

Volume #7

Issue # 3

October, 2009

## TWO NEW CELIAC PANELS

Effective October 12, 2009, Physicians Laboratory will discontinue the following tests which were sent to ARUP:

Test #	TEST NAME
9300	Celiac Panel 1
9309	Celiac Panel 2
8001	Tissue Transglutaminase IgG
7478	Tissue Transglutaminase IgA
3021	Tissue Transglutaminase IgA with reflex to Endomysial IgA
1842	Gliadin IgA and IgG Antibodies

With the exception of test #3021, these have been replaced by "in house tests". Celiac disease is suspected when individuals have signs or symptoms of malabsorption or malnutrition. Other diseases, however, can produce malabsorption and malnutrition, such as pancreatic insufficiency, Crohn's disease of the small intestine, and small intestinal overgrowth of bacteria. It is important, therefore, to confirm suspected Celiac disease with appropriate testing. The new "in house" test numbers are as follows:

### **Test #7542 Celiac Panel 1** Testing will include Tissue Transglutaminase Antibodies (IgG and IgA) and Gliadin Antibodies (IgG and IgA)

Specimen:	2.0 mL serum
Storage:	Frozen 1 week
Performed:	Tues and Thurs in Omaha Reported same day of testing
CPT code:	83516 x 4
Cost:	\$80.00

### **Test #7543 Celiac Panel 2** Testing will include a serum total IgA and Tissue Transglutaminase IgA and IgG

Note:	This test is recommended for the pediatric population.
Specimen:	2.0 mL serum
Storage:	Frozen 1 week
Performed:	IgA – MWF in Lincoln Tissue Transglutaminase IgA and IgG—Tues. and Thurs. in Omaha
CPT code:	82784, 83516 x 2
Cost:	\$60.00

Each component can also be ordered individually.

Test #7654	Tissue Transglutaminase IgG
Test #7655	Tissue Transglutaminase IgA
Test #7656	Gliadin IgG Antibody
Test #7657	Gliadin IgA Antibody

Information for each test is as follows:

Specimen:	1.0 mL serum
Storage:	Frozen 1 week
Performed:	Tues. and Thurs. in Omaha
CPT code:	83516
Cost:	\$20.00

Individuals with abnormally elevated Tissue Transglutaminase antibodies have a greater than 95% chance of having Celiac disease. Gliadin antibodies are less reliable and have a high false positive rate. Thus a person with an abnormally elevated Gliadin antibody level does not necessarily have Celiac disease. Nevertheless, Gliadin antibody levels are useful in monitoring the response to treatment because Gliadin antibody levels usually begin to fall within several months of successful treatment of Celiac disease with a gluten free diet.

Questions: Cassy Richards  
Hematology Supervisor

## TEST #7569 LACOSAMIDE (VIMPAT®)

Specimen:	1 mL serum or EDTA plasma
Storage:	Refrigerated 15 days
Performed:	Mondays at NMS Laboratory Reported 5 -7 days
CPT code:	83789
Cost:	\$180.00

## TEST #7536 TORCH Antibodies, IgM

This test contains IgM antibodies for CMV, HSV Type 1 and/or 2, Rubella, and Toxoplasma gondii

Specimen:	2 mL serum
Storage:	Refrigerated 14 days
Performed:	Sun-Sat at ARUP Laboratory Reported 3-5 days
CPT code:	86645, 86694, 86762, 86778
Cost:	\$80.00

Questions: Crystal Waymire  
Processing Supervisor

## TEST #2795 HEPATITIS PANEL 3

Effective September, 2009, Hepatitis A Total Antibody is no longer included in the Hepatitis Panel 3 (test #2796). Hepatitis A Total Antibody (test #7229) is now sent to ARUP Reference Laboratory and needs to be ordered separately.

## **TEST# 812 HAS BEEN DISCONTINUED**

**17-KETOSTEROID FRACTIONATION, 24 HR. URINE**, is no longer offered by any of our reference laboratories. 17-ketosteroids are breakdown products of androgens and other steroid hormones that are secreted from the adrenal cortex.

Test #920 DHEAS (Dehydroepiandrosterone Sulfate), serum is a more direct measure of 17-ketosteroid production. Elevated levels of DHEAS are observed with Congenital Adrenal Hyperplasia, Cushing's syndrome, ovarian or testicular cancer, while decreased levels can be observed with Addison's disease or hypopituitarism.

