



### Technical Update • January 2015

Cleveland Clinic Laboratories is dedicated to keeping you updated and informed about recent testing changes. That's why we are happy to provide this technical update on a monthly basis.

Recently changed tests are **bolded**, and could include revisions to methodology, reference range, days performed or CPT code. For your convenience, tests are listed alphabetically and the order and billing codes are provided.

If you wish to compare the new information with previous test information, refer to the Test Directory, which can be accessed at [clevelandcliniclabs.com](http://clevelandcliniclabs.com).

Deleted tests and new tests are listed separately. Please update your database as necessary. For additional detail, contact Client Services at 216.444.5755 or 800.628.6816 or via email at [clientservices@ccf.org](mailto:clientservices@ccf.org).

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Specimen Requirement	Component Change	Reference Range	Days Performed/Reported	CPT	Fee
4	25-Hydroxyvitamin D2 and D3, Serum											
4	6-Monoacetylmorphine Confirmation, Urine*											
4	Acetaminophen											
11	ACTA2 Genotyping											
4	ADAMTS13 Antibody Test											
4	ADAMTS13 Evaluation											
11	Adenovirus Antibody											
13	Albumin, Ischemia Modified											
4	Alcohol, Blood Confirmation											
4	Alprazolam											
4	Amitriptyline/Nortriptyline											
5	Anaerobe Culture											
13	Anti IgE Receptor Antibody											
5	Antidepressant Drug Screen Quant, Urine											
5	Barbiturates											
5	Benzoylcegonine Confirmation/Quantitation											
13	<i>Bordetella Pertussis</i> /Parapertussis PCR											
5	Brodifacoum											
5	Bromide, Blood											
5	Bupivacaine											
5	Buprenorphine Quant, Urine											
5	Cannabinoid Confirmation, Urine											
5	Carbamazepine-10, 11-Epoide											
11	Chikungunya Antibodies with Reflex(es) to Titer											
5	Chlorpromazine, Quant											
5	Clomipramine											
5	Clonazepam											
5	Clorazepate											
5	Cocaine & Benzoylcegonine, Quant											
5	Cocaine Confirmation, Urine											

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Specimen Information	Component Requirement	Reference Change	Days Performed/Reported	CPT	Fee
5	Coxsackie A, 6 Antibodies										
5	Des-Gamma-Carboxy Prothrombin, Serum*										
6	Desipramine										
6	Diazepam & Metabolite										
6	Dihydrotestosterone										
6	DNA Autoantibodies, Double Stranded										
6	Doxepin/Nordoxepin										
6	Drugs of Abuse, Oral Fluid										
6	Drug Abuse Survey with Confirmation, Urine										
6	Drug Analysis, Urine										
6	Drug Screen, Blood										
6	Ethanol										
7	Fecal Leukocyte Detection by EIA										
7	Felbamate										
7	Fentanyl										
7	Fentanyl and Metabolite, Urine										
7	FISH for 1p36										
7	FISH for <i>ALK</i> (2p23) FFPET NSCLC										
7	FISH for Angiosarcoma <i>MYC</i> Amplification										
7	FISH for BK Virus										
7	FISH for Chromosome 19q										
7	FISH for <i>DDIT3</i> (12q13)										
7	FISH for <i>EGFR</i>										
7	FISH for Ewings Sarcoma										
7	FISH for <i>FOXO1A</i> gene (13q14)(FKHR)										
7	FISH for <i>FUS</i> gene (16p11)										
7	FISH for <i>MDM2</i>										
7	FISH for <i>SYT</i> gene (18q11)										
7	Flunitrazepam Screen, Urine										
7	Flunitrazepam Serum										
7	Fluoride										
8	Fluoxetine/Norfluoxetine										
8	Fluphenazine										
8	Fungitell Assay (1→3)-B-D-Glucan										
13	Free T3, Tracer Dialysis										
13	FTA-ABS Antibody, IgM										
8,13	Gastrin										
8,13	Gastrin Secretin Stimulation										
8	Gold										
8	Hemoglobin, Urine										
13	Hereditary Pancreatitis										
8	HIV-1 Integrase Genotype										
13	HLA-B*1502 Typing										
8	HPV DNA Assay										
8	HPV DNA Probe, SurePath™										

