



Health Network  
LABORATORIES®

# LAB-LINK

VOLUME 2 • October 2015

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As your laboratory partner,

Health Network Laboratories is

pleased to keep you

connected to new and updated

laboratory testing information.

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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.



<b>Test Name/Subject</b>	<b>Effective Date</b>	<b>Page</b>
<b><u>TEST CHANGES</u></b>		
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**TEST CHANGE:**

The following test change was 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.

<b>Chromosome Analysis, Blood</b>	
<b>Test Code:</b>	CHRCG
<b>Effective Date:</b>	08/03/2015
<b>Reason For Change:</b>	Chromosome Analysis will now be performed at HNL.
<b>CPT Code:</b>	<b><i>88230, 88262, 88291</i></b>
<b>Methodology</b>	Suspension Cell Culture, Harvest, and Microscopic Analysis
<b>Testing Schedule:</b>	Routine, Monday-Friday
<b>Report Available:</b>	8-12 days
<b>Specimen Requirements:</b>	Minimum Volume:      Adult:    5-10 mL whole blood Pediatric: 2-5 mL whole blood  Container:                Green top tube, <u>sodium heparin</u>  Collection:                 Collect Monday-Thursday only
<b>Special Instructions:</b>	<ul style="list-style-type: none"> <li>• Specimens must arrive in the laboratory before 1600.</li> <li>• Specimens must be collected in a sterile container. <b>DO NOT OPEN TUBE.</b></li> <li>• For optimal results, store as whole blood in original tube at room temperature and deliver to lab within 24 hrs. of collection.</li> <li>• <b>DO NOT FREEZE SPECIMEN</b></li> <li>• If specimen cannot be delivered within 24 hrs., store in the refrigerator; however, results may be compromised if delivered after 48 hrs.</li> <li>• Indicate the reason for testing (diagnosis) on the Requisition Form</li> </ul>
<b>Reference Range:</b>	See Patient Report
<b>Clinical Utility:</b>	Identify chromosome alterations associated with congenital disorders.

For more information, please contact Dr. Rodney Wiltshire at 1-877-402-4221

**TEST CHANGE:**

The following test change was 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.

<b>Chagas Disease IgG</b>							
<b>Test Code:</b>	GCHAG						
<b>Effective Date:</b>	08/17/2015						
<b>Reason For Change:</b>	Methodolgy, reference range and unit change. Units changed from Units to IV						
<b>CPT Code:</b>	86753						
<b>Includes:</b>	Trypanosoma cruzi IgG Ab						
<b>Methodology</b>	<b><i>Semi-Quantitative Enzyme-Linked Immunosorbent</i></b>						
<b>Testing Schedule:</b>	Routine, 1 times per week						
<b>Report Available:</b>	5-10 days						
<b>Specimen Requirements:</b>	Minimum Volume: 1.0 mL serum Container: 1 Gold top tube, <u>serum separator</u>						
<b>Special Instructions:</b>	Centrifuge specimen within 2 hours of collection, transfer serum to plastic tube and refrigerate						
<b>Reference Range:</b>	<table border="1" style="width: 100%;"> <tbody> <tr> <td style="width: 30%;"><b><i>1.00 IV or less:</i></b></td> <td><b><i>Negative-No significant level of Trypanosoma cruzi IgG antibody detected.</i></b></td> </tr> <tr> <td><b><i>1.01 to 1.10 IV:</i></b></td> <td><b><i>Equivocal-Questionable presence of Trypanosoma cruzi IgG antibody detected. Repeat testing in 10-14 days may be helpful</i></b></td> </tr> <tr> <td><b><i>1.11 IV or greater:</i></b></td> <td><b><i>Positive- IgG Antibodies to trypanosome cruzi detected, which may suggest current or past infection.</i></b></td> </tr> </tbody> </table>	<b><i>1.00 IV or less:</i></b>	<b><i>Negative-No significant level of Trypanosoma cruzi IgG antibody detected.</i></b>	<b><i>1.01 to 1.10 IV:</i></b>	<b><i>Equivocal-Questionable presence of Trypanosoma cruzi IgG antibody detected. Repeat testing in 10-14 days may be helpful</i></b>	<b><i>1.11 IV or greater:</i></b>	<b><i>Positive- IgG Antibodies to trypanosome cruzi detected, which may suggest current or past infection.</i></b>
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<b><i>1.11 IV or greater:</i></b>	<b><i>Positive- IgG Antibodies to trypanosome cruzi detected, which may suggest current or past infection.</i></b>						
<b>Clinical Utility:</b>	To diagnose Chagas disease (infection with Trypanosoma cruzi).						

