



Technical Update • July 2014

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.

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.

Please note the corrected Specimen Requirement for Fungitell Assay for (1,3)-β-D-Glucan on page 4.

| Test Update Page # | Summary of Changes by Test Name | Order Code | Billing Code | Name Change | New Test | Specimen Special Information | Specimen Requirement | Component Change | Reference Range | Days Performed/Reported | Methodology | CPT | Fee |
|-----------------------|--|------------|--------------|-------------|----------|---------------------------------|----------------------|------------------|-----------------|-------------------------|-------------|-----|-----|
| 6 | Allergen, Mouse Epithelium IgE | | | | | | | | | | | | |
| 7 | Allergen, Respiratory Region 8 | | | | | | | | | | | | |
| 7 | Alpha-1-Antitrypsin, Stool | | | | | | | | | | | | |
| 7 | Anti Enterocyte Antibodies | | | | | | | | | | | | |
| 3 | Bence Jones Protein, Qt Free Kappa/Lambda Light Chains | | | | | | | | | | | | |
| 7 | Beta-2 Glycoprotein 1 Antibody, IgA | | | | | | | | | | | | |
| 8 | Beta-2-Glycoprotein 1 IgG, IgM & IgA | | | | | | | | | | | | |
| 7 | Beta-2 Transferrin | | | | | | | | | | | | |
| 7 | Beta Galactosidase, Leukocytes | | | | | | | | | | | | |
| 7 | BK Virus Quantitation, Urine | | | | | | | | | | | | |
| 3 | Bordetella pertussis DFA | | | | | | | | | | | | |
| 3 | Bordetella PCR | | | | | | | | | | | | |
| 7 | Brucella IgG / IgM Confirmation | | | | | | | | | | | | |
| 7 | Carnitine Free & Total, Urine | | | | | | | | | | | | |
| 7 | Chlamydia trachomatis, Miscellaneous Sites, NA | | | | | | | | | | | | |
| 8 | Chronic Urticaria Index | | | | | | | | | | | | |
| 7 | CMV PCR, Bone Marrow | | | | | | | | | | | | |
| 7 | Complement, Alternate Pathway (AH50), Functional | | | | | | | | | | | | |
| 8 | Complement C7, Functional | | | | | | | | | | | | |
| 8 | Complement C9, Functional | | | | | | | | | | | | |
| 8 | Cyanide, Blood | | | | | | | | | | | | |
| 3,8 | EBV by PCR Qualitative | | | | | | | | | | | | |

