

July 2015 - Monthly Update, Quest Diagnostics Nichols Institute, Valencia

TEST CHANGES				
Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.				
Test Code	Former Test Code	Test Name	Effective Date	Page #
		Cystic Fibrosis TAT changes	6/10/2015	3
S51380		Methaqualone by GC/MS Urine	6/10/2015	3
<u>34184</u>		Natural Killer Cells, Functional	6/10/2015	3
A51771		Opiate Verification, Serum	6/10/2015	3
		TAT changes for Drugs 1	6/10/2015	3
		TAT changes for Drugs 2	6/10/2015	3
<u>91258</u>		Zolpidem, Quantitative, Urine	6/10/2015	4
P38164C		Custom Carson Immunofixation, Serum	8/3/2015	4
P38164B		Custom Carson Myeloma Panel	8/3/2015	5
P35691N		Custom CCRMC Cryoglobulin Reflex IFE Panel	8/3/2015	7
P40434A		Custom Colquitt Protein Electrophoresis w/Rfx to Immuno	8/3/2015	7
P48006B		Custom Crisp Immunoelectrophoresis Panel	8/3/2015	8
P43287O		Custom Duncan Myeloma Panel	8/3/2015	10
P41643A		Custom Houston PEP/IFE Panel	8/3/2015	12
P9396G		Custom Licking PEP w/Monoclonal Region	8/3/2015	13
P9517C		Custom Loma Linda VA SPE with Reflex	8/3/2015	15
P38325F		Custom Mercy Electrophoresis Panel- Serum	8/3/2015	16
P36116A		Custom Tulare District Hospital Immunofixation Panel	8/3/2015	17
P9516C		Custom VAMCSF PEP Serum Panel	8/3/2015	19
<u>1762</u>		Free Kappa & Lambda, w/ K/L Ratio,w/Rfx Immunofixation Ser	8/3/2015	20
<u>549</u>	3125	Immunofixation, Serum	8/3/2015	20
<u>7083</u>	1045	Immunoglobulin Profile, Serum	8/3/2015	21
<u>10269</u>		Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum	8/3/2015	22
<u>747</u>	1583	Protein, Total and Protein Electrophoresis	8/3/2015	23
<u>7892</u>	1583G	Protein, Total and Protein Electrophoresis, with Scan	8/3/2015	24
<u>754</u>	1324	Protein, Total, Serum	8/3/2015	25
<u>91664</u>		Clostridium difficile Toxin/GDH with reflex to PCR	8/17/2015	26
<u>91001</u>		Omega-3 and -6 Fatty Acids	8/17/2015	26

DISCONTINUED TESTS			
Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.			
Test Code	Test Name	Effective Date	Page #

<u>1580</u>	Protein Electrophoresis (PEP)	8/3/2015	27
<u>1584</u>	Protein Electrophoresis (PEP) Evaluation Serum	8/3/2015	27
1580G	Protein Electrophoresis (PEP) with Scan	8/3/2015	27
	Aerobic Susceptibilities	8/24/2015	27
S52503	Antimicrobial Combination Testing, Synergy, 3 Drug	8/24/2015	28
	Antimicrobial Susceptibilities	8/24/2015	28
<u>2399</u>	Mycoplasma Hominis Culture	8/24/2015	28
<u>90342</u>	Susceptibility, <i>Mycobacterium tuberculosis</i> , Second-tier Drugs, Broth Method	8/24/2015	29
<u>2429</u>	Ureaplasma Urealyticum Culture	8/24/2015	29

NY UPDATE		
Please Note: Not all test codes assigned to each assay are listed in the table of contents. Please refer to the complete listing on the page numbers indicated.		
Test Code	Test Name	Page #
<u>92977</u>	Anti-Annexin V IgG and IgM	29
	New York Approval for Cystic Fibrosis Tests	29

SEND OUTS				
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Test Code	Former Test Code	Test Name	Effective Date	Page #
S40965		Oxalate, Serum/Plasma	8/3/2015	29

Announcements

ICD-10 Codes

The healthcare industry transition from ICD-9 diagnosis codes to the ICD-10 system is required for everyone covered by the Health Insurance Portability Accountability Act (HIPAA). Quest Diagnostics is actively working to provide a seamless transition to the ICD-10 system for all of our clients, including those who use our Care360® lab ordering system, Care360 EHR, or another EHR vendor. We are also working with health plan payers to support our mutual clients.

Quest Diagnostics will be ready to receive ICD-10 codes for dates of service on and after October 1, 2015. The health plan payers we work with have been surveyed about their preparations and readiness for ICD-10 and all have stated that they would be ready for ICD-10 by October 1, 2015.

