



### Technical Update • March 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](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	Test Discontinued	Specimen Information	Component Requirement	Methodology	Reference Range	Days Performed/Reported	CPT	Fee
2	5-Methyltetrahydrofolate											
3	Acetoacetate											
3	ADAMTS13 Antibody											
3	Allergen, Casein (Cow Milk) IgG											
3	Allergen, Corn IgG											
3	Allergen, Egg White IgG											
3	Allergen, Wheat IgG											
3	Beta-2-Microglobulin, Urine											
3	BK Virus PCR Qualitative, Blood											
6	Blau Syndrome NOD2/CARD15 Complete Gene Analysis											
3	BUN, Post Dialysis											
3	Cadmium Exposure Panel, OSHA											
6	Chlamydia Antibody Evaluation											
4	Complete Blood Count and Differential											
4	Diphenhydramine											
4	Diphenhydramine, Urine											
4	DNA Content, Cell Cycle Analysis, Misc.											
4	Fluoride											
4	Fluoxetine / Norfluoxetine											
6	Gene Analysis 21 Hydroxylase											
4	Huntington's Disease											

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Specimen Requirement	Component Change	Special Information	Days Performed/Reported	Reference Range	Methodology	CPT	Fee
4	Interleukin 2												
4	Interleukin 2 Receptor (CD25), Soluble												
4	Interleukin 4												
4	Interleukin 5												
4	Interleukin 6												
4	JC Virus DNA, PCR												
4	Ketorolac												
5	KIT-AML Exons 8 & 17, Mutation Analysis												
5	Levetiracetam												
5	Limulus Amebocyte Lysate												
5	Lindane												
5	LSD, Urine												
5	Mephenytoin & Normephenytoin												
5	Methylparathion												
5	Methyl Ethyl Ketone, Urine												
5	Neuron Specific Enolase, CSF												
5	Organophosphate Pesticides												
5	PAX6 Gene Analysis												
5	Platelet Dependent Antibody, Unfractionated Heparin												
5	Platelet Flow Cytometry												
5	Porphyrins, Serum Total												
5	Pyridoxal 5 Phosphate, CSF												
5	Rufinamide												
6	Tin												
6	Trazodone												
6	Trichomonas Vaginalis by Amplified Detection												
6	Tumor Necrosis Factor												
6	Vitamin B1, Plasma												

## Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
5-Methyltetrahydrofolate	5MTH	83879	<b>Specimen Requirement:</b> 3.5 mL cerebrospinal fluid (CSF) in special tubes; <b>CSF should be collected from the first drop into the tubes in the order indicated. Fill each tube to the marked line (0.5 mL in tubes 1, 2, and 5; 1.0 mL in tubes 3 and 4). Place specimens on ice after collection. If specimen is blood contaminated; the tubes should immediately be centrifuged (prior to freezing) and the clear CSF transferred to new similarly labeled tubes, then frozen ASAP at -80°C. Call Client Services at 216.444.5755 or 216.628.6816 to obtain collection tubes.</b>	4/1/2014