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Specimen Requirement	Special Information	Component Change	Reference Range	Days Performed/Reported	CPT	Fee
8	Ibuprofen											
8	Imipramine/Desipramine											
11	Insulin, Free, Serum*											
8	Isopropanol											
8	Ketamine Confirmation, Urine											
8	Lacosamide											
13	Legionella Culture and PCR											
8	Legionella Pneumophila PCR											
8	Librium & Metabolite											
8	Lorazepam											
8	Meconium Drug Screen 5											
8	Meconium Drug Screen 9											
8	Mephedrone, MDPV and Methyone Urine											
8	Methadone											
8	Methanol											
8	Methotrexate											
9	Methsuximide/Normethsuximide											
13	Miscellaneous Culture and Stain											
9	Mitotane											
9	Mucopolysaccharides (MPS) Screen, Urine											
12	Myeloid Malignancies Mutation Panel by Next Generation Sequencing											
9	Neutrophil Oxidative Burst, Blood											
9	Nicotine & Cotinine, Serum											
9	Nicotine & Metabolites, Urine											
9	Nitrazepam											
9	Nortriptyline											
9	Olanzapine											
9	Opiates Confirmation, Quantitation Serum/Plasma											
9	Organic Acids Urine, Quant											
9	Oxycodone, Serum											
9	Oxycodone Screen, Urine											
9	Parainfluenza 1,2,3 Abs											
9	Pentobarbital											
9	Perphenazine											
10	Pinworm Preparation											
10	Plasma Cell Myeloma by FISH											
10	Quantitative Pain Panel, Urine											
10	PML/RARA RT-PCR											
10	Prostate Cancer Biomarker											
10	Protriptyline											
13	RHD Variant Antigen											
10	Salicylate											
10	Sertraline											
12	TGFB2 Genotyping											
10	Thioridazine											

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Specimen Information	Component Requirement	Reference Range	Days Performed/Reported	CPT	Fee
10	Toxicology Screen, Urine										
10	Tramadol and Metabolite, Quantitation										
10	Trazodone										
10	Trichomonas Prep										
10	Tricyclic Antidepressant ID										
10	Trifluoperazine										
12	TTR Genotyping										
10	Urobilinogen Screen, Urine										
10	Valproic Acid, Free										
10	Valproic Acid, Total and Free										
13	VIP (Vasoactive Intestinal Peptide)										
10	Volatile Screen, Urine										
12	VWF Exon 28 Genotyping										
10	West Nile Virus RNA, Qualitative, RT-PCR										

\*=Test Modification from December Technical Update.

Included is a letter regarding Ohio law (revised code) that requires all results for blood lead testing be reported to the Ohio Department of Health (ODH). This administrative code dictates the information that must be submitted with the lead result. Cleveland Clinic uses a form called "Heavy Metals Demographics" to obtain this required information. Pages 14 and 15.

## Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
25-Hydroxyvitamin D2 and D3, Serum	D2D3	83283	<b>CPT: 82306x1</b>	1/1/2015
6-Monoacetylmorphine Confirmation, Urine	U6AMCO	<b>90376</b>	<b>**Test Modification from December Technical Update**</b> <b>Billing code: 90376</b>	12/30/2014
Acetaminophen	ACETM	34000	<b>CPT: 80329x1</b>	1/1/2015
ADAMTS13 Antibody Test	ABADM	90219	<b>Primary Name:</b> ADAMTS13 Antibody Test	12/29/2014
ADAMTS13 Evaluation	ADM13	90218	<b>Clinical Information:</b> ADAMTS13 antibody test will be performed and billed separately if the ADAMTS13 Activity is <30% <b>and ADAMTS13 inhibitor is ≤ 0.4.</b>	12/29/2014
Alcohol, Blood Confirmation	BALCO	79879	<b>CPT: 80320x1</b>	1/1/2015
Alprazolam	ALPRA	80413	<b>CPT: 80346x1</b>	1/1/2015
Amitriptyline/Nortriptyline	AMINOR	82138	<b>Specimen Requirements:</b> 2.0 mL Plasma - EDTA (Navy blue); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove <b>plasma from cells</b> within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. <b>Alternate -</b> 2.0 mL Plasma - sodium or lithium heparin (Green); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Avoid contact of blood with the rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes with be rejected. - 2.0 mL Plasma - EDTA (Lavender); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. - 2.0 mL Serum - no additive (Red); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. <b>CPT: 80335x1</b>	1/1/2015

