JUNE 2022

HNL Lab Medicine®

LAB-LINK

NEW AND UPDATED TESTING INFORMATION

FOR THE MOST UP-TO-DATE TEST INFORMATION, VISIT OUR ONLINE HANDBOOK AT **HNL.COM/TESTMENU**

The American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by HNL Lab Medicine are guidelines and are intended for informational purposes only. CPT coding is the exclusive responsibility of the billing entity. HNL Lab Medicine strongly recommends confirmation of CPT codes with third-party payors and/or the AMA. We assume no responsibility for billing errors due to reliance upon CPT codes provided by HNL Lab Medicine. 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 federal healthcare plan reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually. 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.

HNL Lab Medicine®
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06.05_v2

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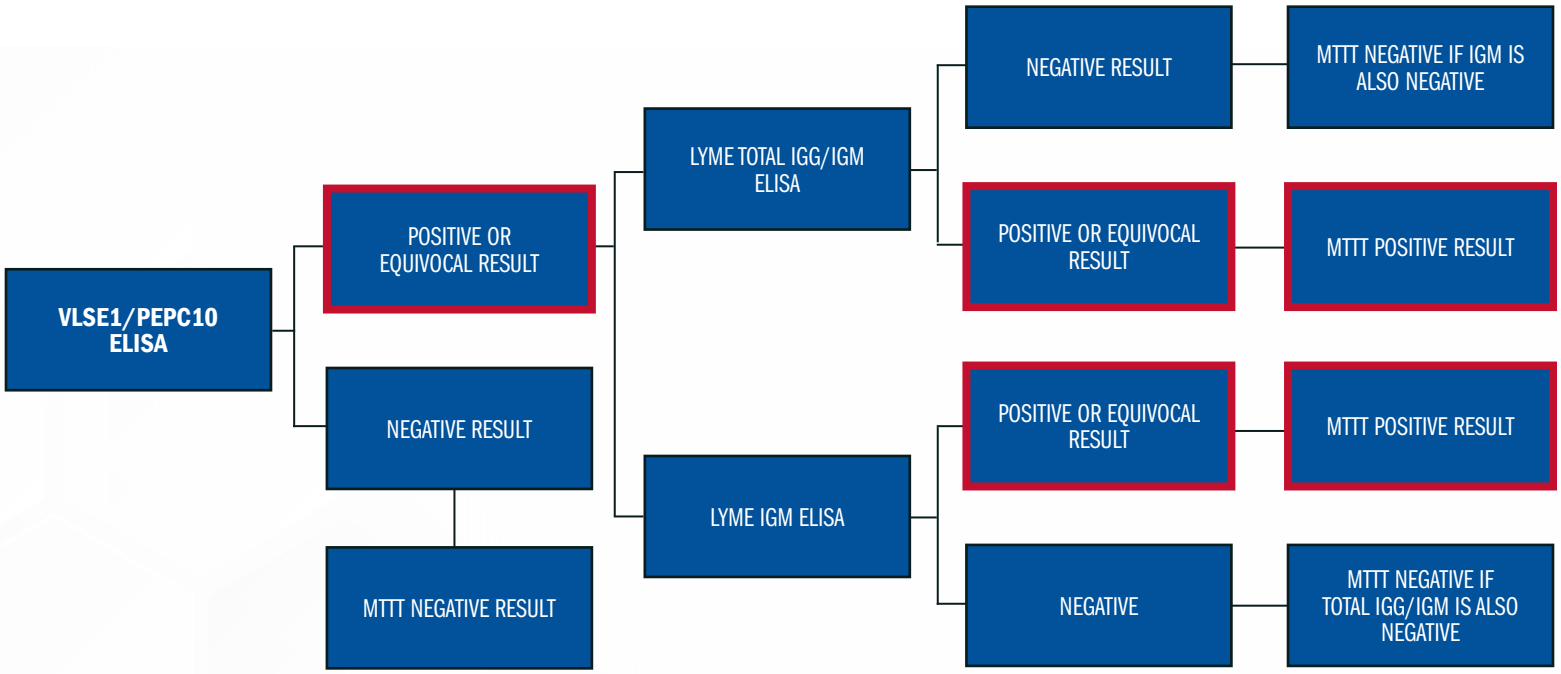
NEW TEST