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Acetoacetate	ACETAC	80959	<b>For Interfaced Clients Only: The test build will need to be modified</b> <b>Specimen Requirement:</b> 3 mL serum from a red top tube; Do not use serum separator tubes; Centrifuge, aliquot and freeze ASAP; Frozen <b>Reference Range: Adults:</b> 5 - 30 µg/mL <b>Days Performed:</b> Wednesday <b>Reported:</b> 4 - 12 days	4/3/2014
ADAMTS13 Antibody	ADMAB	87677	<b>Days Performed:</b> 1 day per week <b>Reported:</b> 8 - 12 days	4/1/2014
Allergen, Casein (Cow Milk) IgG	CSNIGG	89469	<b>For Interfaced Clients Only: The test build may need to be modified</b>	3/17/2014
Allergen, Corn IgG	CORIGG	89467	<b>For Interfaced Clients Only: The test build may need to be modified</b>	2/19/2014
Allergen, Egg White IgG	EGWIGG	89373	<b>For Interfaced Clients Only: The test build may need to be modified</b>	3/17/2014
Allergen, Wheat IgG	WHTIGG	89470	<b>For Interfaced Clients Only: The test build may need to be modified</b>	3/17/2014
Beta-2-Microglobulin, Urine	URB2M	82346	<b>Specimen Requirement:</b> 3 mL random urine in a clean container; Patient Preparation: Void the urinary bladder, then drink a large glass of water and collect a urine specimen within 1 hour; Frozen <b>Specimen Preparation:</b> If pH is > 8, lower pH to 6 - 8 with 1 M HCL. If pH is < 6, increase to 6 - 8 with 5% NaOH. <b>Reference Range:</b> Beta-2-Microglobulin, Ur: 0 - 300 µg/L Beta-2-Microglobulin, ratio to CRT: 0 - 300 µg/g CRT	2/18/2014
BK Virus PCR Qualitative, Blood	BKPCR	82612	<b>For Interfaced Clients Only: The test build will need to be modified</b> <b>Specimen Requirement:</b> 1 mL plasma from an EDTA lavender top tube; Remove plasma from cells within 24 hours of collection; Refrigerated <b>Reference Range:</b> Negative	2/13/2014
BUN, Post Dialysis	BUNPO1	78739	<b>Order Code:</b> Previously BUNPO <b>Components:</b> BUN, Post Dialysis <b>Urea Reduction Ratio (BUNRAT)</b> <b>Explanation of Ratio Calculation:</b> $[(\text{BUN, Pre Dialysis} - \text{BUN, Post Dialysis}) / \text{BUN, Pre Dialysis}] \times 100$	2/6/2014
Cadmium Exposure Panel, OSHA	CADEXR	81903	<b>Special Information:</b> Urine collected within 48 hours after administration of a gadolinium (Gd) containing contrast media is unacceptable. <b>Specimen Requirement:</b> THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES: 40 mL random urine *AND* 7 mL whole blood in an EDTA navy blue top tube; Refrigerated. All urine containers must be trace metal free; Pour off 3 aliquots from the random urine specimen: <b>Label and Freeze one 3 mL aliquot for B-2-Microglobulin</b> <b>Label and Refrigerate one 7 mL aliquot for Cadmium</b> <b>Label and Refrigerate one 2 mL aliquot for Creatinine</b> <b>Reference Range:</b> Cadmium, blood: 0.0-5.0 µg/L Cadmium, urine: 0.0-2.6 µg/L Creatinine, random urine: <b>Not established</b> Cadmium per gram of creatinine: 0.0-3.0 µg/g CRT B 2 Microglobulin, urine: 0 - 300 µg/L B 2 Microglobulin per gram of creatinine: 0-300 µg/g CRT	2/18/2014

