Health Network LABORATORIES®

LAB-LINK

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Health Network Laboratories
794 Roble Road
Allentown, PA 18109-9110
877-402-4221 • *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.

Varicella zoster, Qualitative PCR, CSF	
Test Code:	VZVQL
Effective Date:	04/14/2015
CPT Code:	87798
Includes:	Detection of the presence of Varicella zoster DNA in cerebral spinal fluid by PCR
Methodology:	Real Time Polymerase Chain Reaction (PCR)
Testing Schedule:	Routine, 2 times per week
Report Available:	2-4 days
Specimen Requirements:	Minimum Volume: 1 ml cerebrospinal fluid (CSF) Container: Sterile conical CSF tube Collection: Freeze within 4 hours of collection if specimen is to be used for ENTPR
Special Instructions:	The same specimen may be used for HSVPR, ENTPR, CMVSF and EBVQL
Reference Range:	Not Detected
Critical Values:	Detected
Clinical Utility:	Detection of the presence of Varicella zoster DNA in cerebral spinal fluid to aid in the diagnosis of VZV infections.

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

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NEW TEST:

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Epstein Barr Virus, Qualitative PCR, CSF	
Test Code:	EBVQL
Effective Date:	04/14/2015
CPT Code:	87798
Includes:	Detection of the presence of Epstein Barr Virus DNA in cerebral spinal fluid by PCR
Methodology:	Real Time Polymerase Chain Reaction (PCR)
Testing Schedule:	Routine, two times per week
Report Available:	2-4 days
Specimen Requirements:	Minimum Volume: 1 mL cerebrospinal fluid (CSF) Container: Sterile conical CSF container Collection: Freeze within 4 hours of collection if specimen is to be used for ENTPR
Special Instructions:	The same specimen may be used for HSVPR, ENTPR, CMVSF and VZVQL
Reference Range:	Not Detected
Critical Values:	Detected
Clinical Utility:	Detection of the presence of Epstein Barr Virus DNA in cerebral spinal fluid to aid in the diagnosis of EBV infections.

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NEW TEST:

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

BK Virus, Quantitative PCR, Plasma	
Test Code:	BKVLB
Effective Date:	04/28/2015
CPT Code:	87799
Includes:	Quantitative measure of BK Virus DNA level in plasma
Alternate Names:	BKV, PCR , Plasma
Methodology:	Real Time Polymerase Chain Reaction (PCR)
Testing Schedule:	Routine, 2 times per week
Report Available:	2-4 days
Specimen Requirements:	Minimum Volume: 2 mL EDTA plasma Container: 2 Lavender top tubes, EDTA
Special Instructions:	Aseptically transfer plasma to sterile tube. Refrigerate.
Reference Range:	Not Detected Reportable Range : 500 - 10,000,000,000 copies / mL
Clinical Utility:	Determination of BK viral load in plasma using PCR provides a rapid, highly specific and sensitive means for physicians to diagnose and treat BK virus related morbidity.

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NEW TEST:

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

BK Virus, Quantitative PCR, Urine	
Test Code:	BKVLU
Effective Date:	04/28/2015
CPT Code:	87799
Includes:	Quantitative measure of BK Virus DNA level in urine
Alternate Names:	BKV, PCR , Urine
Methodology:	Real Time Polymerase Chain Reaction (PCR)
Testing Schedule:	Routine, 2 times per week
Report Available:	2-4 days
Specimen Requirements:	Minimum Volume: 2 mL urine Container: Sterile container
Reference Range:	Not Detected Reportable Range : 500 - 10,000,000,000 copies / mL
Clinical Utility:	BKV may cause nephropathy in renal transplant recipients receiving immunosuppressive therapy, resulting in renal dysfunction and, possibly, graft loss. Monitoring of BK viral load in urine and blood has been used as a surrogate marker of BKV nephropathy.

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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.