Lyme MTTT (LMTT)	
Description	HNL Lab Medicine is pleased to offer a new diagnostic algorithm for diagnosing Lyme disease. This method is referred to as the Modified Two-Tiered Test (MTTT). Unlike the traditional two-tiered test that utilizes Western/immunoblot for confirmation, a positive ELISA is confirmed with a secondary ELISA targeting antibodies to alternative antigens of Borrelia burgdorferi, the causative agent of Lyme disease. HNL Lab Medicine will continue to offer Lyme testing by both methods; however, we recommend using the MTTT for its improved sensitivity. We will also offer VlsE1/pepC10 testing alone, which was previously a send-out code, LC10P, and can now be ordered as LVP10.
Available Date	**7/18/22**
Test Code(s)	LMTT
CPT Code	86618
Alternate Name	Lyme Modified Two Tier Testing
Methodology	ELISA
Testing Schedule	Routine, Monday- Friday
Report Availability	3-7 days
SPECIMEN REQUIREMENTS	
Minimum Volume	2 mL serum
Container	Gold top tube, serum separator
Special Instructions	The Department of Health requires mandatory reporting of any confirmed positive result.
Clinical Utility	This test is used for assessment of exposure to B. burgdorferi. Positive results are verified using a second FDAcleared immunoassay. This testing is able to diagnose Lyme disease in the early and later stages of infection. For this reason, it is recommended in place of the traditional algorithm which uses immunoblot for confirmation (Test Code: LYMEP).
Reference Range	Negative: ≤ 0.90, Equivocal: 0.91- 1.09, Positive: ≥ 1.10

Lyme MTTT Testing Algorithm



For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

NEW TEST

NASH FibroTest (NSFIB)	
Description	The new test, NASH FibroTest (NSFIB) will **replace our current test code for NASH Fibrosure (NFIBR)**
Effective Date	**IMMEDIATELY**
Order Code	NSFIB
CPT Code	
Methodology	APOAF: Automated Turbidimetric Immunoassay A2MF, HAPTF: Nephelometry ALTF: Photometric Rate, L-Alanine with Pyridoxal-5-Phosphate GGTF: Photometric Rate TBILF: Photometric, Diazonium Salt (DPD) ASTF: Photometric Rate, L-Aspartate with Pyridoxyl-5-Phosphate CHOLF, TRIGF: Enzymatic Colorimetric GLURF: Photometric, Hexokinase
Testing Schedule	Routine, daily
Report Availability	3-5 days
SPECIMEN REQUIREMENTS	
Minimum Volume	4 mL serum 1 mL plasma
Container	Gold top tube, SST Grey top tube, sodium fluoride

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

NEW TEST

Urogenital Ureaplasma and Mycoplasma Species by PCR (UUMSP)	
Description	The test codes for Ureaplasma (UPPCR) and Mycoplasma (MHPCR) have been discontinued. HNL Lab Medicine now offers only one test code (UUMSP) for both Ureaplasma and Mycoplasma spp by PCR. Ureaplasma and Mycoplasma are two types of bacteria that coexist in the human body. In symptomatic individuals where commonly encountered sexually transmitted infections have been ruled out, testing for Ureaplasma and Mycoplasma may be warranted. Since they have overlapping symptomology, combined testing is recommended.
Effective Date	**IMMEDIATELY**
Order Code	UUMSP
Acceptable Specimens	• Genital Swab • Rectal Swab • Urine • Upper respiratory Swabs • Bronchoalveolar Lavage • Sputum • Tracheal Aspirates
CPT Code	
Methodology	Qualitative Polymerase Chain Reaction
Testing Schedule	Routine, 3 times per week
Report Availability	4-7 days
SPECIMEN REQUIREMENTS	
Minimum Volume	Urine: 1 mL
Container	• Urine • Genital Swab • Rectal Swab • Upper Respiratory Swab • Bronchoalveolar Lavage • Sputum • Tracheal Aspirate
Collect	Transfer swab or 1 mL urine to viral transport media and refrigerate. Transfer 1 mL bronchoalveolar lavage, sputum or tracheal aspirate to empty sterile container and refrigerate.
Clinical Utility	Detects and speciates Ureaplasma parvum, Ureaplasma urealyticum, Mycoplasma hominis, and Mycoplasma genitalium; consider ordering for cases of non-gonococcal urethritis.