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Anaerobe Culture	ANACUL	89789	<b>Special Information: Aerobic culture and gram stain requires a separate order (eg. WCUL, TISCUL, BFCUL, CSFCUL).</b> Submit tissue or aspirates. Swabs are suboptimal and will be rejected. Transport tissue specimens in a BBL™ Port-A-Cul™ Jar. A sterile container may be used for tissue if transported to the microbiology lab immediately (add drops of sterile saline to keep small pieces of tissue moist). Fluid collections should be aspirated through disinfected tissue or skin. Transport fluid specimens in a BBL Port-A-Cul vial. Cleanse the Port-A-Cul vial stopper with alcohol; allow to dry 1 minute before inoculation. Push needle through septum and inject specimen on top of agar. Anaerobic cultures are routinely held 5 days. Incubation will be extended to 10 days if order includes a request to rule out <i>Actinomyces spp.</i> or <i>Propionibacterium acnes</i> . Susceptibility testing is performed on pure culture isolates of anaerobic bacteria or by request.	1/29/2015
Antidepressant Drug Screen Quant, Urine	UTCA	89622	<b>CPT: 80333x1, 80337x1, 80369x1</b>	1/1/2015
Barbiturates	BARBS	77070	<b>CPT: 80345x1</b>	1/1/2015
Benzoylcegonine Confirmation/Quantitation	BECGO	87675	<b>CPT: 80353x1</b>	1/1/2015
Brodifacoum	BRODIF	87777	<b>CPT: 80375x1</b>	1/1/2015
Bromide, Blood	BROMWB	90122	<b>CPT: 80375x1</b>	1/1/2015
Bupivacaine	BUPIV	76365	<b>CPT: 80375x1</b>	1/1/2015
Buprenorphine Quant, Urine	UQNTBU	89916	<b>CPT: 80348x1</b>	1/1/2015
Cannabinoid Confirmation, Urine	UTHCC	83369	<b>CPT: 80349x1</b>	1/1/2015
Carbamazepine-10, 11-Epoxyde	CARBEP	34003	<b>CPT: 80339x1</b>	1/1/2015
Chlorpromazine, Quant	CLORPR	75523	<b>CPT: 80342x1</b>	1/1/2015
Clomipramine	CLOM	79966	<b>Specimen Requirements:</b> 2.0 mL Plasma - EDTA (Navy blue); Refrigerated. Collect immediately before next oral dose. <b>Centrifuge</b> and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with rubber stopper. <b>Alternate</b> - 2.0 mL Plasma - sodium or lithium heparin (Green); Refrigerated. <b>Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes will be rejected.</b> - 2.0 mL Plasma - EDTA (Lavender); Refrigerated. <b>Collect immediately before next oral dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with rubber stopper.</b> <b>CPT: 80335x1</b>	1/1/2015
Clonazepam	CLONO	75018	<b>CPT: 80346x1</b>	1/1/2015
Clorazepate	TRANX	75464	<b>CPT: 80346x1</b>	1/1/2015
Cocaine & Benzoylcegonine, Quant	COCAIN	76518	<b>CPT: 80353x1</b>	1/1/2015
Cocaine Confirmation, Urine	UCOCC	83368	<b>CPT: 80353x1</b>	1/1/2015
Coxsackie A, 6 Antibodies	COXSA6	90220	<b>Reported: 3-6 Days</b>	1/29/2015
Des-Gamma-Carboxy Prothrombin, Serum	PIVKA	84385	<b>**Test Modification from December Technical Update**</b> <b>Reference range: &lt; 7.5 ng/mL</b> <b>Previously: &lt;=7.5 ng/mL</b> <b>CPT: 83951x1</b>	1/1/2015

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Desipramine	DESIPR	82628	<b>Specimen Requirements:</b> 2.0 mL Plasma - EDTA (Navy blue); <b>Refrigerated.</b> Collect immediately prior to next dose. <b>Centrifuge and remove plasma from cells within 2 hours of collection.</b> Blood must not be allowed to remain in contact with the rubber stopper. <b>Alternate -</b> 2.0 mL Plasma - EDTA (Lavender); <b>Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b> - 2.0 mL Plasma - sodium or lithium heparin (Green); <b>Refrigerated.</b> Collect immediately prior to next dose. <b>Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes will be rejected.</b> <b>CPT: 80335x1</b>	1/1/2015
Diazepam & Metabolite	DIAZEP	75420	<b>CPT: 80346x1</b>	1/1/2015
Dihydrotestosterone	DHT	75667	<b>CPT: 80327x1</b>	1/1/2015
DNA Autoantibodies, Double Stranded	DSDNA	83813	<b>Specimen Requirements:</b> 1.0 mL Serum - SST (Gold); <b>Ambient.</b> <b>Alternate -</b> 1.0 mL Serum - no additive (Red); <b>Ambient.</b> <b>Methodology: Radioimmunoassay (RIA)</b> <b>Clinical Information:</b> The Farr method detects the high-affinity anti-dsDNA antibodies. The Farr assay is the most specific method for detecting dsDNA autoantibodies. Significant elevations in dsDNA autoantibody concentrations confirm the diagnosis of systemic lupus erythematosus (SLE). Serial studies of elevated values of dsDNA autoantibodies are useful for predicting activity of SLE and for measurement of serum C3 or C4 concentrations. Absence of dsDNA autoantibody concentrations or increases greater than 30 IU/mL in less than 10 weeks are reliably predictive of exacerbations of SLE. A simultaneous decrease in serum C4 complement enhances this predictive value. <b>Days Performed: Sunday-Saturday</b> <b>Stability:</b> Frozen: <b>6 Months</b> Refrigerated: <b>3 Weeks</b> Ambient: <b>7 Days</b>	11/26/2014
Doxepin/Nordoxepin	DOXEPN	82656	<b>Specimen Requirements:</b> <b>Alternate -</b> 2.0 mL Plasma - EDTA (Lavender); <b>Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b> - 2.0 mL Plasma - sodium or lithium heparin (Green); <b>Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes will be rejected.</b> <b>CPT: 80335x1</b>	1/1/2015
Drugs of Abuse, Oral Fluid	ORLDOA	90051	<b>CPT: 80301x1</b>	1/1/2015
Drug Abuse Survey with Confirmation, Urine	UCDASR	90267	<b>CPT: 80301x1</b>	1/1/2015
Drug Analysis, Urine	UDRUGC	77037	<b>CPT: 80304x1</b>	1/1/2015
Drug Screen, Blood	BDRUG	83815	<b>CPT: 80304x1</b>	1/1/2015
Ethanol	ALCO	82060	<b>CPT: 80320x1</b>	1/1/2015