After September 30, 2015, no ICD-9 codes should be submitted. Our Care360 application will help facilitate correct data entry by requesting the appropriate code, either ICD-9 or ICD-10, based on date of service. It is imperative that you choose the most specific ICD-10 code to avoid a potential increase of denials from health plans, including those appropriate to age and gender of your patients. We are encouraging our clients who submit laboratory orders using EHR vendors to ensure that their vendor is ready to submit ICD-10 codes to us beginning on October 1, 2015.

When submitting scheduled or standing orders, it is necessary to provide a valid ICD-9 and ICD-10 diagnosis code with a scheduled or standing order that requires the patient to obtain laboratory services before and after the new ICD-10 implementation date of October 1, 2015. The order cannot be completed without a valid ICD-9 and ICD-10 diagnosis code, if the services will continue on or after October 1, 2015. Please confirm that you chose the most specific ICD-10 code for each diagnosis to avoid a potential increase of denials from health plans.

We will update all requisitions to remove ICD-9 code information. You will receive updated requisitions in September 2015. Your sales representative will visit your office to collect outdated requisitions containing ICD-9 information beginning October 1, 2015.

Quest Diagnostics is committed to providing you timely access to information about the ICD-10 transition. We have created a resource page with references and insight on our progress towards a successful transition. For more information, please visit QuestDiagnostics.com/ICD10.

Test Changes

The following test changes will be effective on the dates indicated below. **Please note information that is changing appears in bold text in this**

update. Former test names and test codes have been italicized.

Cystic Fibrosis TAT changes													
Effective Date	6/10/2015												
Set-up/Analytic Time	Set-up: Daily; Report available: 7 days												
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>90891</td> <td>Ashkenazi Jewish Panel (11 Tests)</td> </tr> <tr> <td>90994</td> <td>Ashkenazi Jewish Panel (4 Tests)</td> </tr> <tr> <td>92068</td> <td>CFvantage(R) Cystic Fibrosis Expanded Screen</td> </tr> <tr> <td>A51880</td> <td>Cystic Fibrosis DNA Analysis, Fetus</td> </tr> <tr> <td>90949</td> <td>Prenatal Carrier Screen (CF, Fragile X, SMA)</td> </tr> </tbody> </table>	Test Codes:	Name:	90891	Ashkenazi Jewish Panel (11 Tests)	90994	Ashkenazi Jewish Panel (4 Tests)	92068	CFvantage(R) Cystic Fibrosis Expanded Screen	A51880	Cystic Fibrosis DNA Analysis, Fetus	90949	Prenatal Carrier Screen (CF, Fragile X, SMA)
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Methaqualone by GC/MS Urine	
Effective Date	6/10/2015
Test Code	S51380
Set-up/Analytic Time	Set-up: Wed; Report available: 3 days

Natural Killer Cells, Functional	
Effective Date	6/10/2015
Test Code	34184
Set-up/Analytic Time	Set-up: Tues-Fri; Report available 2-6 days

Opiate Verification, Serum	
Effective Date	6/10/2015
Test Code	A51771
Set-up/Analytic Time	Set-up: Daily; Report available: 3 days

TAT changes for Drugs 1									
Effective Date	6/10/2015								
Set-up/Analytic Time	Set-up: Mon-Sat; Report available: 3 days								
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TAT changes for Drugs 2	
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Effective Date	6/10/2015	
Set-up/Analytic Time	Set-up: Tues-Sat; Report available: 3 days	
Tests Affected	Test Codes:	Name:
	S51421	Butalbital, Serum
	S51423	Propoxyphene, Quantitation
	S51455	Secobarbital, Serum

Zolpidem, Quantitative, Urine	
Effective Date	6/10/2015
Test Code	91258
Set-up/Analytic Time	Set-up: Tues-Sat; Report available: 2 days

Custom Carson Immunofixation, Serum		
Effective Date	8/3/2015	
Test Code	P38164C	
Reject Criteria	Gross hemolysis; hyperlipemia	
Instructions	Overnight fasting is preferred.	
Reference Range	Immunofixation, Serum	No monoclonal proteins detected
	Immunoglobulin Profile, Serum	mg/dL
	Immunoglobulin A	Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 > or = 16 Years: 81-463
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Methodology	Immunofixation, Immunoturbidimetric															
Performing Site	Quest Diagnostics Nichols Institute, Valencia															
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Additional Information	If Cryoglobulin is detected after 7 days, Immunofixation will be performed at an additional charge (CPT code(s): 86334).														