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Complete Blood Count and Differential	CBCDIF	153	<b>Reference Range:</b> WBC: Range unchanged RBC: Range unchanged Hemoglobin: Range unchanged Hematocrit: Range unchanged MCV: Range unchanged MCH: Range unchanged MCHC: Range unchanged Red Cell Distribution Width (RDW): Range unchanged Platelet Count: Range unchanged Mean Platelet volume (MPV): Range unchanged Neutrophil %: <b>Range deleted</b> Absolute Neutrophil: Range unchanged Lymphocyte %: <b>Range deleted</b> Absolute Lymphocyte: Range unchanged Monocyte %: <b>Range deleted</b> Absolute Monocyte: Range unchanged Eosinophil %: <b>Range deleted</b> Absolute Eosinophil: Range unchanged Basophil %: <b>Range deleted</b> Absolute Basophil: Range unchanged	2/11/2014
Diphenhydramine	DIPHEN	87797	<b>Days Performed: Monday, Wednesday, Friday</b> <b>Reported: 4 - 8 days</b>	4/1/2014
Diphenhydramine, Urine	UDIPHN	87818	<b>Days Performed: Monday, Wednesday, Friday</b> <b>Reported: 4 - 8 days</b>	4/1/2014
DNA Content, Cell Cycle Analysis, Misc.	DNAMIS	88088	<b>Specimen Requirement:</b> Tissue, paraffin embedded, in a clean container; <b>Refrigerated</b>	2/18/2014
Fluoride	BFLUOR	82735	<b>Days Performed:</b> Wednesday <b>Reported: 3 - 11 days</b>	4/1/2014
Fluoxetine / Norfluoxetine	FLUOX	76252	<b>Reference Range:</b> Fluoxetine: Dose-Related: <b>100 - 800</b> ng/mL Norfluoxetine: Dose-Related: <b>100 - 600</b> ng/mL Critical (Fluoxetine & Norfluoxetine): <b>&gt; 2000</b> ng/mL	2/18/2014
Huntington's Disease	HUNTDI	81571	<b>For Interfaced Clients Only: The test build will need to be modified. The Southern Blot will no longer automatically reflex from this test.</b>	2/18/2014
Interleukin 2	INT2	79585	<b>Special Information: For Research Use Only</b> <b>Specimen Requirement:</b> 1 mL serum from a serum separator tube; Place specimen on ice after collection; Centrifuge, aliquot and freeze ASAP <b>or within 2 hours of collection</b> ; Frozen <b>Reference Range: &lt; 12 pg/mL</b> <b>CPT: 83520</b>	2/18/2014
Interleukin 2 Receptor (CD25), Soluble	SIL2R	43095	<b>Special Information: For Research Use Only</b> <b>Reference Range: &lt; 1033 pg/mL</b>	2/18/2014
Interleukin 4	INT4	83082	<b>Special Information: For Research Use Only</b> <b>Reference Range: &lt; 5 pg/mL</b>	2/18/2014
Interleukin 5	INT5	83706	<b>Special Information: For Research Use Only</b> <b>Reference Range: &lt; 5 pg/mL</b>	2/18/2014
Interleukin 6	INT6	81934	<b>Specimen Requirement:</b> 1 mL serum from a serum separator tube; Centrifuge, aliquot, and freeze ASAP <b>or within 2 hours of collection</b> ; Frozen <b>Reference Range: &lt; 5 pg/mL</b>	2/18/2014
JC Virus DNA, PCR	JCPCR	82613	<b>For Interfaced Clients Only: The test build will need to be modified.</b> <b>Specimen Requirement:</b> 0.5 mL cerebrospinal fluid (CSF) in a sterile container; Do not centrifuge; Refrigerated <b>Days Performed: Monday - Friday</b> <b>Reported: 3 - 6 days</b>	2/19/2014
Ketorolac	KETOR	80422	<b>Days Performed: Monday, Wednesday, Friday</b> <b>Reported: 4 - 8 days</b>	4/1/2014