Test #507 Cortisol, random and Test #844

17- Hydroxyprogesterone may also be ordered as alternative testing.

Questions: Gregory Post, Ph.D.  
Director of Clinical Services

## **FASTING GLUCOSE NORMAL RANGE**

The American Diabetes Association has endorsed a cut off of < 100 mg/dL for a fasting glucose level. The old normal range for fasting glucose was < 110 mg/dL.

An expert committee recommended three categories for assessing glycemic control; normal fasting glucose, impaired fasting glucose and provisional diagnosis of diabetes, based on fasting values.

Categories of Fasting Glucose values are as follows:

Normal fasting glucose: <100 mg/dl  
IFG (impaired fasting glucose) 100–125 mg/dl  
Provisional diagnosis of diabetes. ≥126 mg/dl

Questions: Gregory Post, Ph.D.  
Director of Clinical Services.

## **USING A CPT® CODE**

CPT® (Current Procedural Terminology) codes are developed, maintained and copyrighted by the American Medical Association. CPT® codes are used to report medical procedures (e.g. lab. tests) and services to the insurance companies. This code is used by insurers to determine the amount of reimbursement that a physician may receive. It is important to remember that the same CPT® code can be used for many tests, and it is not test specific. Therefore, when calling to "add on" a test, the actual test number must be requested; referencing a CPT® code does not identify a test.

## **CPT® CODE CHANGES FOR TESTS**

### **Effective Sept. 1, 2009**

<u>Test</u>	<u>Name</u>	<u>Old CPT</u>	<u>New CPT</u>
570	Rheumatoid Factor	86430	<b>86431</b>
1299	Urinalysis	81002	<b>81003</b>
2299	Urinalysis with Microscopic Exam	81000	<b>81001</b>
4216	Urinalysis with Reflex to Culture	81002	<b>81003</b>

## **SPECIMEN IDENTIFICATION**

**Two patient identifiers must be present on any specimen submitted to Physicians Laboratory.**

One identifier must be the patient's first and last name. The second identifier may be any of the following:

patient's date of birth, requisition number, chart number, or social security number. In addition, include specimen source and date and time of collection for cultures, surgicals, and nonGYN body fluids.  
Questions: Crystal Waymire  
Processing Supervisor

## **SUBMITTING FROZEN SPECIMENS**

When specimen requirements denoted "frozen plasma or serum", proceed as follows:

1. If serum required, allow specimen to clot for 30 mins. If plasma required, mix well by inverting specimen several times.
2. Centrifuge the specimen.
3. Transfer serum or plasma to a plastic transport tube and label appropriately.
4. Freeze the transport tube.

Please do not send the entire specimen tube (e.g. SST tube, EDTA whole blood) frozen, unless specimen requirements specifically state "whole blood frozen" as in Test # 93, RBC Folate.

Questions: Crystal Waymire  
Processing Supervisor

## **WHAT BIOHAZARD TRANSPORT BAG TO USE WHEN SUBMITTING?**

### **FROZEN "STAT" SPECIMEN?**

The specimen should be put in the FROZEN bag, but the client **MUST WRITE ON THE BAG "STAT"**. "Stat" should be noted on the requisition as well. If the specimen is not submitted in a frozen bag, specimen stability may be compromised.

### **PROTIME WITH OTHER SPECIMENS?**

The Protime needs to be placed separately in the biohazard "Ambient or Room Temperature" bag. The remaining specimens may be placed in the appropriate biohazard bag with the requisitions. Processing personnel will match up the protime specimen with the requisition and other specimens that were submitted.

Questions: Crystal Waymire  
Processing Supervisor

## **CONFIDENTIALITY / SPECIAL REPORTING PACKET**

Our Policy/Procedure Committee is developing an instruction packet for clients who would like to request confidentiality/special reporting of test results for a patient who uses an alias to insure his/her identity remains unknown or for the patient who uses his/her legal name, but wants results to be viewed by only a specified provider in a non-routine manner.

This packet will include instructions on labeling the specimen, completing the requisition, information on billing, submitting the specimen, and receiving results. This packet will be available on October 15. Packets are available upon request, and if you would like to receive one, please contact Bev Ruch, Marketing Representative.