

NOTICE DATE: November 2, 2016

EFFECTIVE DATE: October 28, 2016

TEMPORARY PRODUCTION SCHEDULE CHANGE

Please note that beginning October 28, 2016, the following tests will not be run on Saturdays due to maintenance being performed in the testing laboratory. Specimens received by 8 am on Friday will be tested and reported the same day; specimens received between 8 am on Friday and 6 am on Monday will be tested and reported on Monday. Saturday testing will resume when maintenance is completed.

Test	Order Code	Days Set Up (8 am)
Cytomegalovirus DNA by PCR, Quantitative	QCMV	Monday – Friday
Epstein Barr Virus DNA by PCR, Quantitative, Plasma	QEBV	Monday – Friday
Pneumocystis DNA by PCR, Qualitative	PCRPC	Monday, Wednesday, Friday

EFFECTIVE DATE: October 31, 2016

REFERENCE LABORATORY CHANGE

CAH Pediatric Profile 4

Order Code: FCAH4

Fee Code: 36153

Reference Laboratory: Mayo FCAH4 (91195) (Esoterix Endocrinology 500850)

Reference Laboratory: Mayo FCAH6 (Esoterix Endocrinology 500865)

Mayo Medical Laboratories has discontinued forwarding the CAH Pediatric Profile 4 effective October 31, 2016, due to low volumes and availability of the CAH Pediatric Profile 6 (Congenital Adrenal Hyperplasia Pediatric Profile 6, Comprehensive Screen). The CAH Profile 6 includes Androstenedione, Specific S, Cortisol, DHEA, DOC, 17-OH-Pregnenolone, Progesterone, 17-OH-Progesterone, and Testosterone.

Collection Instructions: Collect specimen in a red top tube; do not use SST tube. Centrifuge, aliquot 3.5 mL (minimum 2 mL) of serum into a plastic vial within 1 hour of collection and freeze.

EFFECTIVE DATE: November 1, 2016

REFERENCE LABORATORY CHANGE

MuSK Antibody

Order Code: MUSK

New Order Code: MMUSK

Fee Code: 21611

Reference Laboratory: Athena Diagnostics 482

New Reference Lab: Mayo MUSK

Effective November 1, 2016, requests for MuSK Antibody will be sent to Mayo Medical Laboratories.

Collection Instructions: Collect specimen in a red top (preferred) or SST tube. Centrifuge, aliquot 2 mL (minimum 0.5 mL) of serum into a plastic vial and refrigerate.

Reference Range: < or =0.02 nmol/L.

EFFECTIVE DATE: November 15, 2016

SPECIMEN CONTAINER CHANGE

Androstenedione, Serum

Order Code: ANDRO
 LOINC: 1854-9
 Fee Code: 36515

The preferred specimen collection container for the Androstenedione assay will change from SST to Red top effective November 15, 2016. An SST tube will still be acceptable.

EFFECTIVE DATE: November 15, 2016

TEST METHODOLOGY CHANGE

The following tests will move from an HPLC to an LC-MS/MS test methodology effective November 15, 2016. There will be no change to specimen collection and handling requirements or to the reference ranges.

Test	Order Code
Carbamazepine Epoxide	CEPOX
Carbamazepine, Protein Free	FCBZN
Hydroxycarbazepine	OXCRB

EFFECTIVE DATE: January 1, 2017

2017 CPT UPDATES

DRUG TESTING

Drug testing CPTs 80300 – 80304 will be deleted and new codes 80305 – 80307 implemented effective January 1, 2017. Please note the following CPT revisions effective January 1, 2017:

Test Description	Order Code	Fee Code	CPT 2016	CPT 2017
AMPHETAMINE SCREEN UR	UAMP	33201	80301	80307
ANABOLIC STEROIDS	MMLR	AA230	80304	80307
BARBITURATE SCREEN UR	UBARB	33210	80301	80307
BENZODIAZEPINE SCREEN BLOOD	SBENZ	KA001	80301	80307
BENZODIAZEPINE SCREEN U	UBENZ	33211	80301	80307
BUPRENORPHINE URINE SCR	UBUP	35999	80301	80305
CANNABINOID SCREEN UR	UCAN	33213	80301	80307
COCAINE BLOOD SCREEN	MMLR	AA251	80301	80307
COCAINE SCREEN UR	UCOC	33222	80301	80307
COTININE URINE (NICOTINE)	UCOT	33219	80302	80307
DIURETICS SCREEN-URINE	MMLR	20465	80302	80307
DRUG 10 SCREEN URINE	WD10A, WD10C	AA235	80301	80307
DRUG SCN PRELIM UR PNL	UDSIA	KA007	80301	80307



Test Description	Order Code	Fee Code	CPT 2016	CPT 2017
DRUG SCN PRELIM UR PNL POC	PUDS	PA001	80300	80306
DRUG SCREEN MECONIUM	MECO	33203	80301	80306
DRUG SCREEN SERUM	BLDSC	33297	80304	80307
DRUG SCR N DRUG CLASS LIST A		KA011	80301	80307
DRUG SCR N MISC SUBSTANC	DRUGQ	33204	80304	80307
DRUG SCR N PAIN MANAGEMENT	WPAIN	AA249	80301	80307
DRUG SCR N PLASMA MML	MMLR	32090	80304	80307
DRUG SCR N PRESUMPTIVE NOS		KA012	80304	80307
ETHYL GLUCURONIDE URINE	ETGLU	37945	80301	80307
GAMMA HYDROXY BUTYRATE	MMLR	20533	80304	80307
HYPOGLYCEMIC AGENT SCR N	HYPOG	AA228	80304	80307
METHADONE EDDP SCR N UR	UMETM	21628	80301	80307
OPIATE SCREEN UR	UOP	33276	80301	80307
OXYCODONE SCREEN UR	UOXYC	37910	80301	80307
PHENCYCLIDINE SCREEN UR	UPCP	33285	80301	80305

MOLECULAR DIAGNOSTICS

MLabs will implement the following CPT revisions effective January 1, 2017. Note that MLabs will begin billing for each mutation included in the SYT/SSX Translocation (SYT/SSX1, SYT/SSX2), EWSR1/FLI1 and EWSR1/ERG Translocations, PAX/FOXO1 Translocation (FOXO1/PAX3, FOXO1/PAX7), and BCR/ABL1 Analysis, Quantitative (Major and Minor Breakpoint) assays. There will be no changes to the total client fee billed for these assays.

Test Description	Order Code	Fee Code 2016	CPT 2016	Fee Code 2017	CPT 2017
BCR/ABL1 QNT	QBCR	21650	81206, G0452-26	NA081, NA082	81206, 81207, G0452-26
EWSR1/FLI1 EWSR1/ERG TRANSLOCATION	EWING	21662	81402, G0452-26	NA077, NA078	81401 x2, G0452-26
IGH/BCL2 TRANSLOCATION PCR	BCL2	21669	81263, G0452-26	NA074	81402, G0452-26
PAX/FOXO1 TRANSLOCATION PCR	ARMS	21680	81402, G0452-26	NA079, NA080	81401 x2, G0452-26
SYT/SSX TRANSLOCATION PCR	SYT	21683	81402, G0452-26	NA075, NA076	81401 x2, G0452-26