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fecal Leukocyte Detection by EIA	STLWBC	80553	<b>Specimen Requirements:</b> 1g Stool - clean container (0.1 mL minimum); Refrigerated. <b>Send specimen to laboratory on day of collection.</b> <b>Special Information:</b> Preserved stool specimen are unacceptable. <b>Methodology:</b> Immunochromatography, Enzyme Immunoassay (EIA) <b>Clinical Information:</b> Lactoferrin is a marker for fecal leukocytes and an indicator of intestinal inflammation. Leukocytes are found in stools in the presence of infection with bacteria that invade the colonic mucosa (i.e. <i>Salmonella</i> , <i>Shigella</i> , <i>Yersinia</i> and invasive <i>E. coli</i> ). Other disorders that may be associated with fecal leukocytes are ulcerative colitis, <b>Crohn's disease</b> and antibiotic associated colitis. Fecal leukocytes are usually absent in diarrhea secondary to parasites or viruses. <b>Days Performed:</b> Monday-Friday, <b>excluding Cleveland Clinic observed holidays.</b> <b>Reported:</b> 1-4 Days <b>CPT:</b> 83630x1 <b>Stability:</b> Frozen: <b>Acceptable</b> Refrigerated: Unpreserved stool: <b>2 Weeks</b> Preserved stool: <b>Unacceptable</b> Ambient: Unpreserved stool: <b>2 Weeks</b> Preserved stool: <b>Unacceptable</b> <b>Reference Range:</b> Fecal Leukocytes: <b>Negative</b> <b>Primary Name:</b> Fecal Leukocyte Detection by EIA	3/3/2015
Felbamate	FELBA	34037	<b>CPT: 80339x1</b>	1/1/2015
Fentanyl	FENYL	75465	<b>CPT: 80302x1</b>	1/1/2015
Fentanyl and Metabolite, Urine	UFENT	82344	<b>CPT: 80354x1</b>	1/1/2015
FISH for 1p36	No Code	81886	<b>CPT: 88377x1</b>	1/1/2015
FISH for ALK (2p23) FFPET NSCLC	FSHLNG	88844	<b>CPT: 88377x1</b>	1/1/2015
FISH for Angiosarcoma MYC Amplification	MYCAMP	90214	<b>CPT: 88377x1</b>	1/1/2015
FISH for BK Virus	No Code	87808	<b>CPT: 88366x1</b>	1/1/2015
FISH for Chromosome 19q	No Code	82271	<b>CPT: 88377x1</b>	1/1/2015
FISH for DDIT3 (12q13)	No Code	83757	<b>CPT: 88377x1</b>	1/1/2015
FISH for EGFR	EGFRFISH	82087	<b>CPT: 88377x1</b>	1/1/2015
FISH for Ewings Sarcoma	No Code	82671	<b>CPT: 88377x1</b>	1/1/2015
FISH for FOXO1A gene (13q14)(FKHR)	No Code	83763	<b>CPT: 88377x1</b>	1/1/2015
FISH for FUS gene (16p11)	No Code	83758	<b>CPT: 88377x1</b>	1/1/2015
FISH for MDM2	No Code	84397	<b>CPT: 88377x1</b>	1/1/2015
FISH for SYT gene (18q11)	No Code	82787	<b>CPT: 88377x1</b>	1/1/2015
Flunitrazepam Screen, Urine	FLUNU	82104	<b>CPT: 80304x1</b>	1/1/2015
Flunitrazepam, Serum	FLUNS	82106	<b>CPT: 80346x1</b>	1/1/2015
Fluoride	BFLUOR	82735	<b>Specimen Requirements:</b> 1.0 mL Plasma - EDTA (Lavender - 0.9 mL minimum); Refrigerated. Separate plasma from cells immediately. Do not use plasma separator tubes. <b>Alternate - 1.0 mL Serum - no additive (Red - 0.9 mL minimum);</b> Refrigerated. Separate plasma from cells immediately. Do not use plasma separator tubes. - 1.0 mL Serum - no additive (Navy blue - 0.9 mL minimum); Refrigerated. Separate serum from cells immediately. <b>Stability:</b> Frozen: <b>3 Months</b> Refrigerated: <b>30 Days</b> Ambient: <b>30 Days</b>	3/3/2015

