Cleveland Clinic

Cleveland Clinic Laboratories

Technical Update • October 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.

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.

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change	Methodology	Reference Range	Days Performed/Reported	CPT	Fee
5	21-Hydroxylase Antibody				■									
2,10	Acanthomoeba Culture												■	■
6-7	Acylcarnitines, Neonates, Plasma				■									
7	Allergen, Cranberry IgE				■									
7	Allergen, Sweet Potato, IgE				■									
7	Allergen, Poppy Seed, IgE				■									
8	Allergen, Pumpkin Seed, IgE				■									
8	Allergen, Squid, IgE				■									
8	C. trachomatis, Miscellaneous Sites, NA Amplification				■									
8	Carnitine, Neonates, Plasma				■									
2	CD2 CD3 Monitoring								■					
2	Chromosomal Microarray SNP, Constitutional						■							
9	CMV PCR, Bone Marrow				■									
10	CMV PCR, CSF, Fluid, and Tissue													■
3	Complement Component 4A											■		
3	Diphenhydramine, Urine												■	
3	Fluconazole							■		■				
10	HDL, 5 Subclasses GGE					■								
9	HLA B* 1502 Typing				■									
3	Human Epididymis Protein 4						■	■		■	■	■		
10	JAK2 Exon 12 - 15 Sequencing													■
3	Long Chain Fatty Acids										■			
3	Magnesium RBC						■							
3	MuSK Antibody Test							■			■	■	■	
3	Mycobacterium tuberculosis Complex PCR, Tissue							■						

Test Update Page #	Summary of Changes by Test Name	Order Code	Billing Code	Name Change	New Test	Test Discontinued	Special Information	Specimen Requirement	Component Change	Methodology	Reference Range	Days Performed/Reported	CPT	Fee
9	N. gonorrhoeae, Miscellaneous Sites, NA Amplification				■									
3	NMR Particle Analysis							■				■		
3	OncoChip Copy Number												■	
3	Oxalate, Serum										■	■		
10	Pancreatitis Panel													■
3	Prometheus Celiac Genetics											■		
3	Prometheus Celiac PLUS							■						
9	Respiratory Viral Panel by PCR				■									
10	Respiratory Virus Panel					■								
3	Rheumatoid Factor IgM, IgG, and IgA										■	■		
4	Rufinamide												■	
4,10	Sex Hormone Binding Globulin							■		■	■	■		■
10	Testosterone, Free, Adult Males by ED/LC-MS/MS													■
4	Thyroid Stimulating Immunoglobulin						■			■	■	■		
4	Torch Antibodies, IgG & IgM											■		
4	Toxoplasma Antibody Evaluation, CSF										■	■		
10	Transplant Activation Markers					■								
4	TRAPS/Familial Hibernian Fever							■		■				
4,10	Trichomonas Prep						■	■		■			■	■
5	Trichomonas vaginalis by Amplified Detection						■	■		■				
10	Trichomonas vaginalis RNA, Urine Qual, Males				■									
5	TSH Receptor Antibody							■		■	■	■		
5	VW Multimer Panel							■						

