# 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.



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**NEW TEST:**
HNL is pleased to expand our testing menu to include the following test.

| **Group A Streptococcus, PCR (SAPCR)** | |
|---|---|
| **Effective Date:** | 06/05/2017 |
| **Suggested CPT Code:** | 87651 |
| **Methodology:** | Real-Time Polymerase Chain Reaction |
| **Testing Schedule:** | Routine, Daily |
| **Report Available:** | 1 day |
| **Specimen Requirements:** | Minimum Volume:<br>Throat specimen in Red Capped CultureSwab<br>Container:<br>Red capped CultureSwab<br>Collection:<br>Using a red capped swab set collect a throat specimen by vigorously swabbing the tonsils and the posteroir pharynx.Place swabs back into the culture tube and transport to the laboratory. |
| **Reference Range:** | Group A Strep: Detected vs. Not Detected |
| **Critical Values:** | Group A Streptococcus Detected |
| **Clinical Utility:** | Group A Streptococcus, or Streptococcus pyogenes, is a bacterium commonly found in the human throat. S. pyogenes causes a wide variety of diseases in humans, the most common being acute pharyngitis or strep throat. Group A Streptococcus infections may result in mild illness (e.g. pharyngitis) or may lead to invasive, life-threatening illness (e.g. Streptococcal toxic shock syndrome). Streptococcus pyogenes may also present in healthy, asymptomatic patients. |

For more information, please contact Daniel Lindao at 877-402-4221

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**NEW TEST:**
HNL is pleased to expand our testing menu to include the following test.

| Vaginitis/BV, DNA (VGPCR) | |
|---|---|
| **Effective Date:** | 06/12/2017 |
| **Suggested CPT Code:** | 87481x3; 87798; 87661 |
| **Includes:** | The Vaginitis Panel simultaneously detects and differentiates the three most common infectious causes of vaginitis— Trichomonas vaginalis, Candida species and independent calls for Candida krusei and Candida glabrata, as well as Bacterial Vaginosis (BV markers) utilizing a microbiome based algorithm to provide the molecular diagnostic for BV.<br>Bacterial vaginosis markers (Individual markers not reported, reported as positive or negative for Bacterial vaginosis)<br>• Lactobacillus spp (L. crispatus and L. jensenii)<br>• Gardnerella vaginalis<br>• Atopobium vaginae<br>• Megasphaera-1<br>• Candida spp (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis)<br><br>Independent calls for:<br>• Candida glabrata<br>• Candida krusei<br>• Trichomonas vaginalis |
| **Methodology:** | PCR |
| **Testing Schedule:** | Routine, Daily |
| **Report Available:** | 24 hours |
| **Specimen Requirements:** | Minimum Volume:<br>1 swab<br>Container:<br>BD MAX UVE Specimen Collection kit<br>Collection:<br>Collect Vaginal Swab Specimen and transfer to the BD MAX UVE Sample Buffer Tube:<br>Swabs must be transferred from the swab sheath to the BD MAX UVE Sample Buffer Tube directly (preferred) or within 2 hours of collection when kept at 2–30 °C.<br>1. Uncap the BD MAX UVE Sample Buffer Tube and fully insert the swab into the tube so that the tip is at the bottom.<br>2. Grasping the swab by the cap, carefully break the swab shaft at the score mark. Use caution to avoid splashing or contamination of the tube contents.<br>3. Tighten the cap securely on the BD MAX UVE Sample Buffer Tube. In the event that the swab shaft is too long to allow closing the tube securely, collect a new specimen using a new swab.<br>4. Label the BD MAX UVE Sample Buffer Tube with patient information and date/time collected.<br>**NOTE**: Be careful not to obscure the barcodes on the tube. |
| **Reference Range:** | Negative |
| **Clinical Utility:** | Diagnosis of the most common infectious causes of vaginitis/vaginosis. |

For more information, please contact Georgia Colasante 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.

| **Diphenhydramine, Quantitative, Blood (*BDPH*)** | |
|---|---|
| **Description of Change** | Test Code BBEN is being replaced by BDPH<br>CPT CODES: AMA 80375, ***CMS G0480*** |
| **Effective Date:** | 03/28/2017 |
| **Includes:** | Identification and quantitation of diphenhydramine in blood, serum, or plasma |
| **Suggested CPT Code:** | 80375, ***CMS G0480*** |
| **Methodology:** | Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS) |
| **Testing Schedule:** | Routine |
| **Report Available:** | 3-7 days |
| **Specimen Requirements:** | Minimum Volume:<br>2 mL blood, serum, or plasma<br>Container:<br>Gray top tube, sodium fluoride OR<br>Red top tube, no serum separator OR<br>Lavender top tube, EDTA |
| **Special Instructions:** | Submit specimen with Chain-of-Custody Form if testing for forensic purposes. |
| **Reference Range:** | Therapeutic Range: 25-112 ng/mL |
| **Clinical Utility:** | Useful for assessing toxicity. |