| Test Update Page # | Summary of Changes by Test Name | Order Code | Billing Code | Name Change | New Test | Specimen Information | Component Requirement | Reference Change | Methodology | Days Performed/Reported | CPT | Fee |
|-----------------------|--|------------|--------------|-------------|----------|----------------------|-----------------------|------------------|-------------|-------------------------|-----|-----|
| 8 | Ethyl Glucuronide, Urine reflex to Confirm / Quant | | | | | | | | | | | |
| 3 | Exposure Profile, Source - Patient | | | | | | | | | | | |
| 3 | Felbamate | | | | | | | | | | | |
| 3 | Flunitrazepam, Serum | | | | | | | | | | | |
| 4 | Fungitell Assay for (1,3)-β-D-Glucan | | | | | | | | | | | |
| 4,8 | GAD65 Antibody, CSF | | | | | | | | | | | |
| 8 | Gene Analysis 21 Hydroxylase | | | | | | | | | | | |
| 8 | Glucagon | | | | | | | | | | | |
| 8 | Hexosaminidase A & Total, WBC | | | | | | | | | | | |
| 4 | HIV 1 & 2 Combo (Ag/Ab) | | | | | | | | | | | |
| 8 | HLA B5701 | | | | | | | | | | | |
| 8 | Human Epididymis Protein 4 | | | | | | | | | | | |
| 8 | Hyperoxaluria, Urine | | | | | | | | | | | |
| 8 | IBD Serology Disease Panel | | | | | | | | | | | |
| 8 | Ketamine Confirmation, Urine | | | | | | | | | | | |
| 4 | Lactate, CSF | | | | | | | | | | | |
| 4 | Lamotrigine | | | | | | | | | | | |
| 8 | Liver Kidney Microsome IgG Autoabs | | | | | | | | | | | |
| 4 | MTHFR | | | | | | | | | | | |
| 8 | Myasthenia Gravis Evaluation, Adult | | | | | | | | | | | |
| 4 | Myasthenia Gravis / Lambert-Eaton Syndrome | | | | | | | | | | | |
| 8 | Mycoplasma hominis PCR | | | | | | | | | | | |
| 8 | Neisseria gonorrhoeae, Miscellaneous Sites, NA | | | | | | | | | | | |
| 4 | Neuronal Voltage-Gated Potassium Channel (VGKC) Ab | | | | | | | | | | | |
| 8 | NMO/Aquaporin-4 IgG Cell Binding Assay, CSF | | | | | | | | | | | |
| 4 | Oxcarbazepine | | | | | | | | | | | |
| 8 | Parasite Identification | | | | | | | | | | | |
| 5 | Paraneoplastic Autoantibody Evaluation, CSF | | | | | | | | | | | |
| 5 | Paraneoplastic Autoantibody Evaluation, Serum | | | | | | | | | | | |
| 8 | Phenolphthalein, Stool | | | | | | | | | | | |
| 6 | PTH, Intact, Fluid | | | | | | | | | | | |
| 6 | Selenium, Blood | | | | | | | | | | | |
| 8 | Sulfonylurea Hypoglycemics, Serum | | | | | | | | | | | |
| 6,8 | Synthetic Glucocorticoid Screen, Serum | | | | | | | | | | | |
| 8 | Synthetic Glucocorticoid Screen, Urine | | | | | | | | | | | |
| 8 | Tay-Sachs (Hexosaminidase) | | | | | | | | | | | |
| 8 | VIP | | | | | | | | | | | |
| 6 | Vitamin A | | | | | | | | | | | |
| 6,8 | Whole Mitochondrial Genome with Haplotyping | | | | | | | | | | | |
| 6 | Zonisamide | | | | | | | | | | | |

Test Changes

| Test Name | Order Code | Billing Code | Change | Effective Date |
|--|------------|--------------|---|----------------|
| Bence Jones Protein, Qt Free Kappa/Lambda Light Chains | UBJP | 89292 | Specimen Requirement: Stability: Ambient: 2 hours Refrigerated: 1 week Frozen: Unacceptable | 7/3/2014 |
| Bordetella pertussis DFA | BORDFA | 77087 | Specimen Requirement: Nasopharyngeal swab in Amies media with or without charcoal or Stuart media; Specimen must be sent to Cleveland Clinic Laboratories on the day of collection; For longer specimen stability please collect swab in Eswab mini-tip transport System (blue top); Refrigerated *OR* Bronchial or trans-tracheal aspirate in Amies collected in Amies with or without charcoal; Refrigerated Stability: Amies/Stuart swab: Ambient: 48 hours Refrigerated: 48 hours Frozen: Unacceptable Eswab transport system: Ambient: Unacceptable Refrigerated: 4 days Frozen: Unacceptable Days Performed: Monday - Friday Reported: 2 - 5 days | 6/26/2014 |
| Bordetella PCR | BORPCR | 82511 | Specimen Requirement: Unspecified Nasopharyngeal Swab; Swabs may be flocced, non-flocced, or charcoal. Please send to Cleveland Clinic Laboratories on the day of collection. Swab may not be from throat; Refrigerated Special Information: Specimen source is required | 7/31/2014 |
| EBV by PCR Qualitative | EBPCR | 79049 | Specimen Requirement: 1 mL whole blood in an EDTA lavender top tube; Refrigerated Stability: Ambient: Not determined Refrigerated: 7 days Frozen: 7 days Methodology: Polymerase Chain Reaction, DNA Probe hybridization Reference Range: Negative Days Performed: Monday, Wednesday, Friday Reported: 3 - 6 days | 7/14/2014 |
| Exposure Profile, Source - Patient | HEXP | 82618 | Special Information: To be ordered by Occupational Health after a body fluid exposure to an employee has occurred. This test is used to determine the Hepatitis B Surface Antigen, HIV 1 & 2 Antigen / Antibody, and Hepatitis C (HCV) Antibody status of an exposure source patient. Methodology not approved for donor testing. Positive HCV Antibody and/or positive HIV 1 & 2 Antigen / Antibody results will be electronically reported to the Ohio Department of Health. CPT: 86803x1, 87340x1, 87389x1 | 7/29/2014 |
| Felbamate | FELBA | 34037 | Specimen Requirement: Alternate specimens 2mL serum from a No additive Red or a SST (Gold). Stability: Ambient: 1 week Refrigerated: 1 week Frozen: 1 month | 8/4/2014 |
| Flunitrazepam, Serum | FLUNS | 82106 | Specimen Requirement: 5 mL serum from a red top tube; Minimum: 2.0 mL; Do not use serum separator tubes; Refrigerated Stability: Ambient: 48 hours Refrigerated: 2 weeks Frozen: 1 year Days Performed: Sunday - Saturday Reported: 8 - 10 days | 7/31/2014 |