Test Changes

Test Name	Order Code	Billing Code	Change	Effective Date
Acanthomoeba Culture	AMBCUL	75752	**CPT: 87081, 87015**	11/7/2013
CD2 CD3 Monitoring	CD2MOP	82312	**Includes:** CD3+ Percent CD3+ Absolute Number CD2+ Percent CD2+ Absolute Number **Test build will need to be changed; staff review will no longer be reported.**	12/3/2013
Chromosomal Microarray SNP, Constitutional	CRMSNP	89612	**Special Information:** FISH to confirm CRMSNP will be added by Cytogeneticist when required for the completion of the Chromosomal Microarray test. Days performed excludes Cleveland Clinic observed holidays. Specimens are processed as soon as appropriate FISH probe(s) are received from the vendor. Patient will be charged based on the number of confirmatory probes performed. Fee is per probe and one probe is equivalent to $3,600.00 (non-discountable) with CPT 88368x2. **Focused Chromosome Study to confirm CRMSNP findings will be added by Cytogeneticist when required for the completion of the Chromosomal Microarray test. This may be added for both proband and family studies. No extra sample is required for proband; however, for parental or family studies additional 4 mL whole blood from a sodium heparin green top tube will be required. Additional fee will be $447.00 (non-discountable) with CPT 88261, 88291.**	10/8/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Complement Component 4A	COMP4A	89288	**Days Performed:** Varies **Reported: 22 - 32** days	10/3/2013
Diphenhydramine, Urine	UDIPHN	87818	**CPT: 83789**	11/4/2013
Fluconazole	FLUC	80344	**Specimen Requirement: 1 mL** serum from a **serum separator tube; Remove serum from cells within 2 hours of collection;** Refrigerated **Methodology: Liquid Chromatography - Tandem Mass Spectrometry (LC-MS/MS)**	10/7/2013
Human Epididymis Protein 4	HEP4	88459	**Special Information: Electrochemiluminescence Immunoassay (ECLIA), effective 10/17/2013, will, on average, give results which are 28% higher than the previous method of Enzyme Linked Immunosorbent Assay (ELISA). The performing lab will save all samples, effective 9/14/2013, for re-baselining of positive results at no cost, if requested. Re-baselining will be available for 6 months starting 9/24/2013.** **Specimen Requirement: 1 mL** serum from a serum separator tube; **Refrigerated** **Method: Electrochemiluminescence Immunoassay (ECLIA)** **Reference Range:** Female: ≤ **140 pmol/L** **Male: Not applicable** **Days Performed: Monday - Friday** **Reported: 2 - 5** days	10/17/2013
Long Chain Fatty Acids	LONFAT	75493	**Reference Range:** Phytanic Acid: < **3.00 µg/mL** Pristanic Acid: < **0.3 µg/mL** Ranges for all other components are unchanged	10/31/2013
Magnesium RBC	MAGRBC	82917	**Special Information: This test is not approved for testing of patient samples from New York state.**	11/7/2013
MuSK Antibody Test	MUSK	82592	**Specimen Requirement:** 2 mL serum from a **red top tube**; Refrigerated **Reference Range: Negative: < 10** **Borderline: 10** **Positive: ≥ 20** **Days Performed: Monday - Saturday** **Reported: 8 - 15** days **CPT: 83519**	10/31/2013
Mycobacterium tuberculosis Complex PCR, Tissue	MTPCRT	87922	**Specimen Requirement:** Tissue in sterile container; **Specimen source must be included;** Frozen Test build may need to be modified	10/24/2013
NMR Particle Analysis	NMRPAR	89316	**Specimen Requirement:** 2 mL serum from a red top tube; Do not use serum separator tubes. Allow specimen to clot at room temperature for 30 minutes. Separate serum from cells and refrigerate within **8** hours of collection; Refrigerated **Days Performed:** Varies **Reported:** 4 - **7** days	9/13/2013
OncoChip Copy Number	CNE	88012	**CPT: 81406**	10/15/2013