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Fluoxetine/Norfluoxetine	FLUOX	76252	<b>CPT: 80332x1</b>	1/1/2015
Fluphenazine	FLUPH	77104	<b>CPT: 80342x1</b>	1/1/2015
Fungitell Assay for (1→3)-B-D-Glucan	BDGLUC	88499	<b>Reported: 2-7 Days</b>	1/29/2015
Gastrin	GAST	82941	<b>Special Information: Patient preparation: Preferably fasting for 12 hours or more.</b> <b>Methodology: Chemiluminescence Immunoassay (CLIA)</b> <b>Reference Range: Gastrin</b> - Fasting: <b>10-117 pg/mL</b> <b>Stability: Refrigerated: 1 Week</b> Ambient: <b>8 Hours</b>	1/27/2015
Gastrin Secretin Stimulation	GASTST	191	<b>Methodology: Chemiluminescence Immunoassay (CLIA)</b> <b>Stability: Refrigerated: 1 Week</b> Ambient: <b>8 Hours</b>	
Gold	GOLD	80418	<b>CPT: 82542x1</b>	1/1/2015
Hemoglobin, Urine	UHGB	20008	<b>CPT: 81003x1</b>	1/1/2015
HIV-1 Integrase Genotype	HIVIGT	90379	<b>**Test Modification from December Technical Update**</b> <b>Order code: HIVIGT</b>	1/6/2015
HPV DNA Assay	HPVDNA	76557	<b>CPT: 87624x1</b>	1/1/2015
HPV DNA Probe, SurePath™	HPVSP	83741	<b>CPT: 87624x1</b>	1/28/2015
Ibuprofen	IBUPRO	77106	<b>CPT: 80329x1</b>	1/1/2015
Imipramine/Desipramine	IMIDES	34044	<b>Specimen Requirements: 2.0 mL Plasma - EDTA (Navy blue); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b> <b>Alternate - 2.0 mL Plasma - EDTA (Lavender); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b> - 2.0 mL Plasma - sodium or lithium heparin (Green); Refrigerated. <b>Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes will be rejected.</b> <b>CPT: 80335x1</b>	1/1/2015
Isopropanol	ISOPRO	87815	<b>CPT: 80320x1</b>	1/1/2015
Ketamine Confirmation, Urine	UKETA	87791	<b>CPT: 80357x1</b>	1/1/2015
Lacosamide	LACOS	88181	<b>CPT: 80339x1</b>	1/1/2015
Legionella Pneumophila PCR	LEGPCR	84471	<b>Component: Test build may need to be modified.</b>	3/5/2015
Librium & Metabolite	LIBRI	77069	<b>CPT: 80346x1</b>	1/1/2015
Lorazepam	LORAZE	76671	<b>CPT: 80346x1</b>	1/1/2015
Meconium Drug Screen 5	MECDS5	82109	<b>CPT: 80301x1</b>	1/1/2015
Meconium Drug Screen 9	MECDS9	90095	<b>CPT: 80301x1</b>	1/1/2015
Mephedrone, MDPV and Methylone Urine	MX3U	89615	<b>CPT: 80304x1</b>	1/1/2015
Methadone	METHAD	80915	<b>CPT: 80358x1</b>	1/1/2015
Methanol	METHOL	82078	<b>CPT: 80320x1</b>	1/1/2015
Methotrexate	MTX	34055	<b>Specimen Requirements: 1.0 mL Plasma - sodium or lithium heparin (Green - 0.5 mL minimum); Refrigerated.</b> <b>Alternate - 1.0 mL Plasma - EDTA (Lavender - 0.5 mL minimum); Refrigerated.</b> - 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Refrigerated. <b>Methodology: Enzyme Immunoassay (EIA)</b> <b>Stability: Frozen: 1 Month</b> Refrigerated: <b>2 Weeks</b>	2/9/2015



## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Methsuximide/ Normethsuximide	METHSU	83627	<b>CPT: 80339x1</b>	1/1/2015
Mitotane	MTANE	88177	<b>CPT: 80375x1</b>	1/1/2015
Mucopolysaccharides (MPS) Screen, Urine	UMPSSC	90119	<b>CPT: 83789x1, 83864x1</b>	1/1/2015
Neutrophil Oxidative Burst, Blood	OXBRST	87778	<p><b>Specimen Requirements: 7.0 mL Whole blood - sodium heparin (Green - 4.0 mL minimum); Ambient. THIS TEST REQUIRES MULTIPLE SPECIMENS. Send specimens to Cleveland Clinic Laboratories on the day of collection. Collect this specimen from an unrelated person; label the tube as "Transport Control".</b></p> <p><b>Clinical Information: This assay measures the capability of neutrophils (PMN) to undergo oxidative metabolism to produce superoxide anion and hydrogen peroxide, as detected by oxidation of dihydrorhodamine (DHR). Patients with chronic granulomatous disease (CGD) are unable to oxidize DHR due to defects in oxidative capacity, which slowly decreases as the specimen age (hours post collection) increases. It is thus important that the reference range value appropriate for the specimen age be utilized when assessing the reported results.</b></p> <p><b>Days Performed: Sunday-Saturday</b></p> <p><b>Reported: 3-4 Days</b></p> <p><b>CPT: 82657x1</b></p>	12/2/2014
Nicotine and Cotinine, Serum	NICOT	76556	<b>CPT: 80323x1</b>	1/1/2015
Nicotine and Metabolites, Urine	UNICOT	79474	<b>CPT: 80323x1</b>	1/1/2015
Nitrazepam	NITRAZ	75704	<b>CPT: 80346x1</b>	1/1/2015
Nortriptyline	NORTRP	34012	<p><b>Specimen Requirements: 2.0 mL Plasma - EDTA (Navy blue); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b></p> <p><b>Alternate - 2.0 mL Plasma - EDTA (Navy blue); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper. Plasma must be collected in tube with NO gel separator. Samples collected in gel separator tubes will be rejected.</b></p> <p><b>- 2.0 mL Serum - no additive (Red); Refrigerated. Collect immediately prior to next dose. Centrifuge and remove plasma from cells within 2 hours of collection. Blood must not be allowed to remain in contact with the rubber stopper.</b></p> <p><b>CPT: 80335x1</b></p>	1/1/2015
Olanzapine	OLANZ	89416	<b>CPT: 80342x1</b>	1/1/2015
Opiates Confirmation, Quantitation Serum/ Plasma	OPISEC	80193	<b>CPT: 80364x1</b>	1/1/2015
Organic Acids Urine, Quant	UORA	89797	<p><b>Component: Add 3-Methylglutaconate to package.</b></p> <p><b>Reference Range: 3-Methylglutaconate</b></p> <p><b>- 1-12 Months: 0.0-3.6 µmol/mmolCr</b></p> <p><b>- 1-99 Years: 0.0-2.0 µmol/mmolCr</b></p>	3/3/2015
Oxycodone, Serum	OXYC	80396	<b>CPT: 80365x1</b>	1/1/2015
Oxycodone Screen, Urine	UOXYC	89981	<b>CPT: 80301x1</b>	1/1/2015
Parainfluenza 1,2,3 Abs	PAR123	75614	<b>Days Performed: Monday-Friday</b>	1/29/2015
Pentobarbital	PENTOB	34050	<b>CPT: 80345x1</b>	1/1/2015
Perphenazine	PRPHEN	79204	<b>CPT: 80342x1</b>	1/1/2015

