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

Health Network Laboratories
794 Roble Road
Allentown, PA 18109-9110

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794 Roble Road • Allentown, PA • 18109-9110
Toll Free 1-877-402-4221
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NEW TEST:
HNL is pleased to expand our testing menu to include the following test.

Herpes Simplex Virus Type 1 & 2, DNA(MHSV)	
Effective Date:	02/13/2017
Suggested CPT Code:	HSV-1 87529 HSV-2 87529-59
Methodology:	Real-Time Polymerase Chain Reaction
Testing Schedule:	Routine, daily
Report Available:	1 day
Specimen Requirements:	Minimum Volume: 0.5 mL Body fluid or flock swab from lesions of the vulva, cervix, penis, or other areas placed into Universal Transport Medium (UTM). 0.5 mL Cerebrospinal fluid (CSF) Container: Universal Transport Media (UTM) CSF- Sterile Container Collection: Specimens should be collected within 3-4 days of the onset of symptoms. Specimens collected from lesions in the acute or vesicular stage yield a higher number of viable viruses.
Special Instructions and/or Comments:	• DO NOT use Calcium alginate swabs. • DO NOT place CSF in UTM, send in sterile container.
Reference Range:	**TEST** **RESULT** HERPES SIMPLEX TYPE1: Detect vs. Not detected HERPES SIMPLEX TYPE2: Detect vs. Not detected
Clinical Utility:	Herpes Simplex virus can cause a variety of clinically significant diseases from blisters anywhere on the skin like cold sores, or fever blisters, sores in the genital tract, to meningoencephalitis or keratoconjunctivitis. There are 2 types of Herpes: Type 1 and Type 2. Type 1 is commonly associated with non-genital infections and Type 2 commonly associated with the genital tract.

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.

Pain Management Ethyl Glucuronide/Ethyl Sulfate, Quantitative, Urine (PPETG)	
Effective Date:	10/26/2016
Suggested CPT Code:	80321
Includes:	Identification, quantitation and interpretation for pain management compliance monitoring of Ethyl Glucuronide and Ethyl Sulfate.
Methodology:	Liquid Chromatography - Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule:	Routine, 3 times per week
Report Available:	2-3 Days
Specimen Requirements:	Minimum Volume: 5 mL random urine Container: Plastic urine container
Special Instructions and/or Comments:	• Submit specimen with a completed Pain Management Drug Testing Request (HNL-56). • Interpretation is dependent on completing the prescribed medication history section at the bottom of the form. • List only medications taken within the last 2-3 days.
Clinical Utility:	Compliance monitoring for pain management. Useful for the detection, identification and quantitation of the ethanol biomarkers; Ethyl Glucuronide and Ethyl Sulfate.

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

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

Ethyl Glucuronide, QN, Urine (CETGS)	
Effective Date:	11/25/2016
Includes:	Identification and quantitation of Ethyl Glucuronide and its metabolite, Ethyl Sulfate.
Suggested CPT Code:	80321
Methodology:	Liquid Chromatography-Tandem Mass Spectrometry (LC/MS/MS)
Testing Schedule:	Routine, 3 times per week
Report Available:	2-3 days
Specimen Requirements:	Minimum Volume: 5 mL random urine Container: Plastic urine container
Reference Range:	Negative
Clinical Utility:	Useful for the detection, identification, and quantitation of the ethanol biomarkers Ethyl Glucuronide and Ethyl Sulfate in urine.

For more information, please contact Shannon Clarke at 877-402-422

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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.

PTH, FNA (PHFNA)	
Description of Change:	Test code is now available.
Effective Date:	12/28/2016
Alternate Name:	• PTH Wash • Parathyroid Hormone, Fine Needle Aspirate
Suggested CPT Code:	83970
Methodology:	Quantitative Electrochemiluminescent Immunoassay
Testing Schedule:	Routine, daily
Report Available:	2-3 days
Specimen Requirements:	Minimum Volume: 0.5 Fine needle aspiration in saline Container: Test tube containing sterile salines
Special Instructions:	Transport entire specimen to the laboratory refrigerated. Processing will be done by the Specimen Management Technical Support Department.
Reference Range:	A reference interval has not been established for body fluid specimens.
Clinical Utility:	Use to differentiate parathyroid tissue from thyroid tissue.

For more information, please contact Gayle McCarthy at 877-402-4221

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TEST CHANGE:
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Thyroglobulin, FNA (TGFNA)	
Description of Change	Test code is now available
Effective Date:	12/28/2016
Alternate Name:	• Tg wash • Thyroglobulin, Fine Needle Aspirate
Suggested CPT Code:	84432
Methodology:	Quantitative Chemiluminescent Immunoassay
Testing Schedule:	Routine, daily
Report Available:	2-3 days
Specimen Requirements:	Minimum Volume: 0.5 fine needle aspirate in saline Container: Test tube containing sterile saline
Special Instructions:	Transport entire specimen to the laboratory refrigerated. Processing will be done by the Specimen Management Technical Support Department
Reference Range:	Accompanies report
Clinical Utility:	Use with FNA biopsy of thyroid nodules to diagnose benign or malignant non-medullary thyroid nodules.

For more information, please contact Gayle McCarthy at 877-402-4221

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ADDITIONAL INFORMATION

Total IgE Testing Discontinued from all Allergen Profiles

Historically, Health Network Laboratories (HNL) has included Total IgE testing in our allergen profiles as an ordering convenience. On 2/8/17, HNL will remove the Total IgE from inclusion in the following allergen profiles:

- Asthma Allergen Profile
- Atopic Dermatitis Allergen Profile
- Food Allergen Profile
- Food/Pediatric Allergen Profile
- Northeast Allergen Profile
- Nut Allergen Profile
- Otitis Media Allergen Profile
- Pediatric Allergen Profile
- Shellfish Allergen Profile
- Shellfish/Food Allergen Profile
- Venom Allergen Profile

The following paragraph is from the In Vitro Testing section under Coverage Guidance in Novitas Solution's Local Coverage Determination (LCD):

Allergy Testing (L36241) which can be found at:
https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36241&ContrId=321&ver=31&ContrVer=1&CntrctrSelected=321*1&Cntrctr=321&DocType=Active%7cFuture&s=All&bc=AggAAAQAAAAAAA%3d%3d& Total serum IgE: Measurements of total IgE levels (CPT code 82785-gammaglobulin {immunoglobulin}; IgE) are not appropriate in most general allergy testing which is performed to determine a patient's immunologic sensitivity or reaction to particular allergens for the purpose of identifying the cause of the allergic state. It would not be expected that total serum IgE levels would be billed unless evidence exists for the following:

- follow-up of bronchopulmonary aspergillosis,
- to diagnose atopy in small children,
- select immunodeficiency, such as the syndrome of hyper-IgE,
- eczematous dermatitis,
- recurrent pyogenic infections, or
- in the evaluation of omalizumab therapy.

Please refer to the "Group 2 Paragraph" from the same policy. This section indicates ICD-10 codes that support medical necessity for total IgE (CPT 82785). If a total IgE is ordered for any other reason than listed here, Medicare will likely deny for lack of medical necessity and an Advance Beneficiary Notice of Noncoverage (ABN) form should be obtained from the patient.

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