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

UPDATED TEST

Alpha1-Antitrypsin, Genotyping Profile (A1AG)	
Description of Change	HNL Lab Medicine's reference testing laboratory is experiencing a reagent back order for test code, A1AG. Specimen received after the supply runs out will be held in frozen storage. There are no other reference labs available to perform this test. Once testing resumes, the reference lab will complete the backlog of specimens with the following prioritization: 1. Specimens nearing stability 2. Specimens with a total A1A <90 mg/dL 3. Specimens that reflexed from from the genotype test code
Effective Date	**IMMEDIATELY**
Test Name	Alpha1-Antitrypsin, Genotyping Profile
Order Code	A1AG

Includes	• Alpha-1-Antitrypsin, Quantitative (AAT)
	• Alpha-1-Antitrypsin, Genotype
	• Reflexes to Alpha-1-Antitrypsin Phenotype when:
	  • The AAT is <100 and the sample is heterozygous for either the S or Z allele
	or
	  • The AAT is <100 and the sample does not contain either the S or Z allele
	• Phenotyping is NOT preformed if the specimen is homozygous for deficiency alleles (ZZ, SZ or SS)

Methodology	• Immunoturbidity • Polymerase Chain Reaction • Fluorescence Monitoring • Reflexed when appropriate; Isoelectric focusing
Testing Schedule	Routine, 2 times per week
Report Availability	7-15 days

SPECIMEN REQUIREMENTS	
Minimum Volume	• 1 mL serum, AND • 3 mL whole blood
Container	• Gold top tube, serum separator, AND • Lavender top tube, EDTA
Special Instructions	• Both whole blood and serum are required for this test • Store whole blood and serum refrigerated
Clinical Utility	Useful diagnostic testing for alpha-1-antitrypsin deficiency or carrier screening for alpha-1-antitrypsin deficiency.

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

UPDATED TEST

TEST UPDATE

Alpha1-Antitrypsin, Phenotype (A1APN)	
Description of Change	HNL Lab Medicine's reference testing laboratory is experiencing a reagent back order for test code, A1AG. Specimen received after the supply runs out will be held in frozen storage. There are no other reference labs available to perform this test. Once testing resumes, the reference lab will complete the backlog of specimens with the following prioritization: 1. Specimens nearing stability 2. Specimens with a total A1A <90 mg/dL 3. Specimens that reflexed from from the genotype test code
Effective Date	**IMMEDIATELY**
Test Name	Alpha1-Antitrypsin, Phenotype
Order Code	A1APN
Includes	• Alpha1-Antitrypsin, Quantitative • Alpha1-Antitrypsin, Phenotype
Methodology	Qualitative Isoelectric Focusing/Immunoturbidimetry
Testing Schedule	Routine, daily
Report Availability	5-7 days
SPECIMEN REQUIREMENTS	
Minimum Volume	1.0 mL serum
Container	Gold top tube, serum separator
Collection	Centrifuge specimen, transfer serum to plastic aliquot tube and refrigerate
Special Instructions	Use caution when ordering; results may be inaccurate if patient has been transfused within the previous 21 days

Reference Range	Alpha-1-Antitrypsin: 90-200 mg/dL Alpha-1-Antitrypsin Phenotyping: *Most normal individuals have the M phenotype (M, M1, or M2). Over 99% of M phenotypes are genotypically MM. In the absence of family studies, the phenotype (M) and quantitative level can be used to infer the genotype (MM). The most common alleles associated with a quantitative deficiency are Z and S. The reports for the rare alleles will indicate whether or not they have been associated with reduced quantitative levels.*
Clinical Utility	Useful for identification of homozygous and heterozygous phenotypes of the A1A deficiency.