Oxalate, Serum	OXLATE	82970	**Reference Range: 2.5 (SD 0.7)** µmol/L **Days Performed:** Wednesday **Reported: 2 - 9** days	12/2/2013
Prometheus Celiac Genetics	CELIA	82969	**Days Performed:** Monday - Friday **Reported: 4 - 8** days	10/17/2013
Prometheus Celiac PLUS	CEPLUS	84315	**Specimen Requirement:** THIS ASSAY REQUIRES MULTIPLE SPECIMEN TYPES; 2 mL serum from a serum separator tube *AND* **2 mL** whole blood in an EDTA lavender top tube; Both tubes Ambient	10/17/2013
Rheumatoid Factor IgM, IgG, and IgA	RHEUMA	84429	**Reference Range:** Rheumatoid Factor IgG: ≤ **6 Units** Rheumatoid Factor IgM: ≤ **6 Units** Rheumatoid Factor IgA: ≤ **6 Units** **Days Performed: Monday, Wednesday, Friday** **Reported:** 2 - **5** days	9/13/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Rufinamide	RUFIN	88110	**CPT: 83789**	11/4/2013
Sex Hormone Binding Globulin	SHBG2	79803	**Specimen Requirement: 1 mL** serum from a serum separator tube; **Refrigerated** **Methodology: Electrochemiluminescence Immunoassay (ECLIA)** **Reference Range:** **Male: 20 - 49 years: 16.5 - 55.9** nmol/L **≥ 50 years: 19.3 - 76.4** nmol/L **Female: 21 - 49 years: 24.6 - 122** nmol/L **≥ 50 years: 17.3 - 125** nmol/L **Days Performed: Sunday - Saturday** **Reported:** 2 - 4 days	12/2/2013
Thyroid Stimulating Immunoglobulin	TSIG	41070	**Special Information: TSH levels > 6 mU/L may produce a weakly positive Thyroid Stimulating Immunoglobulin result.** **Methodology:** Chemiluminescence Immunoassay (CLIA), **Bioassay** **Reference Range: Negative: ≤ 122% of normal response** **Positive: ≥ 123% of normal response** **Days Performed: Monday - Saturday** **Reported: 3 - 6** days	10/3/2013
Torch Antibodies, IgG & IgM	TORCH	79189	**Days Performed:** Tuesday, Thursday, Saturday **Reported:** 2 - **5** days	11/14/2013
Toxoplasma Antibody Evaluation, CSF	CSFTOX	81721	**Reference Range:** IgG: < 0.90 Index IgM: **< 0.80 Index** **Days Performed:** Tuesday, Friday **Reported:** 2 - **6** days	9/30/2013
TRAPS/Familial Hibernian Fever	TRAPS	82892	**Specimen Requirement:** 4 mL whole blood in an EDTA lavender top tube; **Refrigerated** **Methodology: Capillary Sequencing**	11/14/2013
Trichomonas Prep	TRICHO	77786	**Special Information:** **1. The OSOM® Trichomonas Rapid test has not been approved for urine samples. The test has only been validated for qualitative detection of T. vaginalis antigen from vaginal swabs.** **2. A negative result may be obtained if the specimen is inadequate or if the antigen concentration is below the sensitivity of the test.** **3. Samples contaminated with preparations containing iodine or by the immediate prior use of vaginal lubricant are not recommended.** **4. The test does not differentiate between viable and non-viable organisms nor does it differentiate between acute infection and carrier status.** **5. Staph aureus in specimens at concentrations higher than 1 x 10(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.** **6. Limit of Detection - The OSOM® Trichomonas Rapid test is reported to detect as little as 2,500 organisms/mL.** **Specimen Requirement:** Prostatic fluid Copan swab or in Stuarts medium; Ambient, if sent same day; Refrigerated, if sent next day *OR* Urethral Copan swab or in Stuarts medium; Ambient, if sent same day; Refrigerated, if sent next day *OR* Vaginal Copan swab or in Stuarts medium; Ambient, if sent same day; Refrigerated, if sent next day **Urines are no longer acceptable for this test, please order Trichomonas vaginalis, Urine Qual, Females, by TMA (UTRICF) or Trichomonas vaginalis RNA, Urine Qual, Males (UTRICM) for urine samples.** **Methodology: Immunochromatographic** **CPT: 87808**	11/11/2013