Test Changes (cont.)

| Test Name | Order Code | Billing Code | Change | Effective Date |
|--|-------------|--------------|---|----------------|
| Fungitell Assay for (1,3)-B-D-Glucan | BDGLUC | 88499 | Specimen Requirement: Collect 3-5 mL blood in a serum separator gel tube (SST). Centrifuge specimen within 2 hours. Ship serum gel tube frozen. NOTE: Do not aliquot specimen. | 6/17/2014 |
| GAD65 Antibody, CSF | GADCSF | 87939 | Specimen Requirement: 1 mL cerebrospinal fluid (CSF) in a clean container; Minimum: 0.8 mL ; Refrigerated | 6/5/2014 |
| HIV 1 & 2 Combo (Ag/Ab) | HIV12C | 82811 | CPT: 87389x1 | 7/31/2014 |
| Lactate, CSF | CLACT | 77072 | Reference Range: 1.01 - 2.09 mmol/L | 7/14/2014 |
| Lamotrigine | LMTR | 79375 | Specimen Requirement: 2 mL plasma from a Sodium or Lithium Heparin; minimum 0.5 mL, refrigerated. Alternate specimen 2 mL serum from a No additive Red or SST (Gold); refrigerated Stability: Ambient: 24 hours Refrigerated: 1 week Frozen: 1 month | 8/4/2014 |
| MTHFR Gene Analysis | MTHF | 81692 | ***Test build may need to be modified*** Specimen Requirement: 1 mL whole blood in an EDTA lavender tube; refrigerated Stability: Ambient: 24 hours Refrigerated: 5 days Frozen: Unacceptable Methodology: Electrochemical Detection, Polymerase Chain Reaction (PCR) Days Performed: Once per week Reported: 7 - 10 days | 8/12/2014 |
| Myasthenia Gravis/ Lambert-Eaton Syndrome | LAMBRT | 83027 | Specimen Requirement: Alternate Specimen 3mL serum from a SST (Gold). Patient should have no general anesthetic or muscle-relaxant drugs in the previous 24 hours. Stability: Ambient: 72 hours Refrigerated: 28 days Frozen: 28 days Reference Range: Striational (Striated Muscle) Ab: 0 - 99 years <1:120 Days Performed: Sunday - Saturday Special Information: Hemolysis is unacceptable for AChR Modulation Antibody. Reflex Algorithm: If AChR modulating antibody is >=90% and striational antibodies are >=1:120, AChR Ganglionic Neuronal Ab and CRMP-5-IgG Western blot will be performed at an additional charge. | 6/30/2014 |
| Neuronal Voltage-Gated Potassium Channel (VGKC) Ab | VGKC | 84413 | Specimen Requirement: Stability: Ambient: 72 hours Refrigerated: 28 days Frozen: 28 days Methodology: Radioimmunoassay (RIA) Days Performed: Tuesday, Thursday, Sunday Special Information: If the AChR modulating antibodies within the Myasthenia Gravis Evaluation are >= 90% and the striational antibodies are >= 1:120, the neuronal voltage-gated potassium channel (VGKC) autoantibody will be performed at an additional charge. | 6/30/2014 |
| Oxcarbazepine | OXCARB | 81702 | Specimen Requirement: 2 mL plasma from a sodium or lithium heparin, minimum 0.5 mL, refrigerated. Stability: Ambient: 24 hours Refrigerated: 1 week Frozen: 1 month | 8/4/2014 |