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Pinworm Preparation	TAPE	77612	<b>Special Information:</b> Test includes microscopic examination for pinworm only. Specimen collection at improper times may reduce recovery. The sample should be obtained immediately upon arising in the morning <b>prior to bathing or bowel movement. Hold the Swube™ paddle by the cap and remove it from the tube. Using gentle pressure, press the sticky side of the Swube paddle against the skin around the rectum 3-4 times. Return the Swube paddle to the tube; tighten lid. Transport to Microbiology at room temperature. Any specimens submitted using frosted tape will be rejected.</b> <b>Days Performed: Monday-Friday</b> <b>Reported: 1-4 Days</b>	1/27/2014
Plasma Cell Myeloma by FISH	FSHPCM	90413	<b>CPT: 88274x2</b>	1/5/2015
PML-RARA RT-PCR	APLPCR	82570	<b>Specimen Requirements: 5.0 mL Whole blood - EDTA (Lavender); Refrigerated. Place specimen immediately on ice after draw. Sample must be received by 2 PM on Fridays and on days prior to CCF Holidays. Alternate - 5.0 mL Bone marrow - EDTA (Lavender); Refrigerated. Place specimen immediately on ice after draw. Sample must be received by 2 PM on Fridays and on days prior to CCF Holidays.</b> <b>Stability: Refrigerated: 48 Hours</b> <b>Ambient: 1 Hour</b>	1/22/2015
Prostate Cancer Biomarker	PCA3	87736	<b>CPT: 81313x1</b>	1/1/2015
Protriptyline	PROTRI	84205	<b>CPT: 80332x1</b>	1/1/2015
Quantitative Pain Panel, Urine	UQNTPP	82347	<b>CPT: 80324x1, 80354x1, 80348x1, 80349x1, 80363x1, 80353x1, 80358x1, 80361x1, 80373x1, 80365x1</b>	1/1/2015
Salicylate	SALI	82011	<b>CPT: 80329x1</b>	1/1/2015
Sertraline	SERTRA	80913	<b>CPT: 80332x1</b>	1/1/2015
Thioridazine	THIORI	82126	<b>CPT: 80342x1</b>	1/1/2015
Toxicology Screen, Urine	UTOX2	77945	<b>CPT: 80301x1</b>	1/1/2015
Tramadol and Metabolite, Quantitation	TRAQNT	90289	<b>CPT: 80373x1</b>	1/1/2015
Trazodone	DESYRL	75526	<b>CPT: 80338x1</b>	1/1/2015
Trichomonas Prep	TRICHO	77786	<b>Special Information:</b> The OSOM® Trichomonas Rapid Test has not been approved for urine samples. The test has only been validated for qualitative detection of <i>T.vaginalis</i> antigen from vaginal swabs. A negative result may be obtained if the specimen is inadequate or if the antigen concentration is below the sensitivity of the test. Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricant are not recommended. The test does not differentiate between viable and non-viable organisms nor does it differentiate between acute infection and carrier status. <i>Staph aureus</i> in specimens at concentrations higher than 1 x10(8) cfu/mL may interfere with the test results in negative samples. These concentrations are higher than would be expected to be present in normal patient samples. Limit of detection - The OSOM® Trichomonas Rapid Test is reported to detect as little as 2500 organisms/mL. For urine specimens please order <b>VAGAMD</b> for samples from females and <b>UTRICM</b> for samples from males. <b>For females, VAGAMD samples must be placed into Aptima® tubes within 24 hrs of collection.</b>	1/27/2015
Tricyclic Antidepressant ID	TAID	89249	<b>CPT: 80337x1</b>	1/1/2015
Trifluoperazine	TRIFLU	79203	<b>CPT: 80342x1</b>	1/1/2015
Urobilinogen Screen, Urine	UUROB	84583	<b>CPT: 81003x1</b>	1/1/2015
Valproic Acid, Free	VPAFR	34114	<b>CPT: 80165x1</b>	1/1/2015
Valproic Acid, Total and Free	VPAFT	34113	<b>CPT: 80164x1, 80165x1</b>	1/1/2015
Volatile Screen, Urine	UVLTSR	90085	<b>CPT: 80300x1</b>	1/1/2015
West Nile Virus RNA, Qualitative, RT-PCR	NILEPC	81867	<b>Reported: 3-6 Days</b>	1/29/2015