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<b>Parathyroid Hormone Related Peptide</b>												
<b>Test Code:</b>	PTH RP											
<b>Effective Date:</b>	08/17/2015											
<b>Reason For Change:</b>	Reference range change											
<b>CPT Code:</b>	82542											
<b>Methodology</b>	Quantitative High Performance Liquid Chromatography-Tandem Mass Spectrometry											
<b>Testing Schedule:</b>	Routine, 3 times per week											
<b>Report Available:</b>	5-7 days											
<b>Specimen Requirements:</b>	Minimum Volume: 1 mL plasma Container: Special Collection tube required: Protease Inhibitor tube (PPACK) tubes must be obtained prior to collection (store tube refrigerated). Tube must be collected with a winged collection device (butterfly) to avoid chemical reflux back into the vein of the patient. Call Customer Care at 610-402-8170 for special tube or collection device (butterfly needle).											
<b>Special Instructions:</b>	<ul style="list-style-type: none"> <li>• Transport to the laboratory immediately</li> <li>• Collect special collection tube (white top) using a winged collection device (butterfly needle).</li> <li>• Mix collection tube thoroughly.</li> <li>• Centrifuge specimen within one hour of collection, transfer plasma to plastic aliquot tube and freeze.</li> <li>• Once frozen, transport specimen submerged in dry ice.</li> </ul>											
<b>Reference Range:</b>	<table border="1" style="width: 100%; text-align: center;"> <thead> <tr> <th style="text-align: left;"><i>Age</i></th> <th style="text-align: left;"><i>Male</i></th> <th style="text-align: left;"><i>Female</i></th> </tr> </thead> <tbody> <tr> <td><i>Under 18 years</i></td> <td><i>Not established</i></td> <td><i>Not established</i></td> </tr> <tr> <td><i>18 years and older</i></td> <td><i>0.0-2.3 pmol/L</i></td> <td><i>0.0-3.4 pmol/L</i></td> </tr> </tbody> </table>			<i>Age</i>	<i>Male</i>	<i>Female</i>	<i>Under 18 years</i>	<i>Not established</i>	<i>Not established</i>	<i>18 years and older</i>	<i>0.0-2.3 pmol/L</i>	<i>0.0-3.4 pmol/L</i>
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<b>Clinical Utility:</b>	Useful to aid in evaluation of unexplained hypercalcemia, particularly in suspected hypercalcemia of malignancy.											

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**TEST CHANGE:**

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<b>Drug Screen, Meconium</b>	
<b>Test Code:</b>	MECDS
<b>Effective Date:</b>	08/17/2015
<b>Reason For Change:</b>	The drugs included in the Drugs of Abuse profile on meconium have changed. Buprenorphine was added and Propoxyphene was removed
<b>CPT Code:</b>	AMA: 80301 CMS: G0431
<b>Includes:</b>	<ul style="list-style-type: none"> <li>• <b><i>Qualitative screening for the following drugs: Marijuana, Cocaine, Opiates, Phencyclidine, Amphetamines, Methadone, Barbituates, Benzodiazepines and Buprenorphine on meconium.</i></b></li> <li>• <b><i>If the sample screens positive, confirmation/quantitation by GC/MS and/or LC-MS/MS will be reflexed. Unless otherwise notified, the reflex testing will take place in the following order:</i></b> <ul style="list-style-type: none"> <li><i>Amphetamines (0.125 g required)</i></li> <li><i>Cocaine (0.5 g sample required)</i></li> <li><i>Opiates (0.125 g sample required)</i></li> <li><i>Buprenorphine (0.125 g sample required)</i></li> <li><i>Marijuana (0.125 g sample required)</i></li> <li><i>Benzodiazepines (0.5 g sample required)</i></li> <li><i>Methadone (0.125 g sample required)</i></li> <li><i>Phencyclidine - PCP (0.5 g sample required)</i></li> <li><i>Barbituates (0.5 g sample required)</i></li> </ul> </li> </ul>
<b>Methodology</b>	<ul style="list-style-type: none"> <li>• Screen: Qualitative Enzyme-Linked Immunosorbent Assay</li> <li>• Reflex Confirmation/Quantitation: Gas Chromatography-Mass Spectrometry/Quantitative Liquid Chromatography-Tandem Mass Spectrometry</li> </ul>
<b>Testing Schedule:</b>	Routine, daily
<b>Report Available:</b>	5-7 days
<b>Specimen Requirements:</b>	<p>Minimum Volume: All meconium available, 4 grams preferred. Minimum: 2 grams or 3/4 cube on each side.</p> <p>Container: Plastic specimen cup or container</p>
<b>Special Instructions:</b>	Refrigerate entire sample