Test Changes (cont.)

| Test Name | Order Code | Billing Code | Change | Effective Date |
|---|------------|--------------|--|----------------|
| Paraneoplastic Autoantibody Evaluation, CSF | PARCSF | 87937 | Specimen Requirement: Stability: Ambient: 72 hours Refrigerated: 28 days Frozen: 28 days Reported: 4 - 9 days Special Information: Reflex algorithm: If IFA patterns are indeterminate, paraneoplastic autoantibody Western blot will be performed at an additional charge. If IFA pattern suggests presence of Neuromyelitis Optica (NMO), then NMO/Aquaporin-4 IgG will be performed at an additional charge. If client requests or if IFA patterns suggest CRMP-5-IgG, CRMP-5-IgG Western blot will be performed at an additional charge. If IFA pattern suggests GAD65 antibody, GAD65 antibody radioimmunoprecipitation assay will be performed at an additional charge. If IFA patterns suggests presence of Amphiphysin Autoantibody, Amphiphysin Antibody Western blot is performed at an additional charge. If IFA patterns suggest neuronal VGKC autoantibody, then VGKC-complex Antibody IPA is performed at an additional charge. Neuron-restricted patterns of IgG staining that do not fulfill criteria for the listed autoantibodies may be reported as "unclassified antineuronal IgG". If detected, newly identified autoantibody specificities may be reported. Complex patterns that include non-neuronal elements may be reported as "uninterpretable". Titers lower than 1:2 are detectable by recombinant CRMP-5 Western blot analysis. CRMP-5 Western blot analysis will be done on request on stored spinal fluid (held 4 weeks). This supplemental testing is recommended in cases of chorea, vision loss, cranial neuropathy, and myelopathy. Call Cleveland Clinic Client Services at 800.628.6816 and ask them to contact Mayo Neuroimmunology Laboratory at 800.533.1710 or 507.266.5700 to request CRMP-5 WB. | 6/30/2014 |
| Paraneoplastic Autoantibody Evaluation, Serum | PARNEO | 82929 | Specimen Requirement: Stability: Ambient: 72 hours Refrigerated: 28 days Frozen: 28 days Methodology: IFA Titer Assay (if indicated) Reference Range: Striational (Striated Muscle) Ab 0-99 Years: < 1:120 NMDA Receptor: Negative AMPA Receptor: Negative GABA-B-Receptor: Negative Days Performed: Sunday - Saturday Special Information: Reflex Algorithm: If IFA patterns are indeterminate, paraneoplastic autoantibody Western Blot will be performed at an additional charge. If client requests or if IFA patterns suggest CRMP-5-IgG, CRMP-5-IgG Western Blot will be performed at an additional charge. If IFA pattern suggests GAD65 antibody, GAD65 antibody radioimmunoassay will be performed at an additional charge. If IFA suggests presence of Neuromyelitis Optica, NMO/Aquaporin-4 IgG will be performed at an additional charge. If IFA pattern suggests presence of Amphiphysin autoantibody, Amphiphysin Antibody Western Blot will be performed at an additional charge. If ACh receptor binding antibody is >0.02 nmol/L, ACh receptor modulating antibodies and CRMP-5-IgG Western Blot will be performed at an additional charge. If IFA pattern suggest NMDA-R, NMDA-R Antibody CBA and/or NMDA-R Ab IF Titer Assay is performed at an additional charge. If IFA pattern suggest AMPA-R, AMPA-R Ab CBA and/or AMPA-R Ab IF Titer Assay is performed at an additional charge. If IFA pattern suggest GABA-B-R, GABA-B-R Ab CBA and/or GABA-B-R Ab IF Titer Assay is performed at an additional charge. Neuron restricted patterns of IgG staining that do not fulfill criteria for Amphiphysin, ANNA-1, ANNA-2, ANNA-3, AGNA-1, PCA-1, PCA-2, PCA-Tr, or CRMP-5-IgG may be reported as "unclassified antineuronal IgG". Complex patterns that include non-neuronal elements may be reported as "uninterpretable". | 10/1/2014 |