# New Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
ACTA2 Genotyping	ACTA2G	90424	<b>Specimen Requirements:</b> 5.0 mL Whole blood - EDTA (Lavender - 3.0 mL minimum); Ambient. <b>Methodology:</b> Capillary Electrophoresis (CE) <b>Days Performed:</b> 1 Day a week <b>Reported:</b> 7-14 Days <b>CPT:</b> 81405x1, G0452x1 <b>Price:</b> \$615.00 (Discountable)	2/2/2015
Adenovirus Antibody	SADNAB	90461	<b>Specimen Requirements:</b> 1.0 mL Serum - SST (Gold - 0.5 mL minimum); Ambient. <i>Alternate</i> - 1.0 mL Serum - no additive (Red - 0.5 mL minimum); Ambient. <b>Methodology:</b> Complement Fixation (CF) <b>Clinical Information:</b> Single titers $\geq 1:64$ are indicative of recent or current infection. Titers of 1:8-1:32 may be indicative of either past or recent infection, since CF antibody levels persist for only a few months. A four-fold or greater increase in titer between acute and convalescent specimens confirms the diagnosis. <b>Days Performed:</b> Tuesday-Saturday <b>Reported:</b> 3-6 Days <b>CPT:</b> 86603x1 <b>Price:</b> \$77.00	
Chikungunya Antibodies with Reflex(es) to Titer	CHIKAB	90415	<b>Specimen Requirements:</b> 0.5 mL Serum - SST (Gold - 0.1 mL minimum); Ambient. <i>Alternate</i> - 0.5 mL Serum - no additive (Red - 0.1 mL minimum); Ambient. <b>Special Information:</b> Serum samples are screened for Chikungunya virus-specific IgG and IgM antibodies using immunofluorescent assays. If the IgG or IgM screen is positive, the specimen will be titrated to endpoint at an additional charge. <b>Methodology:</b> Immunofluorescence <b>Clinical Information:</b> Chikungunya virus is a mosquito-borne alphavirus associated with large outbreaks of a febrile illness in Africa, Indian Ocean islands, India, and Southeast Asia. Although rarely fatal, these infections are associated with significant morbidity; symptoms include severe arthralgia, rash and headache. <b>Days Performed:</b> Tuesday <b>Reported:</b> 2-9 Days <b>CPT:</b> 86790x2 <b>Price:</b> \$220.00	1/29/2015
Insulin, Free, Serum	FINS	90382	<b>**Test Modification from December Technical Update**</b> <b>Specimen Requirements:</b> 2.0 mL Serum - SST (Gold - 1.0 mL minimum); Refrigerated. <b>Methodology:</b> Quantitative Chemiluminescent Immunoassay <b>Clinical Information:</b> Management of diabetes mellitus when the patient has known insulin autoantibodies. <b>Days Performed:</b> Monday-Friday <b>Reported:</b> 4-6 Days <b>CPT:</b> 83527x1 <b>Price:</b> \$107.00 (Discountable)	2/10/2015