Test Changes (cont.)

Test Name	Order Code	Billing Code	Change	Effective Date
Trichomonas vaginalis by Amplified Detection	VAGAMD	89383	**Special Information: Urine specimen MUST be from females only;** To reduce the potential for contamination ThinPrep® specimens should be poured off, using sterile technique, into the APTIMA® specimen transfer tube prior to cytology testing; **This test is intended for medical purposes only and is not valid for the evaluation of suspected sexual abuse or for other forensic purposes.** **Specimen Requirement:** Endocervical or vaginal swab in APTIMA® Combo2 Transport Media; Refrigerated *OR* Cervical brush in Thin Prep media; Vortex Pap media and transfer 1 mL aliquot to APTIMA Combo2 transport media; Refrigerated *OR* 2 mL random urine in APTIMA® Combo2 Transport Media; **For Females Only, The patient should not have urinated for at least one hour prior to specimen collection. Patient to provide a first-catch urine (approximately 20 - 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Patients should not cleanse the labial area prior to providing the specimen. Within 24 hours of collection, transfer 2 mL of urine, using a disposable pipette, into Aptima® urine transport medium. The correct volume of urine has been added when the fluid level is between the black fill lines on the specimen transport tube label. Urine specimens must be refrigerated pending transfer into Aptima® urine transport medium. Aptima® urine medium is available through Client Services at 800.628.6816 or 216.444.5755. When complete, store and transport** Refrigerated **Methodology: Transcription Mediated Amplification**	10/24/2013
TSH Receptor Antibody	TRAB	41202	**Specimen Requirement: THIS ASSAY REQUIRES MULTIPLE ALIQUOT TUBES;** 2 mL serum from a serum separator tube **split into two separate aliquot tubes;** Refrigerated **Methodology: Chemiluminescent Immunoassay, Bioassay** **Reference Range:** Thyroid Stimulating Immunoglobulins: **Negative: ≤ 122% of normal response** **Positive: ≥ 123% of normal response** TSH Binding Inhibition: < 1.0 U/L **Days Performed:** Thyroid Stimulating Immunoglobulins: **Monday - Saturday** TSH Binding Inhibition: Monday, Thursday **Reported: 3 - 6** days	10/3/2013
VW Multimer Panel	VWMULP	89323	**Specimen Requirement:** 3 mL **platelet-poor** plasma from a sodium citrate light blue top tube; Frozen	9/16/2013

New Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
21-Hydroxylase Antibody	21OHAB	89715	**Specimen Requirement:** 1 mL serum from a red top tube; Refrigerated **Methodology:** Radioimmunoassay (RIA) **Reference Range:** ≤ 1.0 U/mL **Days Performed:** Tuesday **Reported:** 3 - 11 days **CPT:** 83519 **Price:** $99.00	11/7/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Acylcarnitines, Neonates, plasma	ACYLN	89673	**Includes:** Acylcarnitine (C2) Propionylcarnitine (C3) Iso-/Butyrylcarnitine (C4) Isovaleryl-/2-Methylbutyrylcarnitine (C5) Hexanoylcarnitine (C6) 3-OH-hexanoylcarnitine (C6-OH) Octenoylcarnitine (C8:1) Octanoylcarnitine (C8) Decenoylcarnitine (C10:1) Decanoylcarnitine (C10) Glutarylcarnitine (C5-DC) Dodecenoylcarnitine (C12:1) Dodecanoylcarnitine (C12) 3-OH-dodecanoylcarnitine (C12-OH) Tetradecadienoylcarnitine (14:2) Tetradecenoylcarnitine (C14:1) Tetradecanoylcarnitine (C14) 3-OH-tetradecenoylcarnitine (C14:1OH) 3-OH tetradecanoylcarnitine (C14-OH) Hexadecenoylcarnitine (C16:1) Hexadecanoylcarnitine (C16) 3-OH-hexadecenoylcarnitine (C16:1-OH) 3-OH-hexadecanoylcarnitine (C16-OH) Linoleylcarnitine (C18:2) Oleylcarnitine (C18:1) Stearoylcarnitine (C18) 3-OH-linoleylcarnitine (C18:2-OH) 3-OH-oleylcarnitine (C18:1-OH) **Special Information:** This test is ONLY for neonates ≤ 1 month old. **Specimen Requirement:** 0.1 mL plasma from an EDTA lavender top tube; Draw specimen just prior to a scheduled meal or feeding; Frozen **Methodology:** Flow Injection Analysis - Tandem Mass Spectrometry (FIA-MS/MS) **Reference Range:** (nmol/mL) Acylcarnitine (C2): 1 - 7 days: 2.14 - 15.89 8 days - 1 month: 2.00 - 27.57 Propionylcarnitine (C3): 1 - 7 days: < 0.55 8 days - 1 month: < 1.78 Iso-/Butyrylcarnitine (C4): 1 - 7 days: < 0.46 8 days - 1 month: < 1.06 Isovaleryl-/2-Methylbutyrylcarnitine (C5): 1 - 7 days: < 0.38 8 days - 1 month: < 0.63 Hexanoylcarnitine (C6): 1 - 7 days: < 0.14 8 days - 1 month: < 0.23 3-OH-hexanoylcarnitine (C6-OH): 1 - 7 days: < 0.08 8 days - 1 month: < 0.19 Octenoylcarnitine (C8:1): 1 - 7 days: < 0.48 8 days - 1 month: < 0.91 Octanoylcarnitine (C8): 1 - 7 days: < 0.19 8 days - 1 month: < 0.45 Decenoylcarnitine (C10:1): 1 - 7 days: < 0.25 8 days - 1 month: < 0.46 Decanoylcarnitine (C10): 1 - 7 days: < 0.27 8 days - 1 month: < 0.91 Glutarylcarnitine (C5-DC): 1 - 7 days: < 0.06 8 days - 1 month: < 0.10 Dodecenoylcarnitine (C12:1): 1 - 7 days: < 0.19 8 days - 1 month: < 0.37 Dodecanoylcarnitine (C12): 1 - 7 days: < 0.18 8 days - 1 month: < 0.35 3-OH-dodecanoylcarnitine (C12-OH): 1 - 7 days: < 0.06 8 days - 1 month: < 0.09	10/24/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Acylcarnitines, Neonates, plasma continued			**Reference Range continued:** Tetradecadienoylcarnitine (14:2): 1 - 7 days: < 0.09 8 days - 1 month: < 0.13 Tetradecenoylcarnitine (C14:1): 1 - 7 days: < 0.16 8 days - 1 month: < 0.35 Tetradecanoylcarnitine (C14): 1 - 7 days: < 0.11 8 days - 1 month: < 0.15 3-OH-tetradecenoylcarnitine (C14:1OH): 1 - 7 days: < 0.06 8 days - 1 month: < 0.18 3-OH tetradecanoylcarnitine (C14-OH): 1 - 7 days: < 0.04 8 days - 1 month: < 0.05 Hexadecenoylcarnitine (C16:1): 1 - 7 days: < 0.15 8 days - 1 month: < 0.21 Hexadecanoylcarnitine (C16): 1 - 7 days: < 0.36 8 days - 1 month: < 0.52 3-OH-hexadecenoylcarnitine (C16:1-OH): 1 - 7 days: < 0.78 8 days - 1 month: < 0.36 3-OH-hexadecanoylcarnitine (C16-OH): 1 - 7 days: < 0.10 8 days - 1 month: < 0.07 Linoleylcarnitine (C18:2): 1 - 7 days: < 0.12 8 days - 1 month: < 0.31 Oleylcarnitine (C18:1): 1 - 7 days: < 0.25 8 days - 1 month: < 0.45 Stearoylcarnitine (C18): 1 - 7 days: < 0.10 8 days - 1 month: < 0.12 3-OH-linoleylcarnitine (C18:2-OH): 1 - 7 days: < 0.04 8 days - 1 month: < 0.06 3-OH-oleylcarnitine (C18:1-OH): 1 - 7 days: < 0.03 8 days - 1 month: < 0.04 **Days Performed:** Monday - Friday **Reported:** 3 - 6 days **CPT:** 82017 **Price:** $70.00 (non-discountable)	
Allergen, Cranberry IgE	CRANBY	89665	**Specimen Requirement:** 0.1 mL serum from a serum separator tube; Refrigerated **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** < 0.35 kU/L **Days Performed:** Sunday - Saturday **Reported:** 1 - 2 days **CPT:** 86003 **Price:** $33.00	10/29/2013
Allergen, Sweet Potato, IgE	SWEPOT	89666	**Specimen Requirement:** 0.1 mL serum from a serum separator tube; Refrigerated **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** < 0.35 kU/L **Days Performed:** Sunday - Saturday **Reported:** 1 - 2 days **CPT:** 86003 **Price:** $33.00	10/29/2013
Allergen, Poppy Seed, IgE	POPSED	89667	**Specimen Requirement:** 0.1 mL serum from a serum separator tube; Refrigerated **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** < 0.35 kU/L **Days Performed:** Sunday - Saturday **Reported:** 1 - 2 days **CPT:** 86003 **Price:** $33.00	10/29/2013

New Tests (cont.)