Test Changes (cont.)

| Test Name | Order Code | Billing Code | Change | Effective Date |
|---|------------|--------------|--|----------------|
| PTH, Intact, Fluid | FLPTH | 83896 | Specimen Requirement: 0.5 mL fine needle Aspirate in a clean container, frozen; Specimen must be non-viscous and free of particulate matter. Centrifuge to remove cellular material. Indicate source of specimen. 0.5 mL body fluid in a clean container, 0.5 mL plasma in a sodium or lithium heparin, 0.5 mL plasma from an EDTA lavender tube. Minimum 0.5 mL Stability: Ambient: 8 hours Refrigerated: 24 hours Frozen: 6 months Methodology: Electro Chemiluminescence Immunoassay (ECLIA) Reported: 2 - 3 days | 8/5/2014 |
| Selenium, Blood | SELEN | 84255 | Specimen Requirement: 2 mL whole blood from EDTA(Navy Blue) tube; refrigerated Stability: Ambient: 1 month Refrigerated: 1 month Frozen: 3 months at -20, 6 months at -70 | 7/28/2014 |
| Synthetic Glucocorticoid Screen, Serum | SGLUCO | 88378 | Specimen Requirement: 2 mL serum from a red top tube; Minimum 1.1 mL | 5/29/2014 |
| Vitamin A | VITA | 84590 | Reference Range: 0 - 1 years: 0.18 - 0.50 mg/L 2 - 12 years: 0.20 - 0.50 mg/L 13 - 17 years: 0.26 - 0.70 mg/L 18 - 999 years: 0.30 - 1.20 mg/L | 8/1/2014 |
| Whole Mitochondrial Genome with Haplotyping | GENHAP | 84502 | CPT: 81403x4, 81479x4 | 7/1/2014 |
| Zonisamide | ZONIS | 82419 | Specimen Requirement: Alternate specimens 2 mL serum from a No additive Red tube or 2 mL from a SST tube; refrigerated. Stability: Ambient: 24 hours Refrigerated: 1 week Frozen: 1 month | 8/4/2014 |

New Tests

| Test Name | Order Code | Billing Code | Test Information | Effective Date |
|--------------------------------|------------|--------------|---|----------------|
| Allergen, Mouse Epithelium IgE | MOUEPI | 90018 | Specimen Requirement: 0.1mL from a serum separator tube Stability: Ambient: 48 hours Refrigerated: 7 days Frozen: 1 year Methodology: Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP Reference Range: Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: <0.35, Class 0 - Below Detection 0.35 - 0.69, Class 1 - Low 0.70 - 3.49, Class 2 - Moderate 3.50 - 17.49, Class 3 - High 17.50 - 49.99, Class 4 - Very High 50 - 99.99, Class 5 - Very High >=100, Class 6 - Very High Days Performed: Sunday - Saturday Reported: 1 - 2 days CPT: 86003 Price: \$33.00 | 7/15/2014 |

New Tests (cont.)