HIV-1 Viral Load, RT-PCR	
Test Code:	HIV1L
Effective Date:	02/16/2015
Reason For Change:	PPT (white top) are no longer an acceptable container for HIV viral load testing
CPT Code:	87536
Methodology	Real time Reverse Transcription Polymerase Chain Reaction (RT-PCR)
Testing Schedule:	Routine, Monday-Friday
Report Available:	1-3 days
Specimen Requirements:	Minimum Volume: 4 mL plasma Container: ***3 Lavender top tubes, EDTA***
Special Instructions:	• ***Must be processed within 24 hours of collection. Centrifuge for 20 minutes at 800-1600 xg (3000 rpm). Aseptically transfer to plastic aliquot tube and refrigerate.*** • ***Not to be used as a screening test for the presence of HIV.***
Reference Range:	< 20 copies/mL
Clinical Utility:	Quantitates HIV-1 virus RNA down to 20 copies/mL to monitor viral load in established HIV-1 infected individuals. This assay provides an assessment of viral load prior to initiation of therapy and is helpful in early detection of potential therapeutic failure and/or disease progression.

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ADDITIONAL INFORMATION

Digoxin Reference Range Change

On April 7, 2015, Health Network Laboratories will be adjusting the lower level of the digoxin reference range to 0.5 ng/mL (New reference range 0.5 – 2.0 ng/mL). In addition, the following comment will appear on our reports:

> "Consensus guidelines suggest dosing digoxin to achieve a target serum digoxin concentration (SDC) of lower than 1 ng/mL or between 0.5 and 0.9 ng/mL for heart failure. Higher SDCs offer no additional benefit and increase the risk of these adverse outcomes compared with placebo in heart failure patients."

The upper level of the reference range will remain at 2.0 ng/mL for patients being managed in other clinical settings (e.g. atrial fibrillation).

References:

1. Lindenfeld J, Albert NM, Boehmer JP, et al. HFSA 2010 comprehensive heart failure practice guideline. J Card Fail 2010;16:e1–194.
2. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: A report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines. J Am Coll Cardiol 2013; 62:e147–239.
3. Trough concentrations should be followed just prior to the next dose or at a minimum of 6 to 8 hours after last dose.
4. Adams KF Jr, Patterson JH, Gattis WA, et al. Relationship of serum digoxin concentration to mortality and morbidity in women in the digitalis investigation group trial: a retrospective analysis. J Am Coll Cardiol 2005;46:497–504.
5. Ahmed A, Rich MW, Love TE, et al. Digoxin and reduction in mortality and hospitalization in heart failure: a comprehensive post hoc analysis of the DIG trial. Eur Heart J 2006;27:178–86.
6. Rathore SS, Curtis JP, Wang Y, Bristow MR, Krumholz HM. Association of serum digoxin concentration and outcomes in patients with heart failure. JAMA 2003;289:871–8.

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

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ADDITIONAL INFORMATION

GI PANEL
ELIMINATION OF INDIVIDUAL PANELS (BSPCR, PSPCR, VSPCR)

To ensure that only the most efficacious testing is offered, **HNL will discontinue the specific panels and only offer the Comprehensive GI pathogen Panel – CSPCR.**

On January 5, 2015, Health Network Laboratories introduced Biofire's FDA cleared, multiplex PCR gastrointestinal (GI) pathogen panel to test for common pathogens that cause infectious diarrhea including viruses, bacteria and protozoa.

This assay was introduced to provide rapid, same day turn-around time with increased sensitivity and specificity over the current microbiology culture and EIA methods. The new assay also significantly increased the breadth of GI pathogens that can be identified

Broader and more accurate pathogen detection may improve patient treatment and may reduce inappropriate antibiotic use and associated complications. Public health may benefit from more rapid detection of GI pathogen related outbreaks and a broader understanding of the epidemiology of enteric illness.

The new assay was introduced as 4 separate panels:

1.	**Bacterial stool pathogens** **TEST CODE: BSPCR (DISCONTINUED)**	*Campylobacter* *Clostridium difficile* *Plesiomonas shigelloides* *Salmonella* *Vibrio* *Vibrio cholerae* *Yersinia enterocolitica* Enterotoxigenic *E. coli* (ETEC) *lt/st* Enteropathogenic *E. coli* (EPEC) Shiga toxin producing E. coli (STEC) *stx1/stx2* *E. coli* O157 *Shigella/* Enteroinvasive *E. coli* (EIEC) Enteroaggregative *E. coli (*EAEC)
2.	**Viral stool pathogens** **TEST CODE: VSPCR (DISCONTINUED)**	Adenovirus F40/41 Human Astrovirus Norovirus GI/GII Rotavirus A Sapovirus
3.	**Parasitology panel** **TEST CODE: PSPCR (DISCONTINUED)**	*Cryptosporidium* *Cyclospora cayetanensis* *Entamoeba histolytica* *Giardia lamblia*
4.	**Comprehensive panel** **TEST CODE: CSPCR; CPT CODE: 87507**	Tests for all the above pathogens.