Test Name	Order Code	Billing Cod	Test Information	Effective Date
Allergen, Pumpkin Seed, IgE	PUMKSD	89668	**Specimen Requirement:** 0.1 mL serum from a serum separator tube; Refrigerated **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range**: < 0.35 kU/L **Days Performed:** Sunday - Saturday **Reported:** 1 - 2 days **CPT:** 86003 **Price:** $33.00	10/29/2013
Allergen, Squid, IgE	SQUID	89669	**Specimen Requirement:** 0.1 mL serum from a serum separator tube; Refrigerated **Methodology:** Fluorescent Enzyme Immunoassay (FEIA) by ImmunoCAP **Reference Range:** < 0.35 kU/L **Days Performed:** Sunday - Saturday **Reported:** 1 - 2 days **CPT:** 86003 **Price:** $33.00	10/29/2013
C. trachomatis, Miscellaneous Sites, NA Amplification	NAACT	89717	**Special Information:** This assay is intended for use in clinical monitoring or management of patients; it is not intended for use in medico-legal applications. In general, this assay should not be used to assess therapeutic success or failure, since nucleic acids from these organisms may persist for 3 weeks or more following antimicrobial therapy. **Specimen Requirement:** One APTIMA Collection Unisex swab from ocular, oral, anal, or rectal sites; Refrigerated **Methodology:** Transcription Mediated Amplification **Reference Range:** Negative **Days Performed:** Monday - Saturday **Reported:** 2 - 4 days **CPT:** 87491 **Price:** $158.00 (non-discountable)	11/14/2013
Carnitine, Neonates, Plasma	NCARN	89674	**Includes:** Total Carnitine Free Carnitine Acylcarnitine Acylcarnitine/Free Carnitine ratio **Special Information:** This test is ONLY for neonates ≤ 1 month old. **Specimen Requirement:** 0.5 mL plasma from an EDTA lavender top tube; Frozen **Methodology:** Flow Injection Analysis - Tandem Mass Spectrometry (FIA-MS/MS) **Reference Range**: Total Carnitine: 1 day: 23 - 68 nmol/mL 2 - 7 days: 17 - 41 nmol/mL 8 - 31 days: 19 - 59 nmol/mL Free Carnitine: 1 day: 12 - 36 nmol/mL 2 - 7 days: 10 - 21 nmol/mL 8 - 31 days: 12 - 46 nmol/mL Acylcarnitine: 1 day: 7 - 37 nmol/mL 2 - 7 days: 3 - 24 nmol/mL 8 - 31 days: 4 - 15 nmol/mL Acylcarnitine/Free Carnitine ratio: 1 day: 0.4 - 1.7 2 - 7 days: 0.2 - 1.4 8 - 31 days: 0.1 - 0.7 **Days Performed:** Monday - Friday **Reported:** 3 - 6 days **CPT:** 82379 **Price:** $70.00 (non-discountable)	10/24/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
CMV PCR, Bone Marrow	CMVBM	89659	**Special Information:** This assay is only to be used for patients with a clinical history and symptoms consistent with CMV infection, and must be interpreted in the context of the clinical picture. This test should not be used to screen asymptomatic patients. **Specimen Requirement:** 0.5 mL bone marrow in an EDTA lavender top tube; Refrigerated **Methodology:** Real-Time Polymerase Chain Reaction (PCR) DNA Probe Hybridization **Reference Range:** Negative **Days Performed:** Monday - Saturday **Reported:** 2 - 4 days **CPT:** 87496 **Price:** $366.00 (non-discountable)	10/10/2013
HLA B* 1502 Typing	B1502	89713	**Specimen Requirement:** 5 mL whole blood in an ACD A or B yellow top tube; Ambient **Methodology:** Polymerase Chain Reaction (PCR) Sequence Specific Oligonucleotide Probes **Reference Range:** Refer to report **Days Performed:** Monday - Friday **Reported:** 9 - 10 days **CPT:** 81381 **Price:** $250.00 (non-discountable)	11/7/2013
N. gonorrhoeae, Miscellaneous Sites, NA Amplification	NAAGC	89712	**Special Information:** This assay is intended for use in clinical monitoring or management of patients; it is not intended for use in medico-legal applications. In general, this assay should not be used to assess therapeutic success or failure, since nucleic acids from these organisms may persist for 3 weeks or more following antimicrobial therapy. **Specimen Requirement:** One APTIMA Collection Unisex swab from ocular, oral, anal, or rectal sites; Refrigerated **Methodology:** Transcription Mediated Amplification **Reference Range:** Negative **Days Performed:** Monday - Saturday **Reported:** 2 - 4 days **CPT:** 87591 **Price:** $160.00 (non-discountable)	11/14/2013
Respiratory Viral Panel by PCR	RVPPCR	89720	**Includes:** Influenza A, Influenza A H1, Influenza A H3, Influenza A H1N1 2009, Influenza B, Respiratory Syncytial Virus A, Respiratory Syncytial Virus B, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Human Metapneumovirus, Rhinovirus, Adenovirus B/E, Adenovirus C **Specimen Requirement:** Nasopharyngeal swab in M4; Refrigerated **Methodology:** Reverse Transcription/Polymerase Chain Reaction (RT/PCR) **Reference Range:** Negative **Days Performed:** Sunday - Saturday, not performed on Cleveland Clinic holidays **Reported:** 2 - 3 days **CPT:** 87633 **Price:** $440.00	12/2/2013