| Test Name | Order Code | Billing Code | Test Information | Effective Date |
|-------------------------------------|------------|--------------|--|----------------|
| Allergen, Respiratory Region 8 | RESPR8 | 90027 | Specimen Requirement: 3 mL serum from a serum separator tube; Alternate 3 mL plasma from a Lithium Heparin tube Stability: Ambient: 48 hours Refrigerated: 7 days Frozen: 1 year Methodology: Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP Reference Range: Specific evaluation of allergic reactions. IgE (kU/L) Interpretation: <0.35, Class 0 - Below Detection 0.35 - 0.69, Class 1 - Low 0.70 - 3.49, Class 2 - Moderate 3.50 - 17.49, Class 3 - High 17.50 - 49.99, Class 4 - Very High 50 - 99.99, Class 5 - Very High ≥100, Class 6 - Very High Days Performed: Sunday - Saturday Reported: 1 - 2 days CPT: 82785x1, 86003 Price: \$1,018.00 | 7/15/2014 |
| Beta-2 Glycoprotein 1 Antibody, IgA | BETAA | 90028 | Specimen Requirement: 0.5 mL serum from a serum separator tube; Minimum: 0.3 mL; Separate serum from cells ASAP or within 2 hours of collection; Refrigerated Stability: After separation from cells: Ambient: 48 hours Refrigerated: 2 weeks Frozen: 1 year (avoid repeated freeze / thaw cycles) Methodology: Semi-Quantitative Enzyme-Linked Immunosorbent Assay (ELISA) Reference Range: 0 - 20 SAU Days Performed: Sunday - Saturday Reported: 2 - 3 days CPT: 86146 Price: \$70.00 | 7/9/2014 |

Fee Increases

| Test Name | Order Code | Billing Code | List Fee | CPT Code | Effective Date |
|--|------------|--------------|-----------------------------|----------|----------------|
| Alpha-1-Antitrypsin, Stool | STA1A | 76362 | \$188.00 (non-discountable) | 82103 | 7/1/2014 |
| Anti Enterocyte Antibodies | ENTERO | 84499 | \$616.00 (non-discountable) | 88347x3 | 7/1/2014 |
| Beta-2 Transferrin | B2TRAN | 82885 | \$433.00 (non-discountable) | 86335 | 7/1/2014 |
| Beta Galactosidase, Leukocytes | BGALA | 87825 | \$393.00 (non-discountable) | 82657 | 7/1/2014 |
| BK Virus Quantitation, Urine | UBKQT | 82799 | \$377.00 (non-discountable) | 87799 | 7/1/2014 |
| Brucella IgG / IgM Confirmation | BRUCON | 84467 | \$190.00 (non-discountable) | 86622 | 7/1/2014 |
| Carnitine Free & Total, Urine | UCARN1 | 79813 | \$340.00 (non-discountable) | 82379 | 7/1/2014 |
| Chlamydia trachomatis, Miscellaneous Sites, NA | NAACT | 89717 | \$166.00 (non-discountable) | 87491 | 7/1/2014 |
| CMV PCR, Bone Marrow | CMVBM | 89659 | \$376.00 (non-discountable) | 87496 | 7/1/2014 |
| Complement, Alternate Pathway (AH50), Functional | COMAP | 88533 | \$212.00 (non-discountable) | 86161 | 7/1/2014 |

Fee Increases (cont.)