## New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Myeloid Malignancies Mutation Panel by Next Generation Sequencing	MYENG5	90462	<p><b>Specimen Requirements:</b> 5.0 mL Whole blood - EDTA (Lavender - 1.0 mL minimum); Refrigerated.  <i>Alternate</i> - 3.0 mL Bone marrow - EDTA (Lavender - 1.0 mL minimum); Refrigerated.</p> <p><b>Special Information:</b> The diagnosis under consideration is required information to order this test.</p> <p><b>Methodology:</b> Massively Parallel Sequencing  Clinical Information: Assesses for single gene mutations, including substitutions and insertions and deletions that may have diagnostic, prognostic, and/or therapeutic significance in:</p> <ul style="list-style-type: none"> <li>- Acute myeloid leukemia</li> <li>- Myelodysplastic syndromes</li> <li>- Myeloproliferative neoplasms</li> <li>- MDS/MPN overlap disorders such as chronic myelomonocytic leukemia</li> </ul> <p><b>Days Performed:</b> Varies  <b>Reported:</b> 13-15 Days  <b>CPT:</b> 81245x1, 81270x1, 81275x1, 81310x1, 81402x1, 81403x7, 81404x1, 81405x1, 81406x1, 81479x1  <b>Price:</b> \$2200.00</p>	2/5/2015
TGFB2 Genotyping	TGBF2	90423	<p><b>Specimen Requirements:</b> 5.0 mL Whole blood - EDTA (Lavender - 3.0 mL minimum); Ambient.</p> <p><b>Methodology:</b> Capillary Electrophoresis (CE)</p> <p><b>Days Performed:</b> 1 Day a week  <b>Reported:</b> 7-14 Days  <b>CPT:</b> 81405x1, G0452x1  <b>Price:</b> \$606.00 (Discountable)</p>	2/2/2015
TTR Genotyping	TTRG	90425	<p><b>Specimen Requirements:</b> 5.0 mL Whole blood - EDTA (Lavender); Ambient.</p> <p><b>Methodology:</b> Capillary Electrophoresis (CE)</p> <p><b>Days Performed:</b> 1 Day a week  <b>Reported:</b> 7-14 Days  <b>CPT:</b> 81404x1, G0452x1  <b>Price:</b> \$463.00 (Discountable)</p>	2/2/2015
VWF Exon 28 Genotyping	VWEX28	90426	<p><b>Specimen Requirements:</b> 5.0 mL Whole blood - EDTA (Lavender - 3.0 mL minimum); Ambient.</p> <p><b>Methodology:</b> Capillary Electrophoresis (CE)</p> <p><b>Days Performed:</b> 1 Day a week  <b>Reported:</b> 7-14 Days  <b>CPT:</b> 81404x1, G0452x1  <b>Price:</b> \$465.00 (Discountable)</p>	2/2/2015

## Fee Increases

Test Name	Order Code	Billing Code	List Fee	CPT Codes	Effective Date
Anti IgE Receptor Antibody	ANTIE	84563	\$215.00	88184x1 88185x2	1/2/2015
HLA-B*1502	B1502	89713	\$550.00	81381x1	10/27/2014

## Fee Reductions

Test Name	Order Code	Billing Code	List Fee	CPT Codes	Effective Date
<i>Bordetella Pertussis</i> /Parapertussis PCR	BORPCR	82511	\$200.00	87798x2	1/5/2015
Gastrin	GAST	82941	\$99.00	82941x1	1/27/2015
Gastrin Secretin Stimulation	GASTST	191	\$300.00	82941x1 82938x4	1/27/2015
VIP (Vasoactive Intestinal Peptide)	VIP	75079	\$200.00	84586x1	10/27/2014

## Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
Albumin, Ischemia Modified	IMA	82788	Test discontinued.	3/3/2015
Free T3, Tracer Dialysis	T3DIAL	81700	Test discontinued.	1/15/2015
FTA-ABS Antibody, IgM	FTAIGM	80161	Test discontinued.	1/5/2015
Hereditary Pancreatitis	HERPAN	82734	Test discontinued.	2/26/2015
Legionella Culture and PCR	LEGION	77916	Test discontinued. Replaced by LEGCUL and LEGPCR.	3/5/2015
Miscellaneous Culture and Stain	MISCCS	77938	Test discontinued. Replaced by WCUL and BFCUL.	2/26/2015
RHD Variant Antigen	RHD	88771	Test discontinued.	2/26/2015

David S. Bosler, MD

Head, Cleveland Clinic Laboratories (LL3-1)

Laboratories Staff, Department of Laboratory Medicine

December 10, 2014

Dear Cleveland Clinic Laboratory Clients,

Thank you for your confidence in allowing Cleveland Clinic Laboratories to perform your laboratory testing. We are taking this opportunity to communicate an opportunity to better serve you and your patients, and help prevent testing delays related to blood lead testing.

Ohio law (revised code) requires all results for blood lead testing be reported to the Ohio Department of Health (ODH). This administrative code dictates the information that must be submitted with the lead result. Cleveland Clinic uses a form called "Heavy Metals Demographics" to obtain this required information.

One of the required fields on this form is to indicate whether the type of sample collection is venous or capillary. ODH may take a different course of action dependent on whether the sample is a venous or capillary collection, with significant potential effects for patients and their families. Therefore, it is essential for the individual collecting the blood lead sample and the clients submitting the blood lead sample to accurately identify the manner in which the whole blood sample is obtained.

**When filling out our Heavy Metals Demographics form for blood lead testing, please ensure that the box for either the venous or capillary sample type is checked in addition to the whole blood box. These boxes are located in the physician signature box on the right hand column of the form. Failure to properly indicate venous or capillary sample collection type may delay testing.**

Please contact your Cleveland Clinic sales team member if you have questions regarding this requirement, or if we can help in any other way.

Thank you again for choosing Cleveland Clinic Laboratories to perform your testing and for helping us to better serve your needs.

Sincerely,



David S. Bosler, MD

Head, Cleveland Clinic Laboratories

DSB/pam

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