New Tests (cont.)

Test Name	Order Code	Billing Code	Test Information	Effective Date
Trichomonas vaginalis RNA, Urine Qual, Males	UTRICM	89708	**Special Information:** For Males Only **Specimen Requirement:** 2 mL random urine in a clean container; The patient should not have urinated for at least one hour prior to specimen collection. Patient to provide a first-catch urine (approximately 20 - 30 mL of the initial urine stream) into a urine collection cup free of any preservatives. Collection of larger volumes of urine may result in specimen dilution that may reduce test sensitivity. Two mL of urine specimen MUST be transferred into the Gen-Probe Aptima® Urine transport medium ASAP or within 24 hours of collection and before being assayed. Urine specimens must be refrigerated pending transfer into Aptima® urine transport medium. Aptima® Urine transport medium is available through Client Services at 800.628.6816 or 216.444.5755. Transport Refrigerated **Methodology:** Transcription Mediated Amplification (TMA) **Reference Range:** Not detected **Days Performed:** Monday - Saturday **Reported:** 4 - 6 days **CPT:** 87798 **Price:** $136.00 (non-discountable)	10/24/2013

Fee Increases

Test Name	Order Code	Billing Code	List Fee	CPT Code
Acanthomoeba Culture	AMBCUL	75752	$65.00 **(non-discountable)**	87081, 87015
Pancreatitis Panel	PANCPL	83724	$3,800.00 (non-discountable)	81223, 81404x2, 81224
Trichomonas Prep	TRICHO	77786	$54.00	87808

Fee Reductions

Test Name	Order Code	Billing Code	List Fee	CPT Code
CMV PCR, CSF, Fluid, and Tissue	CMVCSF	79779	$105.00 (non-discountable)	87496
JAK2 Exon 12 - 15 Sequencing	JAKNON	87775	$500.00 (non-discountable)	81403
Sex Hormone Binding Globulin	SHBG2	79803	$49.00 **(discountable)**	84270
Testosterone, Free, Adult Males by ED/LC-MS/MS	FTESAM	89350	$300.00 **(discountable)**	84402

Discontinued Tests

Test Name	Order Code	Billing Code	Test Information	Effective Date
HDL, 5 Subclasses GG	HDLGGE	89561	This test will no longer be available.	10/3/2013
Respiratory Virus Panel	RVPAN	83312	This test will no longer be available. Suggest ordering Respiratory Viral Panel by PCR (RVPPCR)	12/2/2013
Transplant Activation Markers	TAM	38	This test will no longer be available.	12/3/2013