NOTICE DATE: July 19, 2017

PARTICIPATING INSURANCE UPDATES

Note that MLabs is now in-network for the following plans. As with all plans, the patient should check with his or her insurance provider regarding covered services, copays, referral, and prior authorization requirements that may apply.

AmeriHealth Caritas VIP Care Plus

Effective 7/1/2017, Michigan Medicine is considered an in-network, participating provider with AmeriHealth Caritas VIP Care Plus (MI Health Link). This dual-eligible (Medicare-Medicaid) plan is being offered to Michigan residents residing in Wayne and Macomb counties. Note that this contract excludes all out-of-state AmeriHealth plans.

MeridianChoice

Michigan Medicine recently signed an agreement effective June 9, 2017 with MeridianChoice, a qualified health plan (QHP) offered to Michigan residents eligible for insurance on the Health Insurance Marketplace (Exchange). The service area for MeridianChoice includes southeast and southwest Michigan.

EFFECTIVE DATE: July 17, 2017

LOWER LIMIT CHANGE

Creatine Kinase, Total
Order Code: CK
Fee Code: 20712

Creatine Kinase, Total and MB Isoenzyme
Order Code: TCK
Fee Code: 20712, 20908

Due to a manufacturer reagent change, the lower limit of detection for Creatine Kinase (CK) has changed from <1 to <15 IU/L effective July 17, 2017.
EFFECTIVE DATE: July 26, 2017

TESTS DISCONTINUED

**Ketoacids, Urine by DNPH**
Order Code: UDNPH
Fee Code: 23816

**Sulfite Analysis, Urine**
Order Code: USUL
Fee Code: 23817

Effective July 26, 2017 the MMGL Biochemical Genetics will discontinue DNPH Ketoacids testing on urine (UDNPH) and Sulfite Analysis testing on urine (USUL). This change is being made because only a few test orders are placed for these assays each year. Historically, these tests have been ordered for patients seen at Michigan Medicine and these orders were placed by a Pediatric Medical Geneticists or a physician with a consultation with a Pediatric Medical Geneticists. Please contact MLabs at 800-862-7284 to arrange to consult with a Pediatric Geneticists to determine if an alternative test is needed.

EFFECTIVE DATE: August 13, 2017

SPECIMEN HANDLING CHANGE

**Estrogens, Fractionated**
Order Code: ESTF
Fee Code: 31506
Reference Laboratory: Mayo ESTF (84230)

**Estrone, Serum**
Order Code: E1
Fee Code: 31516
Reference Laboratory: Mayo E1 (81418)

Effective August 13, 2017, SST tubes will no longer be accepted for the Fractionated Estrogens or Serum Estrone assay. Recent studies have demonstrated that samples collected in gel tubes produce interfering peaks.

Collection Instructions: Collect specimen in a red top tube; do not use SST tube. Centrifuge and aliquot serum into a plastic vial within 2 hours of collection. Refrigerate.
EFFECTIVE DATE:  August 21, 2017

REFERENCE RANGE CHANGE

Tumor Necrosis Factor – Alpha
Order Code:      TNFA
Fee Code:       32166
Reference Laboratory:  Mayo FFTUM (91729) (Quest Nichols)

Please note that the reference range for the Tumor Necrosis Factor – Alpha assay will change as follows effective August 21, 2017:

Reference Range:  0.56 – 1.40 pg/mL