NOTICE DATE: March 6, 2019

EFFECTIVE DATE: Immediately

TESTING DELAY

Myasthenia Gravis Evaluation, Thymoma
Order Code: MMLR
CPT Code: 83519 x4, 83520, 84182, 86341, Reflex GAD65 86341, VGKC 83519
Fee Code: Reflex GAD65 32140, VGKC 40393
Reference Laboratory: Mayo Medical Laboratory

Effective immediately, Myasthenia Gravis Evaluation, Thymoma (MMLR) testing will be delayed due to a reagent issue for component acetylcholine receptor modulating antibodies, serum.

EFFECTIVE DATE: Immediately

TESTING DELAY

Myasthenia Gravis Evaluation, Lambert-Eaton Syndrome
Order Code: MMLR
CPT Code: 83519 x4, 83520 Reflex ACHR G 83519, C5BLOT84182
Fee Code: Reflex ACHR G 83519, C5BLOT84182
Reference Laboratory: Mayo Medical Laboratory

Effective immediately, Myasthenia Gravis Evaluation, Lambert-Eaton Syndrome (MMLR) testing will be delayed due to a reagent issue for component acetylcholine receptor modulating antibodies, serum.

EFFECTIVE DATE: Immediately

TESTING DELAY

Myasthenia Gravis Evaluation, Adult
Order Code: MG1
CPT Code: 83519 x2, 83520 Reflex ACHR G 83519, C5BLOT84182, GAD65 32140, VGKC 40393
Fee Code: Reflex ACHR G 83519, C5BLOT84182, GAD65 32140, VGKC 40393
Reference Laboratory: Mayo Medical Laboratory

Effective immediately, Myasthenia Gravis Evaluation, Adult (MMLR) testing will be delayed due to a reagent issue for component acetylcholine receptor modulating antibodies, serum.
EFFECTIVE DATE: Immediately

TESTING DELAY

Myasthenia Gravis Evaluation, Pediatric
Order Code: MMLR
CPT Code: 83519 x2
Fee Code: 36163
Reference Laboratory: Mayo Medical Laboratory

Effective immediately, Myasthenia Gravis Evaluation, Pediatric (MMLR) testing will be delayed due to a reagent issue for component acetylcholine receptor modulating antibodies, serum.

EFFECTIVE DATE: Immediately

TESTING DELAY

Paraneoplastic Autoantibody Evaluation
Order Code: PAVL
CPT Code: 83519 x5, 83520 86255 x9
Reflex GAD65 32140, WBL 84182, C5BL 84182, ARMO 83519, AMPWB 84182, NMD CS 86255, AMPCS 86255, GABBCS 86255, NMDIS 86256, AMPIS 86256, GABIS 86256, NMOFS 86255, NMOTS 86256, LG1CS 86255, CS2CS 86255
Fee Code: Reflex GAD65 32140, WBL 84182, C5BL 84182, ARMO 83519, AMPWB 84182, NMD CS 86255, AMPCS 86255, GABBCS 86255, NMDIS 86256, AMPIS 86256, GABIS 86256, NMOFS 86255, NMOTS 86256, LG1CS 86255, CS2CS 86255

Effective immediately, Paraneoplastic Autoantibody Evaluation (PAVL) testing will be delayed due to a reagent issue for component acetylcholine receptor modulating antibodies, serum.

EFFECTIVE DATE: Immediately

TEST CHANGE

Limulus Amebocyte Lysate (Endotoxin)
Order Code: MMLR
CPT Code: 87999
Fee Code: 22022

Effective immediately, Limulus Amebocyte Lysate (Endotoxin) test has changed billing, analytic time, test algorithm and result codes.

<table>
<thead>
<tr>
<th>Current Fee</th>
<th>New Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>$362.75</td>
<td>$96.71</td>
</tr>
</tbody>
</table>
**Current CPT Code** | **New CPT Code**
---|---
No CPT code available on non-biological specimens | 87999

**Current Testing Algorithm** | **New Testing Algorithm**
---|---
If additional specimen dilutions are required to obtain an accurate result, up to 3 additional dilutions could be performed, each at an additional charge. | If additional specimen dilutions are required to obtain an accurate result, up to 3 additional dilutions could be performed.

