

## Technical Update • July 2013

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 demographics, 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	Specimen Special Information	Component Requirement	Methodology Reference Range	Days Performed/Reported	CPT	Fee
11	5-HIAA, 24 Hour Urine										
11	5-HIAA, Random Urine										
7	5-Hydroxyindoleacetic Acid										
9	Acetazolamide										
9	Admark ApoE Genotype (Symptomatic)										
9	Admark PS-1 Analysis, Symptomatic										
7	Allergen, Basil IgE										
8	Allergen, Coffee IgE										
8	Allergen, Linseed IgE										
8	Allergen, Sole IgE										
8	Allergen, Vanilla IgE										
8	Amyloid Typing by Mass Spectrometry										
4	Anti Mullerian Hormone										
4	Autoimmune Polyglandular Syndrome Evaluation										
4	Autosomal Dominant Ataxia Evaluation										
9	Barth Syndrome, Carrier										
4	BCL 2 mbr (PCR)										
4	BCR/ABL p190 RT-PCR, Quantitative										
8	C. difficile Culture with reflex Cytotoxin Cell Assay										
9	C. difficile Cytotoxin Cell Assay										
10	Calpain 3 DNA Sequencing Test										
9	CAR Autoantibody										
4	CEBPA Mutation Analysis										
9	Cimetidine										
9	Clonazepam & Metabolite, Urine										
9	Diphenhydramine, Urine										

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Specimen Information	Component Requirement	Reference Change	Methodology	Days Performed/Reported	CPT	Fee
9	DM1 DNA Test												
4	DNA Fingerprinting												
4	Duchenne/Becker Muscular Dystrophy DNA Carrier Test												
4	Duchenne/Becker Muscular Dystrophy DNA Deletion, males only												
4, 9	Dystrophin												
4	Early Onset Obesity Evaluation												
4	EGFR Mutation Analysis, Cell Pellet												
4	EGFR Mutation Analysis, Tissue												
4	Endocrine Hypertension (HSD11B2) Evaluation												
4	EPM1 DNA Test												
9	Ethambutol												
4, 9	FALS Disease DNA Test												
4	Familial Hypocalciuric Hypercalcemia Evaluation												
5	FISH for Bladder Cancer												
9	Flunitrazepam Screen, Urine												
5	Friedrich's Ataxia DNA Test												
9	FTA-ABS Antibody, IgM												
5, 10	GCK (CH) DNA Sequencing Test												
5, 10	GCK (NDM) DNA Sequencing Test												
5, 10	GLUD1 (CH) DNA Sequencing Test												
5	Hemiplegic Migraine Evaluation												
5	Histone IgG Antibody												
5	HIV Genotyping												
9	Hu Autoantibody												
5	Hypercholesterolemia (LDLR) Evaluation												
9	IDH 1 and IDH 2 Mutations												
9	IgVH Mutation Analysis												
5	Immunoglobulin Heavy Chain Using Biomed-2 PCR Primers												
5	Immunoglobulin Kappa Chain using Biomed-2 PCR Primers												
9	Infliximab Activity & Neutralizing Antibody												
5	IPF1 (MODY4) DNA Sequencing Test												
5	IPF1 (NDM) DNA Sequencing Test												
5	JAK2 V617F Mutation Detection												
5	KCNJ11 (CH) DNA Sequencing Test												
5	KCNJ11 (NDM) DNA Sequencing Test												
9	Ketorolac												
9	KIT Asp816Val Mutation Analysis												
5	KRAS Exon 1 Sequence Analysis												
5, 10	KRAS Mutation Analysis												
10	Lindane												
5	LOH for 1p (PCR)												
5	LOH for 19q												
5, 10	MERRF mtDNA Evaluation												
10	Metformin												