For more information, please contact Shannon Clarke at 877-402-4221

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**TEST CHANGE:**
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| **Amphetamines, Quantitation , Urine (CAMPS)** | |
|---|---|
| **Description of Change** | CPT CHANGE TO 80325, MDEA removed from assay, cutoff concentration decreased from 250 ng/mL to 100 ng/mL |
| **Effective Date:** | 05/12/2017 |
| **Includes:** | ***Identification and quantitation of the following amphetamines in urine:***<br>• ***Amphetamine***<br>• ***Methamphetamine***<br>• ***Methylenedioxymethamphetamine (MDMA)***<br>• ***Methylenedioxyamphetamine (MDA)*** |
| **Suggested CPT Code:** | ***80325*** |
| **Methodology:** | Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS) |
| **Testing Schedule:** | Routine, 3 times per week |
| **Report Available:** | 2-4 days |
| **Specimen Requirements:** | Minimum Volume:<br>5 mL random urine<br>Container:<br>Plastic urine container |
| **Reference Range:** | None detected |
| **Clinical Utility:** | Useful for detection, identification and quantitation of amphetamines in urine. |

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**TEST CHANGE:**
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<table>
<tr><th colspan="2">Chloride, Sweat (SWCLA)</th></tr>
<tr><td>Description of Change</td><td>In accordance with the newest consensus guidelines from the Cystic Fibrosis Foundation, we are updating our reference ranges for patients >6 months of age</td></tr>
<tr><td>Effective Date:</td><td>06/01/2017</td></tr>
<tr><td>Suggested CPT Code:</td><td>82438(x2), 89230</td></tr>
<tr><td>Methodology:</td><td>Pilocarpine iontophoresis<br>Sweat collection<br>Quantitative chloride determination by titration</td></tr>
<tr><td>Testing Schedule:</td><td>Routine, appointments available 2 days per week</td></tr>
<tr><td>Report Available:</td><td>1 day</td></tr>
<tr><td>Specimen Requirements:</td><td><u>Minimum Volume:</u><br>0.075 g sweat in each flask<br><u>Container:</u><br>Pre-weighed flask and gauze</td></tr>
<tr><td>Special Instructions:</td><td>Testing must be scheduled through the Outpatient Diagnostics Department at Lehigh Valley Hospital at 17th and Chew Streets. Patient information brochures explaining all details of testing are available through Lehigh Valley Hospital Network.<br>After obtaining specimen, transport immediately to the laboratory. Flasks must remain stoppered until weighed and analyzed. Handle with gloves only.</td></tr>
<tr><td>Reference Range:</td><td>
<table>
<tr><th>Result</th><th>Interpretation</th></tr>
<tr><td>< 30</td><td>Results are inconsistent with the diagnosis of Cystic Fibrosis. Retesting suggested if results do not correlate with clinical presentation.</td></tr>
<tr><td>30-59</td><td>Results are borderline and follow up with repeat Sweat Chloride analysis and/or Molecular Diagnostic testing is suggested.</td></tr>
<tr><td>> 59</td><td>Results are consistent with the diagnosis of Cystic Fibrosis when accompanied by a positive clinical history.</td></tr>
</table>
</td></tr>
<tr><td>Clinical Utility:</td><td>Useful in confirming diagnosis of Cystic Fibrosis.</td></tr>
</table>

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

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**DISCONTINUED TEST**

**Culture, Viral, Skin**
Test Code: (SKVC)

**REPLACEMENT TESTS:**
Herpes Simplex Virus, Type 1/2, DNA Probe
Test Code: MHSV

Varicella Zoster Virus Culture
Test Code: VZVC

On June 05, 2017, Health Network Laboratories Microbiology will no longer offer the SKIN LESION VIRUS CULTURE (SKVC). SKVC included isolation and identification of Herpes Simplex Virus with typing and Varicella Zoster culture. The replacement test for the Herpes culture portion is MHSV . It employs the Polymerase Chain Reaction methodology and is a more sensitive test with an improved turnaround time.

We will continue to offer the Varicella Zoster culture.

Please refer to the Health Network Laboratories Handbook at www.HealthNetworkLabs.com for more information regarding MHSV.

For more information, please contact Daniel Lindeo at 877-402-4221

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**DISCONTINUED TEST**

**Group A Strep Throat, DNA**
Test Code: SADNA

**REPLACEMENT TESTS:**
Group A Strep Throat, DNA
Test Code: SAPCR

Effective June 5, 2017, Health Network Laboratories - Microbiology Department will discontinue using the test code SADNA for Group A Strep Throat, DNA. SADNA will be replaced with the new code - SAPCR.

The purpose of this change is to allow for automated resulting of this assay via instrument interfacing, which will provide an improvement in result turn-around-time.

Please refer to the Health Network Laboratories Handbook at www.HealthNetworkLabs.com for more information regarding SAPCR.

For more information, please contact Daniel Lindeo at 877-402-4221