</li><li>• Glomerular Filtration Rate Calculated</li></ul>
Methodology:	See individual test listings.
Testing Schedule:	Routine, daily
Report Availability:	1 day
Specimen Requirements:	<ul style="list-style-type: none"><li>• 5 mL random urine</li><li>• 1 mL serum</li></ul>
Special Instructions:	<ul style="list-style-type: none"><li>• Plastic urine container</li><li>• Gold top tube, serum separator</li></ul>
Reference Range:	<ul style="list-style-type: none"><li>• Albumin/Creatinine Ratio, urine: &lt; 20 mg/gm CREA</li><li>• Creatinine: (M) 0.53 – 1.30 mg/dL (F) 0.40 – 1.10 mg/dL</li><li>• Glomerular Filtration Rate, calculated: &gt; 60</li></ul>
Critical Values:	See individual test listings.
Clinical Utility:	Chronic kidney disease can be diagnosed using the estimated Glomerular Filtration Rate, which tests for kidney function, and the urine Albumin/Creatinine Ratio, which is an indicator of kidney damage.

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