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Specimen Requirement	Component Change	Reference Change	Methodology	Days Performed/Reported	CPT	Fee
10	Methazolamide												
10	Methylparathion												
5, 10	MFN2 DNA Sequencing Test												
5	MGMT Methylation												
5	Monogenic Diabetes (MODY) Evaluation												
6, 10	MTHFR by PCR												
6, 10	Multifocal Neuropathy Evaluation												
11	Myelin Protein Zero DNA Sequencing Test												
6	Myeloperoxidase Autoantibodies												
6	N Glycan Analysis for CDG												
6	N Glycan and Transferrin for CDG												
10	N-methyl-D-Aspartate Receptor Antibody, IgG												
11	Neoenkephalitis Paraneoplastic Profile with Recombx												
6, 11	Neurofibromatosis Type 2 DNA												
6	Neutrophil Cytoplasmic Antibody												
6, 11	NS6S Antibody Test												
6	Nucleophosmin Gene (NPM1) Mutation												
6	OPMD DNA Test												
10	Organophosphate Pesticides												
10	Phenylpropanolamine												
6, 11	PINK1 DNA Sequencing												
10	Platinum												
6	PMP22 DNA Sequencing Test												
11	Pneumocystis jirovecii PCR												
6	Protease 3 Autoantibodies												
10	Recomb MaTa Autoantibody Test												
10	Reverse T3												
10	Rufinamide												
6, 11	SCA14 DNA Test												
10	Selenium, Blood												
7, 10	Sensory/Motor Neuropathy Profile Complete												
7, 10	Sensory Neuropathy Profile xp												
7, 10	SETX DNA Sequencing												
10	SMAD3 Gene Sequencing												
7, 11	Spinal Muscular Atrophy DNA Test												
10	Strychnine												
7	T-Cell Receptor Beta Biomed-2 PCR												
7	TCR-G (PCR)												
7	Tramadol Screen												
10	Tranylcypromine												
10	Universal Bacterial, Fungal, and AFB PCR												
10	Universal PCR, Acid Fast Bacilli												
10	Universal PCR, Bacterial												
10	Universal PCR, Fungal												
10	Yo Autoantibody												

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## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
FISH for Bladder Cancer	N/A	<b>87997</b>	<b>Billing Code:</b> Previously 82149	7/1/2013
Friedrich's Ataxia DNA Test	FRIED	82524	<b>CPT: 81401</b>	7/1/2013
GCK (CH) DNA Sequencing Test	GCKCH	83323	<b>Days Performed:</b> Monday - Friday <b>Reported:</b> 8 - 9 days	7/2/2013
GCK (NDM) DNA Sequencing Test	GCKNDM	83328	<b>Days Performed:</b> Tuesday <b>Reported:</b> 29 - 30 days	7/25/2013
GLUD1 (CH) DNA Sequencing Test	GLUD1	83324	<b>CPT: 81406</b>	7/2/2013
Hemiplegic Migraine Evaluation	HEMMIG	87713	<b>CPT: 81407, 81406, 81280</b>	7/1/2013
Histone IgG Antibody	HISTON	76117	<b>Days Performed:</b> Friday <b>Reported:</b> Varies	7/31/2013
HIV Genotyping	HIVGEN	80797	<b>Specimen Requirement:</b> 5 mL plasma from a white top EDTA tube; Separate plasma from cells within 2 hours of collection; <b>Aliquot plasma into a separate tube;</b> Frozen	6/20/2013
Hypercholesterolemia (LDLR) Evaluation	LDLR	83322	<b>CPT: 81406</b>	7/2/2013
Immunoglobulin Heavy Chain Using Biomed-2 PCR Primers	IGHPCR	<b>88430</b>	<b>Billing Code:</b> Previously 87960	7/1/2013
Immunoglobulin Kappa Chain using Biomed-2 PCR Primers	IGKPCR	<b>88431</b>	<b>Billing Code:</b> Previously 87954	7/1/2013
IPF1 (MODY4) DNA Sequencing Test	MODY4	83310	<b>CPT: 81479</b>	7/2/2013
IPF1 (NDM) DNA Sequencing Test	IPFNDM	83325	<b>CPT: 81479</b>	7/2/2013
JAK2 V617F Mutation Detection	JAK2	<b>88427</b>	<b>Billing Code:</b> Previously 83623	7/1/2013
KCNJ11 (CH) DNA Sequencing Test	KCNJCH	83357	<b>CPT: 81403</b>	7/2/2013
KCNJ11 (NDM) DNA Sequencing Test	KCNJ	83327	<b>CPT: 81403</b>	7/2/2013
KRAS Exon 1 Sequence Analysis	KRAS	<b>88425</b>	<b>Billing Code:</b> Previously 83968	7/1/2013
<b>KRAS Mutation Analysis</b>	KRAS	83968	<b>Special Information:</b> Histopathologic review will be performed on the specimen submitted. Submit tissue specimen with Anatomic request form. Indicate KRAS Mutation Analysis on the request form. <b>Test Name:</b> Previously KRAS Exon 1 Sequence Analysis <b>Methodology:</b> Real-Time Polymerase Chain Reaction (rtPCR) <b>Reference Range:</b> KRAS mutation not detected	7/8/2013
LOH for 1p (PCR)	1PPCRT	<b>89197</b>	<b>Billing Code:</b> Previously 81883	7/1/2013
LOH for 19q	19QPCT	<b>89196</b>	<b>Billing Code:</b> Previously 83656	7/1/2013
MERRF mtDNA Evaluation	MERRF	82400	<b>Specimen Requirement:</b> 10 mL whole blood in an EDTA lavender top tube; Collect Monday - Wednesday only; Send to Cleveland Clinic Laboratories on the day of collection; Ambient	7/2/2013
MFN2 DNA Sequencing Test	MFN2	83400	<b>CPT: 81406</b>	7/2/2013
MGMT Methylation	N/A	<b>89198</b>	<b>Billing Code:</b> Previously 88780	7/1/2013
Monogenic Diabetes (MODY) Evaluation	MODY	83309	<b>CPT: 81405, 81406, 81406, 81479, 81479</b>	7/2/2013

