

# TECHNICAL BULLETIN

Volume 1 Issue 1 September, 2003

Starting September 2003, we are providing quarterly bulletins to our clients informing them of new tests, changes to current tests and other pertinent items.

\*\*\* = Denotes Important Change to Current Test

## Ostase

### Test # 2116

\*\*\*CPT code 84080

Effective: July 1, 2003  
Specimen: 1 mL serum, frozen  
Reporting: Premenopausal: <14.4 UG/L  
Postmenopausal: <22.5 UG/L  
\*\*\*Cost: **Patient \$20 Client \$15**  
Note: Ostase is the only blood test in the U.S. to aid in the management of postmenopausal osteoporosis. Ostase measures BAP (Bone Alkaline Phosphatase). Before menopause, the BAP is stable within normal range. Post menopause, the level increases. Ostase measures how well bone responds to therapy within 6-12 months.  
Questions: Contact Jan Nelson, Chemistry Supervisor.

## HPVdetX reflex to HPVIDX

### Test # 685

CPT codes 83892 x 3  
83894 x 3  
83903  
83912

Effective: July 1, 2003  
Specimen: Female: 2 Endocervical swabs  
Male: Urethral swab  
Histology: Fresh or paraffin embedded biopsy  
Cytology: Liquid cytology  
Ambient or refrigerated  
Reporting: Genotypic specific all-genotypes.  
Cost: Patient \$120 Client \$100  
\*\*\*Note: **Management tool for women with an ASCUS pap smear. Upon request, we will add this test to the current sample being used for liquid cytology if the patient has an ASCUS pap.**  
\*\*\*Note: **If client wants HPV Typing only, indicate that on Cytology Requisition.**  
Questions: Contact Tom Engel, Cytology Supervisor.

## Iron and Iron Binding

### (TIBC-Total Iron Binding Capacity)

#### Test # 8004

CPT code 83550  
83540

\*\*\*Effective: July 1, 2003 - TIBC is now being performed at Physicians Laboratory  
Specimen: 1 mL serum, refrigerated or frozen  
Reporting: "TIBC" panel will include Total Iron Binding Capacity, Unsaturated Iron Binding Capacity (UIBC), Total Serum Iron, and % Saturation. TIBC is a measure of the maximum amount of iron that can be bound to patient's proteins. TIBC is an indirect measure of Transferrin (test ID 237).  
Cost: Patient \$23 Client \$18  
Questions: Contact Jan Nelson, Chemistry Supervisor

## West Nile Virus Antibody

### Test # 7919

SERUM CPT code 86317 x 2

### # 7920

CSF CPT code 86317 x 2

\*\*\* Effective August 18, 2003  
Specimen: 1 mL serum or CSF, refrigerated  
Reporting: **We are sending specimens to Focus Laboratory, which will test for IgG and IgM.**  
\*\*\*Cost Serum Patient \$110  
Client \$100  
CSF Patient \$120  
Client \$110  
Note: **IgM is usually detectable by the time symptoms appear, but IgG may not be detectable until day 4 or 5 of illness. West Nile may cross react with other flaviviruses.**  
Questions: Contact Lisa Hart, Processing Coordinator.

**C-Reactive Protein, Highly Sensitive (C-Reactive Protein, HS) (CRP,HS)**

**Test # 1545** CPT code 86141

**\*\*\*Effective:** July 1, 2003: CRP,HS, is now performed at Physicians Laboratory.

Specimen: 1 mL serum, frozen  
Reporting: Interpretation included with report.

Cost: Patient \$30 Client \$25  
Note: Elevations of CRP,HS, show increased risk and may even predict future coronary events in apparently healthy adults.

Questions: Contact Jan Nelson, Chemistry, Supervisor

**Hemoglobin A1C**

**Test # 350** CPT code 83036

**\*\*\*Effective:** August 1, 2003  
Specimen: 5 mL whole blood EDTA, refrigerated

**Reporting:** Per current guidelines, we will change the calculation for "Mean BLOOD Glucose" to "Mean PLASMA Glucose".

The MEAN PLASMA GLUCOSE is approximately 10% higher than the Mean Blood Glucose.

Both values will be reported during our transition period.

Cost: Patient \$20 Client \$15  
Questions: Contact Jan Nelson, Chemistry Supervisor.

**Cholinesterase RBC/Hgb Ratio**

**Test # 8017** CPT code 82482

**\*\*\*Effective:** July 9, 2003  
Specimen: 5.0 mL whole blood EDTA or heparinized, refrigerated

Reporting: 25-52 U/g HgB  
Cost: Patient \$35 Client \$30  
Note: Red cell cholinesterase is found in the central nervous system and is useful in monitoring long-term exposure to pesticides.

**\*\*\*Note:** THIS TEST REPLACES TEST #348, CHOLINESTERASE, WHOLE BLOOD.

Questions: Contact Lisa Hart, Processing Coordinator

**HSV 1 and/or 2 ABS, IgG and IgM w/reflex to Type 1 and 2 Glycoprotein G-Specific Ab IgG by ELISA**

**Test # 8027** CPT code 86694 x2: if reflexed, add 86695 for Type 1 IgG and 86696 for Type 2 IgG

**\*\*\*Effective:** September 1, 2003  
Specimen: 1 mL serum, refrigerated  
Reporting: Reference Range and interpretation included with the report.

Cost: Patient \$100 Client \$80  
Note: Type Specific IgG can identify individuals, with or without symptoms, who may infect their sexual partner. This test can identify expectant mothers who could transmit virus during labor.

**Note:** HSV IgM is not recommended as a diagnostic tool. It is difficult to interpret and is not type specific.

**\*\*\*Note:** THIS TEST REPLACES CURRENT TESTS #280 AND #281.

Questions: Contact Lisa Hart, Processing Coordinator.

In compliance with HIPAA, when calling for a result, you will be asked the following:

1. Your first name and first initial of your last name
2. Account name, account number or requesting physician name
3. Patient's name
4. Test result requested

IF WE ARE TO BILL ANY INSURANCE COMPANY, INCLUDING MEDICARE AND MEDICAID, WE MUST HAVE:

PATIENT'S FULL NAME  
PATIENT'S ADDRESS  
PATIENT'S DATE OF BIRTH  
PHYSICIAN'S FIRST AND LAST NAME  
VALID DIAGNOSIS (ICD 9) CODE(S)

Complete insurance information including:  
Name of the insurance company  
Address of the insurance company for filing claims  
Patient's policy identification number  
Policy group number