**Current Analytic Time** | **New Analytic Time**
---|---
1-4 days | 1-3 days

**Current Result Codes** | **New Result Codes**
---|---
| Result ID | Reporting Name | Result ID | Reporting Name |
| Z0830 | Specimen Type | Z0830 | Specimen Type |
| Z0831 | Diluent | Z0831 | Diluent |
| Z0832 | Pharmacopeia Endotoxin Limit | Z0832 | Pharmacopeia Endotoxin Limit |
| Z0819 | Limulus Lysate | Z0819 | Limulus Lysate |
| Z2442 | Limulus Lysate | Z2440 | Limulus Lysate 2 |
| | | Z2441 | Limulus Lysate 3 |
| | | Z2442 | Limulus Lysate 4 |

**EFFECTIVE DATE:** March 20, 2019

**TEST CHANGE**

**Platelet Count**

**Order Code** PLT

**CPT Code** 85049 Reflex 85055

**Fee Code** 30910

Effective March 20, 2019, MLabs will change the reporting of the Platelet Count test to include a reflex for immature platelet fraction (IPF).
TEST UPDATE 659

ATTN: IMPORTANT TEST INFORMATION

EFFECTIVE DATE: April 4, 2019

TEST CHANGE

Aspergillus (Galactomannan) Antigen, Serum

Order Code: ASPAG
CPT Code: 87305
Fee Code: 22025

Effective April 4, 2019, only serum from serum separator tubes will be accepted for Aspergillus (Galactomannan) Antigen, Serum (ASPAG).

<table>
<thead>
<tr>
<th>Current Specimen Required</th>
<th>Current Specimen Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred: Serum Gel</td>
<td>Preferred: Serum Gel</td>
</tr>
<tr>
<td>Acceptable: Red Top</td>
<td></td>
</tr>
</tbody>
</table>

EFFECTIVE DATE: April 9, 2019

OBsolete TEST

NMR LipoProfile w/IR Markers

Order Code: FNMRM
CPT Code: 83704
Fee Code: 36131

Effective April 9, 2019, NMR Lipoprofile w/IR Markers will be made obsolete due to a new test Nuclear Magnetic Resonance Lipoprotein Profile, Serum, availability on March 7, 2019.

REPLACEMENT TEST

Nuclear Magnetic Resonance Lipoprotein Profile, Serum

Order Code: MMLR
CPT Code: 83704

Collection Instructions: Collect approximately 3 mL of blood in a red top vacutainer. Centrifuge and aliquot serum into a plastic collection container. Send specimen refrigerated (preferred) within 7 days of collection or frozen within 14 days of collection.

Reference Range: ≥ 18 years old

- LDL Particles: <1,000 nmol/L
- Above Desirable: 1,000-1,299 nmol/L
- Desirable: 1,000-1,299 nmol/L
- Borderline High: 1,600-2,000 nmol/L
### MLABS – DEPARTMENT OF PATHOLOGY
ATTN: IMPORTANT TEST INFORMATION
TEST UPDATE 659

<table>
<thead>
<tr>
<th>Test Category</th>
<th>Normal Range</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>High: 1,600-2,000 nmol/L</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Very High: ≥2,000 nmol/L</strong></td>
<td></td>
</tr>
<tr>
<td><strong>HDL Particles:</strong></td>
<td></td>
</tr>
<tr>
<td>Male: &gt;30 mcmol/L</td>
<td></td>
</tr>
<tr>
<td>Female: &gt;35 mcmol/L</td>
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</tr>
<tr>
<td><strong>LDL Cholesterol (NMR):</strong></td>
<td></td>
</tr>
<tr>
<td>Desirable: &lt;100 mg/dL</td>
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</tr>
<tr>
<td>Above Desirable: 100-129 mg/dL</td>
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<tr>
<td>Borderline High: 130-159 mg/dL</td>
<td></td>
</tr>
<tr>
<td>High: 160-189 mg/dL</td>
<td></td>
</tr>
<tr>
<td>Very High: ≥190 mg/dL</td>
<td></td>
</tr>
</tbody>
</table>