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
MTHFR by PCR	MTHFR	81692	<b>Includes:</b> C677T Mutation, <b>A1298C Mutation</b> Test build may need to be modified <b>Specimen Requirement:</b> 4 mL whole blood in an EDTA lavender top tube; <b>Ambient</b> <b>Methodology:</b> Polymerase Chain Reaction (PCR) with Hybeacons probes <b>Reference Range:</b> No reference range available <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 4 - 5 days	7/18/2013
Multifocal Neuropathy Evaluation	MULNEU	82185	<b>Specimen Requirement:</b> THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES: 10 mL whole blood in an EDTA lavender top tube; Collect Monday - Wednesday only *AND* 2 mL serum from a serum separator tube; Collect Monday - Wednesday only; Send both samples to Cleveland Clinic Laboratories on the day of collection; <b>Refrigerated</b> <b>Methodology:</b> Covalent Enzyme Linked Immunosorbent Assay (ELISA) <b>Reference Range:</b> PMP22 Duplication: <b>CMT1A: No duplication</b> PMP22 Deletion: <b>HNPP: No deletion</b> anti-GM1 Antibody: ≤ 3200 anti-GD1a Antibody: ≤ <b>1600</b> anti-asialo GM1 Antibody: ≤ 6400 anti-GD1b Antibody: ≤ 6400 NS6S Antibody: Positive	7/25/2013
Myeloperoxidase Autoantibodies	ANCAP	82635	<b>Methodology:</b> Multi-Plex <b>Reference Range:</b> Negative: < 1.0 AI <b>Days Performed:</b> Monday - Friday <b>Reported:</b> Same day if received in the testing lab by 7:00 am EST	7/31/2013
N Glycan Analysis for CDG	CDG	88370	<b>Specimen Requirement:</b> 3 mL serum from a red top tube; Remove serum from cells ASAP and freeze ( <b>Clinical Data Information Sheet is no longer required with the specimen</b> ); Transport Frozen	7/18/2013
N Glycan and Transferrin for CDG	NCDG	88374	<b>Specimen Requirement:</b> 3 mL serum from a red top tube; Remove serum from cells ASAP and freeze ( <b>Clinical Data Information Sheet is no longer required with the specimen</b> ); Transport Frozen	7/18/2013
Neurofibromatosis Type 2 DNA	NEUFIB	82303	<b>CPT: 81406</b>	7/2/2013
Neutrophil Cytoplasmic Antibody	ANCA	76168	<b>Special Information:</b> If either the C-ANCA or P-ANCA are positive or questionable by IFA, then C-ANCA and P-ANCA by <b>Multiplex Fluorescent Immunoassay</b> will be performed at an additional cost. <b>Methodology:</b> Indirect Immunofluorescence Immunoassay (IFA) <b>Multi-Plex Fluorescence Immunoassay (if indicated)</b> <b>Days Performed:</b> Monday - Friday <b>Reported:</b> Same day if received in the testing lab by 7:00 am EST	7/31/2013
NS6S Antibody Test	NS6S	89214	<b>Methodology:</b> Covalent Enzyme Linked Immunosorbent Assay (ELISA)	7/25/2013
Nucleophosmin Gene (NPM1) Mutation	NPM1	<b>88421</b>	<b>Billing Code:</b> Previously 83919	7/1/2013
OPMD DNA Test	OPMD	82199	<b>Specimen Requirement:</b> 10 mL whole blood in an EDTA lavender top tube; Collect Monday - Wednesday only; <b>Send specimen to Cleveland Clinic Laboratories on the day of collection;</b> Ambient	7/25/2013
PINK1 DNA Sequencing	PINK1	83049	<b>CPT: 81405</b>	7/2/2013
PMP22 DNA Sequencing Test	PMP22	82201	<b>Methodology:</b> Next Generation Sequencing	7/25/2013
Protease 3 Autoantibodies	ANCAC	82580	<b>Methodology:</b> Multi-Plex <b>Reference Range:</b> Negative: < 1.0 AI <b>Days Performed:</b> Monday - Friday <b>Reported:</b> Same day if received in the testing lab by 7:00 am EST	7/31/2013
SCA14 DNA Test	SCA14	83054	<b>Specimen Requirement:</b> 15 mL whole blood in EDTA lavender top tubes; Collect Monday - Wednesday only; Send to Cleveland Clinic Laboratories on the day of collection; <b>Refrigerated</b>	7/25/2013