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GI Panel (con't)

Internal studies suggest that pathogens are often detected that are not consistent with the initial panel ordered. Other more comprehensive studies are consistent w/ these internal findings.

One Film Array study showed a 4.4 fold increase in detection of pathogens. Co infections were observed, 19.7% had two pathogens, 6.6% had 3 pathogens.[1]

Another study evaluated negative stools that had been sent for C difficile or Rotavirus testing. 21% of these stools had a least one unsuspected GI pathogen, most often Norovirus.[2]

When the presence of a pathogen is not detected as a result of ordering one of the smaller panels, many of the inherent benefits of the new assay are not realized. Ordering a comprehensive stool panel eliminates the guess work of ordering the "correct" stool panel and allows for syndromic testing.

To ensure that only the most efficacious testing is offered, HNL will discontinue the specific panels and only offer the Comprehensive GI pathogen Panel – CSPCR.

IMPORTANT INFORMATION:

Specimen Collection:	One Cary Blair transport container (Ex. Para-Pak C&S) for Comprehensive Stool Panel.
Container:	Must not be over filled. Add specimen to fill line only. Other stool transport containers are NOT acceptable (ex. PVA, Formalin, SAF.)
Transport:	Room temperature or refrigerated, testing must occur within 4 days of collection.
TAT:	Within 24 hours

Precautions:

1. **DO NOT FREEZE stool. (freezing may affect integrity and test results)**
2. **Recent oral administration of a Rotovirus A vaccine may cause false positive results for Rotovirus**

1. Test Performance of the FilmArray Gastrointestinal Panel (BioFire) From a Clinical Trial Study in Hawaii L.K. Clinton 1, 2, T. Enomoto2, C. Ying2, W. Kim2, and M.J. Bankowski 1, 2 1Department of Pathology, John A Burns School of Medicine, University of Hawaii, Honolulu, HI and 2Diagnostic Laboraory Services, Inc. (The Queen's Medical Center), Aiea, HI

2. FilmArray™ Gastrointestinal (GI) Panel: Implications for Infection Control
Kenneth H. Rand, M.D1. , Mari Hoidal2 and Beth Fisher31 Department of Pathology, University of Florida, Gainesville FL, 2BioFire Diagnostics, Salt Lake City, UT and 3UFHealth Shands Hospital, Gainesville, FL

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GI Panel (con't)

Other Available Stool Studies:

C difficile assay (CDDNA) CPT 87493	For C difficile only, submit in sterile container NOT C+S ParaPak
Ova and Parasites (O+P) CPT 87177 and 87209	Submit in ParaPak O+P containers
Salmonella /Shigella only culture (FESS) CPT 87045	Submit in C+S ParaPak, **NOTE: if other pathogens are required order Comprehensive GI panel (CSPCR)**
Stool for WBCs (SWB) CPT 89055	Submit in C+S ParaPak

Discontinued Stool Studies

Giardia/Cryptosporidium EIA (GIAG)
Stool culture with Shiga Toxin (FEST)
Stool for Cyclospora (CYCSP)
Rotavirus stool antigen (ROTV)

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

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ADDITIONAL INFORMATION

New HNL Website Makes It Easier to Find What You Need

The next time you go to healthnetworklabs.com, you may notice it has a fresh, clean appearance. That's because it is being redesigned to make it easier to navigate. The new site is expected to launch the week of April 20 – just in time for Laboratory Week. You will also find more information and dynamic content that is updated more frequently. Plus it's viewable on all devices, from desktops to smart phones.

On the new site, there are two key ways to find information – one for patients and one for health care providers. As a health care provider, you should use the For Health Care Professionals tab to find the information you need. You also can log in using the Login to Health Care Professionals Portal icon or use the Laboratory Handbook by clicking the icons on the center of the page.

Patients will find all of the information they are looking for under the For Patients tab at the top of the page. They can find out how to pay a bill, what insurances are accepted, where to find a Patient Service Center and much more.

This new site was designed for ease of use – whether you are a patient, a client or a health care provider. We hope you find it easy to use. If you have feedback, whether it's good or bad, we'd like to know. We are always looking for ways to improve.