| Test Name | Order Code | Billing Code | List Fee | CPT Code | Effective Date |
|--|------------|--------------|-------------------------------|--|----------------|
| Complement C7, Functional | C7FUN | 87793 | \$199.00 (non-discountable) | 86161 | 7/1/2014 |
| Complement C9, Functional | C9FUN | 87809 | \$199.00 (non-discountable) | 86161 | 7/1/2014 |
| Cyanide, Blood | CYANID | 82600 | \$243.00 (non-discountable) | 82600 | 7/1/2014 |
| GAD65 Antibody, CSF | GADCSF | 87939 | \$309.00 (non-discountable) | 86341 | 7/1/2014 |
| Gene Analysis 21 Hydroxylase | 21GENE | 88173 | \$1,335.00 (non-discountable) | 81402, 81405 | 7/1/2014 |
| Glucagon | GLUCA | 82943 | \$265.00 (non-discountable) | 82943 | 7/1/2014 |
| Hexosaminidase A & Total, WBC | TAYSAC | 82868 | \$438.00 (non-discountable) | 83080x2 | 7/1/2014 |
| HLA B5701 | B5701 | 84337 | \$540.00 (non-discountable) | 81381 | 7/1/2014 |
| Human Epididymis Protein 4 | HEP4 | 88459 | \$185.00 (non-discountable) | 86305 | 7/1/2014 |
| Hyperoxaluria, Urine | UHYPER | 87816 | \$399.00 (non-discountable) | 82544 | 7/1/2014 |
| IBD Serology Disease Panel | IBDSER | 88298 | \$455.00 (non-discountable) | 83520x2, 86255 | 7/1/2014 |
| Ketamine Confirmation, Urine | UKETA | 87791 | \$218.00 (non-discountable) | 80299 | 7/1/2014 |
| Myasthenia Gravis Evaluation, Adult | MYGRAV | 82922 | \$599.00 (non-discountable) | 83519x2, 83520 | 7/1/2014 |
| Mycoplasma hominis PCR | MYPCR | 8844 | \$432.00 (non-discountable) | 87798 | 7/1/2014 |
| Neisseria gonorrhoeae, Miscellaneous Sites, NA | NAAGC | 89712 | \$165.00 (non-discountable) | 87591 | 7/1/2014 |
| Parasite Identification | PARAID | 81636 | \$45.00 | 87168 (tick, arthropod) or 87169 (mite/worm) | 8/1/2014 |
| Phenolphthalein, Stool | PHENO | 75755 | \$75.00 (non-discountable) | 84311 | 7/1/2014 |
| Synthetic Glucocorticoid Screen, Serum | SGLUCO | 88378 | \$255.00 (non-discountable) | 82544 | 7/1/2014 |
| Synthetic Glucocorticoid Screen, Urine | UGLUCO | 88379 | \$283.00 (non-discountable) | 82544 | 7/1/2014 |
| Tay-Sachs (Hexosaminidase) | HEX | 76985 | \$265.00 (non-discountable) | 84999 | 7/1/2014 |
| VIP | VIP | 75079 | \$405.00 (non-discountable) | 84586 | 7/1/2014 |

Fee Reductions

| Test Name | Order Code | Billing Code | List Fee | CPT Code | Effective Date |
|--|------------|--------------|-------------------------------|------------------|----------------|
| EBV by PCR Qualitative | EBPCR | 79049 | \$105.00 (non-discountable) | 87798 | 7/1/2014 |
| Ethyl Glucuronide, Urine reflex to Confirm / Quant | UEGLUC | 89509 | \$75.00 (non-discountable) | 80101 | 7/1/2014 |
| Liver Kidney Microsome IgG Autoantibodies | LKM | 76521 | \$67.00 (non-discountable) | 86376 | 7/1/2014 |
| NMO / Aquaporin-4 IgG Cell Binding Assay, CSF | FNMOA4 | 89630 | \$215.00 (non-discountable) | 86255 | 7/1/2014 |
| Sulfonylurea Hypoglycemics, Serum | SULFON | 82893 | \$99.00 (non-discountable) | 83788 | 7/1/2014 |
| Whole Mitochondrial Genome with Haplotyping | GENHAP | 84502 | \$4,400.00 (non-discountable) | 81403x4, 81479x4 | 7/1/2014 |

Discontinued Tests

| Test Name | Order Code | Billing Code | Test Information | Effective Date |
|--------------------------------------|------------|--------------|--|----------------|
| Beta-2-Glycoprotein 1 IgG, IgM & IgA | B2GPI | 82497 | This test will no longer be available. Suggest ordering Beta-2 Glycoprotein, IgG (BETA2G), Beta-2 Glycoprotein, IgM (BETA2M), and Beta-2 Glycoprotein, IgA (BETAA) | 7/9/2014 |
| Chronic Urticaria Index | CUINDX | 88106 | This test will no longer be available. | 8/5/2014 |