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Sensori/Motor Neuropathy Profile, Complete	SENMOT	82205	<b>CPT: 83520x10, 83516</b>	7/1/2013
Sensory Neuropathy Profile xp	SENNRO	82206	<b>CPT: 83520x6, 83516</b>	7/1/2013
SETX DNA Sequencing	SETX	83050	<b>CPT: 81406</b>	7/2/2013
Spinal Muscular Atrophy DNA Test	SMADNA	82399	<b>Specimen Requirement:</b> 4 mL whole blood in an EDTA lavender top tube; Specimen MUST be sent to Cleveland Clinic Laboratories on the day of collection; <b>Informed consent forms are required for New York residents only;</b> Ambient <b>Methodology: Polymerase Chain Reaction (PCR)</b> <b>Quantitative Dosage Analysis</b>	7/25/2013
T-Cell Receptor Beta Biomed-2 PCR	TCBR	<b>88433</b>	<b>Billing Code:</b> Previously 87965	7/1/2013
TCR-G (PCR)	TGAMMA	<b>88432</b>	<b>Billing Code:</b> Previously 81402	7/1/2013
Tramadol Screen	TRAMSC	82605	<b>CPT: 80101</b>	7/1/2013

## New Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
5-Hydroxyindoleacetic Acid	U5HIAA	89593	<p><b>Special Information:</b> Patients should abstain, if possible, from medications, over-the-counter drugs, and herbal remedies for at least 72 hours prior to the test. Foods rich in serotonin (avacados, bananas, eggplant, pineapple, plums, tomatoes, walnuts) and medications that may affect metabolism of serotonin must be avoided at least 72 hours before and during collection of urine for HIAA. The 5 HIAA-to-creatinine ratio will be reported whenever the urine collection is random or other than 24 hours, or the urine volume is less than 400 mL/24 hours. HIAA mass per day (mg/d) is not reported if the urine collection is random, other than 24 hours, or for a urine volume less than 400 mL/day.</p> <p><b>Includes:</b>  5-HIAA (mg/d)  5-HIAA (mg/g creatinine), if indicated  Creatinine (24 hour urine)</p> <p><b>Specimen Requirement:</b> 4 mL urine from a well mixed 24 hour collection in a clean container; Refrigerate during collection; Refrigerated *OR* 4 mL urine from a random collection in a clean container; Refrigerated</p> <p><b>Methodology:</b> High Performance Liquid Chromatography (HPLC)</p> <p><b>Reference Range:</b>  5-HIAA: 0.0 - 15.0 mg/d  5-HIAA: 0 - 14 mg/g creatinine, if indicated  Creatinine: Refer to report</p> <p><b>Days Performed:</b> Sunday, Tuesday - Saturday  <b>Reported:</b> 2 - 4 days  <b>CPT:</b> 83497  <b>Price:</b> \$99.00</p>	6/27/2013
Allergen, Basil IgE	BASIL	89599	<p><b>Specimen Requirement:</b> 0.1 mL serum from a serum separator tube; Refrigerated</p> <p><b>Methodology:</b> Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP</p> <p><b>Reference Range:</b> &lt; 35 kU/L, Class: 0</p> <p><b>Days Performed:</b> Sunday - Saturday  <b>Reported:</b> 1 - 2 days  <b>CPT:</b> 86003  <b>Price:</b> \$33.00</p>	8/13/2013