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

UPDATED TEST

TEST UPDATE

Drug Detection Panel, Meconium, Qualitative (MECDD)	
Description of Change	**Meconium Drug Screen (MECDS) has changed to Drug Detection Panel, Meconium. The new code (MECDD) will be available on or before 6/14/22.** The previous panel contained 11 classes of drugs with results reported as positive or negative. The new Drug Detection panel will include 46 specific drugs, each reported with a cut off range (listed in the "includes" section below.
Effective Date	**June 14, 2022**
Test Name	Drug Detection Panel, Meconium, Qualitative
Order Code	MECDD
Includes	6-ACETYLMORPHINE 7-AMINOCLONAZEPAM ALPHA-OH-ALPRAZOLAM ALPHA-OH-MIDAZOLAM ALPRAZOLAM AMPHETAMINE BENZOYLECGONINE BUPRENORPHINE BUTALBITAL CLONAZEPAM COCAETHYLENE COCAINE CODEINE DIAZEPAM DIHYDROCODEINE METHADONE METABOLITE FENTANYL GABAPENTIN HYDROCODONE HYDROMORPHONE LORAZEPAM MDMA- ECSTASY MEPERIDINE METHADONE METHAMPHETAMINE METHYLPHENIDATE MIDAZOLAM M-OH-BENZOYLECGONINE MORPHINE NALOXONE N-DESMETHYLTRAMADO NORBUPRENORPHINE NORDIAZEPAM NORHYDROCODONE NOROXYCODONE O-DESMETHYLTRAMADOL OXAZEPAM OXYCODONE OXYMORPHONE PHENCYCLIDINE- PCP PHENTERMINE TAPENTADOL TEMAZEPAM TRAMADOL ZOLPIDEM

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

UPDATED TEST

Vitamin B1, Plasma (VB1)

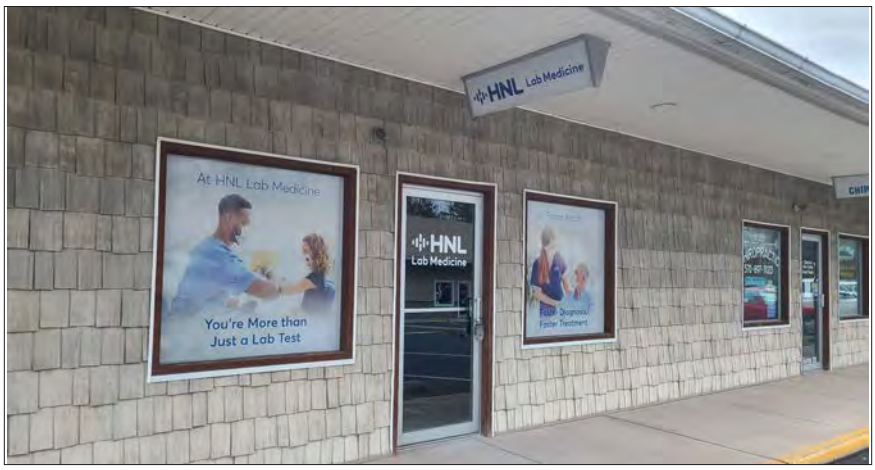
Description of Change	**Test code, VB1, has been inactivated. To evaluate thiamine sufficiency, please use, Whole Blood (WBVB1).** This assay measures the concentration of thiamine diphosphate (TDP), the primary active form of vitamin B1. Approximately 90 percent of vitamin B1 present in whole blood is TDP. Thiamine and thiamine monophosphate, which comprise the remaining 10 percent, are not measured. Thiamine diphosphate (TDP), the biologically active form of thiamine, is not found in measurable concentrations in plasma, and is best determined in whole blood specimens. Plasma thiamine concentration reflects recent intake rather than body stores.
Effective Date	**IMMEDIATELY**
Test Name	Vitamin B1, Plasma
Order Code	INACTIVATED TEST CODE: VB1 / REPLACEMENT TEST CODE: WBVB1
CPT Code	84425
Alternate Name	Thiamine
Methodology	Quantitative High Performance Liquid Chromatography (HPLC)

For questions, please call **877-402-4221**.

For technical questions related to this test, please ask for **Technical Support** between the hours of **8 a.m. and 4:30 p.m.** For general inquiries, Customer Care is available to assist at any time.

GENERAL INFORMATION

NEW Patient Service Center Location



MT. BETHEL PSC

NOW OPEN

ADDRESS:
2165 Mount Bethel Highway
Mt. Bethel Plaza, Unit 7
Mount Bethel, PA 18343

Phone: (570) 583-2706 | Fax: (570) 583-2708

Service Hours	Monday- Friday: 7 am to 2:30 pm Saturday/Sunday: closed