## Con't Drug Screen, Meconium

<b>Reference Range</b>	<p>Negative</p> <p>The concentration at which the screening test can detect a drug or metabolite varies within drug class. The concentration value must be greater than or equal to the cutoff to be reported as positive.</p> <table border="1" data-bbox="662 562 1318 1054"> <thead> <tr> <th colspan="3">Drugs covered and cutoff concentrations</th> </tr> <tr> <th>Drug</th> <th>Screen</th> <th>Confirmation</th> </tr> </thead> <tbody> <tr> <td>Marijuana</td> <td>30 ng/g</td> <td>5 ng/g</td> </tr> <tr> <td>Cocaine</td> <td>30 ng/g</td> <td>20 ng/g</td> </tr> <tr> <td>Opiates</td> <td>30 ng/g</td> <td>20 ng/g</td> </tr> <tr> <td>Phencylidine</td> <td>15 ng/g</td> <td>10 ng/g</td> </tr> <tr> <td>Amphetamines</td> <td>30 ng/g</td> <td>20 ng/g</td> </tr> <tr> <td>Barbituates</td> <td>75 ng/g</td> <td>50 ng/g</td> </tr> <tr> <td>Methadone</td> <td>40 ng/g</td> <td>10 ng/g</td> </tr> <tr> <td>Benzodiazepines</td> <td>75 ng/g</td> <td>20 ng/g</td> </tr> <tr> <td>Buprenorphine</td> <td>40 ng/g</td> <td>20 ng/g</td> </tr> </tbody> </table>	Drugs covered and cutoff concentrations			Drug	Screen	Confirmation	Marijuana	30 ng/g	5 ng/g	Cocaine	30 ng/g	20 ng/g	Opiates	30 ng/g	20 ng/g	Phencylidine	15 ng/g	10 ng/g	Amphetamines	30 ng/g	20 ng/g	Barbituates	75 ng/g	50 ng/g	Methadone	40 ng/g	10 ng/g	Benzodiazepines	75 ng/g	20 ng/g	Buprenorphine	40 ng/g	20 ng/g
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<b>Clinical Utility:</b>	<p>Meconium begins to form between the 12th and 18th week of gestation. Meconium drug testing can detect maternal drug use during the last 4 to 5 months of pregnancy. A negative result does not exclude the possibility that a mother used drugs during pregnancy. Detection of drug use depends on quantity and quality of the specimen tested as well as the pattern and frequency of drug(s) used by the mother. Although not likely, drugs administered during labor and delivery may be detected in meconium.</p>																																	

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## ADDITIONAL INFORMATION

### TRANSITION TO ICD-10

#### ARE YOU READY FOR ICD-10 ?

Effective October 1, 2015, providers must be more specific in documentation in order to be able to assign codes at the highest level of specificity, therefore avoiding overutilization of unspecified codes.

- Codes can now contain up to 7 characters (including numbers and letters).
- The number of codes will be expanding from 14,000 codes to approximately 70,000 codes.
- A 'rule out' cannot be coded, signs and symptoms must be provided.
- Specifics must be provided such as; chronic kidney disease now requires the stage of disease included in diagnosis.
- Many codes will require additional information such as cause, location, type of encounter etc.
- For clients using Fastorders/Web ER, ICD-10 codes will be available in each system.

Medicare coverage policies are available on our website at [www.healthnetworklabs.com](http://www.healthnetworklabs.com) Please refer to this website for translating codes from ICD-9 to ICD-10: [www.aapc.com/icd-10/codes/](http://www.aapc.com/icd-10/codes/).



Call the HNL Billing Office at 1-844-HNL-Bill (1-844-465-2455) with additional questions.