## New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Allergen, Coffee IgE	COFFEE	89600	<b>Specimen Requirement:</b> 0.1 mL serum from a serum separator tube; Refrigerated <b>Methodology:</b> Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP <b>Reference Range:</b> < 35 kU/L, Class: 0 <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 1 - 2 days <b>CPT:</b> 86003 <b>Price:</b> \$33.00	8/13/2013
Allergen, Linseed IgE	LINSED	89601	<b>Specimen Requirement:</b> 0.1 mL serum from a serum separator tube; Refrigerated <b>Methodology:</b> Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP <b>Reference Range:</b> < 35 kU/L, Class: 0 <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 1 - 2 days <b>CPT:</b> 86003 <b>Price:</b> \$33.00	8/13/2013
Allergen, Sole IgE	SOLE	89602	<b>Specimen Requirement:</b> 0.1 mL serum from a serum separator tube; Refrigerated <b>Methodology:</b> Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP <b>Reference Range:</b> < 35 kU/L, Class: 0 <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 1 - 2 days <b>CPT:</b> 86003 <b>Price:</b> \$33.00	8/13/2013
Allergen, Vanilla IgE	VANILA	89603	<b>Specimen Requirement:</b> 0.1 mL serum from a serum separator tube; Refrigerated <b>Methodology:</b> Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP <b>Reference Range:</b> < 35 kU/L, Class: 0 <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 1 - 2 days <b>CPT:</b> 86003 <b>Price:</b> \$33.00	8/13/2013
Amyloid Typing by Mass Spectrometry	N/A	89590	<b>Special Information:</b> This test is not a substitute for a surgical pathology consultation. The initial diagnosis of Amyloidosis should be made by morphologic examination of routine stains, Congo red stain, immuno-histochemistry, etc. This test serves only in identification of amyloidogenic proteins after the initial diagnosis has been reached. <b>Specimen Requirement:</b> Formalin fixed, paraffin embedded tissue; Ambient <b>Methodology:</b> Liquid Chromatography / Mass Spectrometry (GCMS) Immunohistochemistry <b>Days Performed:</b> Once per week <b>Reported:</b> 2 - 3 weeks <b>CPT:</b> 88313, 88399x10, 88380, 83788 <b>Price:</b> \$704.00 (non-discountable)	6/17/2013
C. difficile Culture with reflex Cytotoxin Cell Assay	CDCULT	89385	<b>Special Information:</b> If Clostridium difficile culture is positive, then C. difficile - Cytotoxin Cell Assay will be added. Additional charges apply <b>Specimen Requirement:</b> 5 grams stool in a sterile container; Frozen <b>Methodology:</b> Culture <b>Reference Range:</b> Negative <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 4 - 5 days <b>CPT:</b> 87075 <b>Price:</b> \$79.00 (non-discountable)	7/8/2013