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
<b>KIT-AML Exons 8 &amp; 17, Mutation Analysis</b>	KITAML	84158	<b>Test Name:</b> Previously KIT Gene Mutation AML <b>Specimen Requirement:</b> 5 mL whole blood in an EDTA lavender top tube; Refrigerated <b>Days Performed:</b> 1 day/week <b>Reported:</b> 7 - 10 days	3/27/2014
Levetiracetam	LEVET	<b>82127</b>	The billing code for this assay was incorrectly listed as 81702 in a previous update. The correct code is 82127 for this assay. We apologize for any confusion and inconvenience this may have caused.	1/2/2014
Limulus Amebocyte Lysate	LALYS	77075	<b>Methodology:</b> Kinetic <b>Reference Range: (EU/mL)</b> < 0.05: None Detected < 0.25: Maximum allowable level for dialysis water 0.125: Action level for dialysis water < 0.50: Maximum allowable level for dialysis fluid 0.25: Action level for dialysis fluid < 0.25: USP acceptable limits for injectable or irrigation water < 0.50: USP acceptable limits for inhalatory water 2.00: Acceptable upper limit for hemo-dialysis reuse water	3/27/2014
Lindane	LIND	81731	<b>Days Performed:</b> Monday, Wednesday <b>Reported:</b> 5 - 11 days	4/1/2014
LSD, Urine	ULSD	88129	<b>Specimen Requirement:</b> 2 mL random urine in a clean container; Protect from light; Refrigerated	4/1/2014
Mephenytoin & Normephenytoin	MEPNOR	75053	<b>Days Performed:</b> Tuesday, Thursday <b>Reported:</b> 3 - 9 days	4/1/2014
Methylparathion	METHYL	80426	<b>Days Performed:</b> Monday <b>Reported:</b> 8 - 16 days	4/1/2014
Methyl Ethyl Ketone, Urine	UMEK	83694	<b>Days Performed:</b> Sunday, Tuesday, Thursday <b>Reported:</b> 4 - 8 days	4/1/2014
Neuron Specific Enolase, CSF	CNSE	82800	<b>CPT:</b> 83520	3/27/2014
Organophosphate Pesticides	ORGANO	80430	<b>Days Performed:</b> Friday <b>Reported:</b> 5 - 12 days	4/1/2014
PAX6 Gene Analysis	PAX6	88489	<b>Days Performed:</b> Monday - Friday <b>Reported:</b> 9 - 11 weeks	4/10/2014
Platelet Dependent Antibody, Unfractionated Heparin	SERORE	79444	<b>Days Performed:</b> Monday - Saturday <b>Reported:</b> 2 - 5 days	4/1/2014
Platelet Flow Cytometry	PLTFLO	82650	<b>Reference Range:</b> CD41a: 95-100% CD61: 95-100% CD42b: 95-100% CD42a: 92-100% CD36: 95-100% CD49b: 75-100% CD29: 95-100% % Mepacrine Uptake: 34-76% % Mep Release: 84-98% CD62: 0-12% CD62+ADP: 48-91%	4/1/2014
Porphyrins, Serum Total	SPORPH	77116	<b>Days Performed:</b> Sunday, Tuesday, Thursday <b>Reported:</b> 2 - 6 days	2/18/2014
Pyridoxal 5 Phosphate, CSF	P5PCSF	87765	<b>Specimen Requirement:</b> 1 mL cerebrospinal fluid (CSF) in a sterile container; Frozen	4/1/2014
Rufinamide	RUFIN	88110	<b>Days Performed:</b> Monday, Wednesday, Friday <b>Reported:</b> 4 - 8 days	4/1/2014

## Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Tin	TIN	80409	<b>For Interface Clients Only: The test build will need to be modified</b> <b>Specimen Requirement:</b> 2 mL serum from a no additive navy blue top tube; Refrigerated <b>Reference Range:</b> < 5.0 ng/mL <b>Days Performed:</b> Sunday - Saturday <b>Reported:</b> 4 - 8 days <b>CPT:</b> 83018	4/3/2014
Trazodone	DESYRL	75526	<b>Reference Range:</b> Therapeutic (0 - 99 years): 0.5 - 2.5 µg/mL Toxic (0 - 99 years): > 4.0 µg/mL	2/18/2014
Trichomonas Vaginalis by Amplified Detection	VAGAMD	89383	<b>Specimen Requirement:</b> Patients <b>MUST</b> be ≥ 14 years of age; Endocervical swab in APTIMA transport media; Refrigerated	2/18/2014
Tumor Necrosis Factor	TNFA2	79800	<b>Special Information:</b> <b>Research Use Only</b> <b>Lower Limit of Detection</b> is 5 pg/mL <b>Reference Range:</b> < 22 pg/mL	2/18/2014
Vitamin B1, Plasma	PVITB1	83477	<b>Specimen Requirement:</b> 3 mL plasma from a sodium or lithium heparin green top tube; <b>Centrifuge, aliquot plasma into an amber tube</b> , and freeze within 1 hour of collection; Frozen	3/24/2014

## Fee Increases

Test Name	Order Code	Billing Code	List Fee	Effective Date
Chlamydia Antibody Evaluation	CIGIM	76227	\$200.00 We recently discovered that this fee change was not communicated in a previous update. We sincerely apologize for this omission on our part.	1/2/2014
Blau Syndrome NOD2/CARD15 Complete Gene Analysis	BLAU	88320	The list fee for this test was incorrectly listed as \$1348.00 in a previous update. The correct list fee should have been <b>\$1,500.00 (non-discountable)</b> . We apologize for the typo and any inconvenience this may have caused.	1/2/2014

## Fee Reductions

Test Name	Order Code	Billing Code	List Fee	Effective Date
Gene Analysis 21 Hydroxylase	21GENE	88173	\$1,235.00 (non-discountable) We recently discovered that this fee change was not communicated in a previous update. We sincerely apologize for this omission on our part.	1/2/2014