## New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
C. difficile Cytotoxin Cell Assay	CTOXIN	89387	<b>Specimen Requirement:</b> 1 gram stool in a sterile container; Frozen <b>Methodology:</b> Culture, Neutralization <b>Reference Range:</b> Negative <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 3 - 4 days <b>CPT:</b> 87230 <b>Price:</b> \$65.00 (non-discountable)	7/8/2013
Infliximab Activity & Neutralizing Antibody	IFXNEU	89595	<b>Special Information:</b> This test measures the capacity of Infliximab to neutralize TNF-activity. Additionally, Infliximab neutralizing antibodies (Nab) are titered (reporting the highest dilution of patient sera in which Nab activity is detected). <b>Specimen Requirement:</b> 1 mL serum from a serum separator tube; Separate serum from cells ASAP or within 2 hours of collection; Refrigerated <b>Methodology:</b> Quantitative Chemiluminescent Immunoassay Semi-Quantitative Chemiluminescent Immunoassay <b>Reference Range:</b> Infliximab Activity: Not detected Infliximab Neutralizing Antibody Titer: Not detected <b>Days Performed:</b> Monday, Wednesday, Thursday, Saturday <b>Reported:</b> 3 - 4 days <b>CPT:</b> 86352x2 <b>Price:</b> \$475.00 (non-discountable)	7/18/2013

## Fee Increases

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
Acetazolamide	ACETAZ	75502	\$141.00 (non-discountable)	80299	7/1/2013
Admark ApoE Genotype (Symptomatic)	APOALZ	82397	\$390.00 (non-discountable)	81401	7/1/2013
Admark PS-1 Analysis, Symptomatic	PS1SY	83019	\$1,896.00 (non-discountable)	81405	7/2/2013
Barth Syndrome, Carrier	BARCAR	82536	\$275.00 (non-discountable)	81479	7/1/2013
CAR Autoantibody	CARAB	81575	\$315.00 (non-discountable)	84182	7/1/2013
Cimetidine	CIMET	80313	\$142.00 (non-discountable)	80299	7/1/2013
Clonazepam & Metabolite, Urine	UCLONO	83859	\$108.00 (non-discountable)	80154	7/1/2013
Diphenhydramine, Urine	UDIPHN	87818	\$118.00 (non-discountable)	82491	7/1/2013
DM1 DNA Test	DM1DNA	82403	\$561.00 (non-discountable)	81401	7/1/2013
Dystrophin	DYSTRO	76163	\$1,500.00 (non-discountable)	88371	7/2/2013
Ethambutol	ETHAMB	80342	\$292.00 (non-discountable)	80299	7/1/2013
FALS Disease DNA Test	FALS	82343	\$915.00 (non-discountable)	81403	7/2/2013
Flunitrazepam Screen, Urine	FLUNU	82104	\$255.00 (non-discountable)	80100	7/1/2013
FTA-ABS Antibody, IgM	FTAIGM	80161	\$102.00	86780	7/1/2013
Hu Autoantibody	ANTIHU	81952	\$335.00 (non-discountable)	83516	7/2/2013
IDH 1 and IDH 2 Mutations	IDH12	88044	\$530.00 (non-discountable)	81403x2	7/1/2013
IgVH Mutation Analysis	IGVH	88056	\$675.00 (non-discountable)	81263	7/1/2013
Ketorolac	KETOR	80422	\$322.00 (non-discountable)	82491	7/1/2013
KIT Asp816Val Mutation Analysis	KITMST	84159	\$749.00 (non-discountable)	81402	7/1/2013

## Fee Increases (cont.)

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
KRAS Mutation Analysis	KRAS	83968	\$635.00 (non-discountable)	81275	7/1/2013
Lindane	LIND	81731	\$184.00 (non-discountable)	82441	7/1/2013
Metformin	MTFORM	88120	\$157.00 (non-discountable)	83789	7/1/2013
Methazolamide	METHAZ	80424	\$138.00 (non-discountable)	82491	7/1/2013
Methylparathion	METHYL	80426	\$330.00 (non-discountable)	82491	7/1/2013
MTHFR by PCR	MTHFR	81692	\$286.00 (non-discountable)	81291	7/18/2013
N-methyl-D-Aspartate Receptor Antibody, IgG	NMDAG	88501	\$220.00 (non-discountable)	86255	7/1/2013
Organophosphate Pesticides	ORGANO	80430	\$215.00 (non-discountable)	82489	7/1/2013
Phenylpropanolamine	PHENYL	80434	\$125.00 (non-discountable)	83789	7/1/2013
Platinum	PLATIN	80436	\$175.00 (non-discountable)	83018	7/1/2013
Recombx MaTa Autoantibody Test	MATA	82203	\$388.00 (non-discountable)	84182	7/1/2013
Reverse T3	T3REV	75064	\$126.00	84482	7/1/2013
Rufinamide	RUFIN	88110	\$184.00 (non-discountable)	82491	7/1/2013
Selenium, Blood	SELEN	84255	\$225.00	84255	7/1/2013
Sensori/Motor Neuropathy Profile, Complete	SENMOT	82205	\$2,365.00 (non-discountable)	83520x10, 83516	7/1/2013
Sensory Neuropathy Profile xp	SENNRO	82206	\$1,505.00 (non-discountable)	83520x6, 83516	7/1/2013
SETX DNA Sequencing	SETX	83050	\$1,241.00 (non-discountable)	81406	7/1/2013
SMAD3 Gene Sequencing	SMAD3	88524	\$555.00 (non-discountable)	81479	7/1/2013
Strychnine	STRYCH	80555	\$280.00	82491	7/1/2013
Tranylcypromine	PARNTE	87840	\$156.00 (non-discountable)	82491	7/1/2013
Universal Bacterial, Fungal, and AFB PCR	FABPCR	87871	\$1,400.00 (non-discountable)	87551, 87556, 87801x2	7/1/2013
Universal PCR, Acid Fast Bacilli	AFBPCR	87859	\$550.00 (non-discountable)	87551, 87556	7/1/2013
Universal PCR, Bacterial	BACPCR	87852	\$315.00 (non-discountable)	87801	7/1/2013
Universal PCR, Fungal	FUNPCR	87854	\$500.00 (non-discountable)	87801	7/1/2013
Yo Autoantibody	ANTIYO	76159	\$299.00 (non-discountable)	84182	7/1/2013

## Fee Reductions

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
Calpain 3 DNA Sequencing Test	CALP3	83055	\$1,005.00 (non-discountable)	81406	7/1/2013
GCK (CH) DNA Sequencing Test	GCKCH	83323	\$855.00 (non-discountable)	81406	7/2/2013
GCK (NDM) DNA Sequencing Test	GCKNDM	83328	\$1,100 (non-discountable)	81406	7/2/2013
GLUD1 (CH) DNA Sequencing Test	GLUD1	83324	\$1,265.00 (non-discountable)	81406	7/1/2013
MERRF mtDNA Evaluation	MERRF	82400	\$1,000.00 (non-discountable)	81401	7/1/2013
MFN2 DNA Sequencing Test	MFN2	83400	\$800.00 (non-discountable)	81406	7/1/2013
Multifocal Neuropathy Evaluation	MULNEU	82185	\$1,950.00 (non-discountable)	81324, 83516, 83520x4	7/2/2013

## Fee Reductions (cont.)

Test Name	Order Code	Billing Code	List Fee	CPT Code	Effective Date
Myelin Protein Zero DNA Sequencing Test	MPZERO	82186	\$700.00 (non-discountable)	81405	7/2/2013
Neoenkephalitis Paraneoplastic Profile with Recombx	CEPHAL	82188	\$3,500.00 (non-discountable)	83516x2, 83519, 84181, 84182x2, 86255x3	7/1/2013
Neurofibromatosis Type 2 DNA	NEUFIB	82303	\$3,030.00 (non-discountable)	81406	7/1/2013
NS6S Antibody Test	NS6S	89214	\$600.00 (non-discountable)	83516	7/1/2013
PINK1 DNA Sequencing	PINK1	83049	\$850.00 (non-discountable)	81405	7/2/2013
Pneumocystis jirovecii PCR	PCPPCR	87814	\$145.00	87798	7/16/2013
SCA14 DNA Test	SCA14	83054	\$1,300.00 (non-discountable)	81479	7/2/2013
Spinal Muscular Atrophy DNA Test	SMADNA	82399	\$875.00 (non-discountable)	81401	7/2/2013

## Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
5-HIAA, 24 Hour Urine	UHIAAD	82950	This test will no longer be available. Suggest ordering 5-Hydroxyindoleacetic Acid, Urine (U5HIAA)	6/27/2013
5-HIAA, Random Urine	UHIAAR2	80049	This test will no longer be available. Suggest ordering 5-Hydroxyindoleacetic Acid, Urine (U5HIAA)	6/27/2013