Custom Colquitt Protein Electrophoresis w/Rfx to Immuno																																		
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Additional Information	If Abnormal Protein Band is detected, Immunoglobulins Panel will be performed at an additional charge (CPT code(s): 82784 (x3))																																																								

Custom Crisp Immunoelectrophoresis Panel														
Effective Date	8/3/2015													
Test Code	P48006B													
Reject Criteria	Gross hemolysis; grossly lipemic; plasma													
Instructions	Overnight fasting is preferred.													
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 28 days													
Reference Range	<table border="1"> <tr> <td colspan="3">Protein, Total, Serum - No change</td> </tr> <tr> <td colspan="3">Protein Electrophoresis, with Scan</td> </tr> <tr> <th></th> <th>Reference Range</th> <th>Unit of Measure</th> </tr> <tr> <td>Albumin</td> <td>3.8 - 4.8</td> <td>g/dL</td> </tr> </table>		Protein, Total, Serum - No change			Protein Electrophoresis, with Scan				Reference Range	Unit of Measure	Albumin	3.8 - 4.8	g/dL
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	Gamma Globulin	0.8 - 1.7	g/dL
	Abnormal Protein Band 1	None detected	g/dL
	Abnormal Protein Band 2	None detected	g/dL
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	Immunofixation, Serum	No monoclonal proteins detected	
	Immunoglobulin Profile, Serum		
	Immunoglobulin A	Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 > or = 16 Years: 81-463	mg/dL
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	Free Kappa & Lambda, with K/L Ratio, Serum		
	Free Kappa, Serum	3.3-19.4	mg/L
Free Lambda, Serum	5.7-26.3	mg/L	
Free Kappa/Lambda Ratio	.26-1.65		
Methodology	Capillary Zone Electrophoresis, Spectrophotometry, Immunofixation, Immunoturbidimetric, Nephelometry		
Performing Site	Quest Diagnostics Nichols Institute, Valencia		
Interface Mapping	Result Code	Result Name	Unit of Measure

25001300	Total, Protein, Serum	g/dL
50055700	Albumin	g/dL
50055800	Alpha 1 Globulin	g/dL
50055900	Alpha 2 Globulin	g/dL
86013634	Beta 1 Globulin	g/dL
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50058500	Interpretation	
45017500	Interpretation	
45073600	Immunoglobulin A	mg/dL
45073700	Immunoglobulin G	mg/dL
45073800	Immunoglobulin M	mg/dL
200746-XX	Free Kappa, Serum	mg/L
200747-XX	Free Lambda, Serum	mg/L
200748	Free Kappa/Lambda Ratio	

Custom Duncan Myeloma Panel																	
Effective Date	8/3/2015																
Test Code	P43287O																
Reject Criteria	Gross hemolysis; hyperlipemia																
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 30 days																
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Performing Site	Quest Diagnostics Nichols Institute, Valencia																												
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	50059702	Abnormal Protein Band 3	g/dL
	50058500	Interpretation	

Custom Houston PEP/IFE Panel																																															
Effective Date	8/3/2015																																														
Test Code	P41643A																																														
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																														
Instructions	Overnight fasting is preferred.																																														
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Methodology **Capillary Zone Electrophoresis, Spectrophotometry, Immunofixation, Immunoturbidimetric**

Performing Site Quest Diagnostics Nichols Institute, Valencia

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Custom Licking PEP w/Monoclonal Region	
Effective Date	8/3/2015

Test Code	P9396G																																																					
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																																					
Instructions	Overnight fasting is preferred																																																					
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 28 days																																																					
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	<i>*TR (True Reflex) Flag</i> <i>Interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</i>		
Additional Information	Reflexing criteria based on predefined original request remains unchanged.		

Custom Loma Linda VA SPE with Reflex																																							
Clinical Significance	Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta-1, Beta-2, and Gamma. Interpretation of elevation, decreased, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).																																						
Effective Date	8/3/2015																																						
Test Code	P9517C																																						
Specimen Requirements	2 mL (1 mL minimum) serum																																						
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																						
Instructions	Overnight fasting is preferred.																																						
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 28 days																																						
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<p><i>*TR (True Reflex) Flag</i> <i>CPU interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</i></p>			
Additional Information	If Abnormal Protein Band is detected, Immunofixation will be performed at an additional charge (CPT code(s): 86334)		

Custom Mercy Electrophoresis Panel- Serum																																						
Effective Date	8/3/2015																																					
Test Code	P38325F																																					
Specimen Requirements	2 mL (1 mL minimum) serum																																					
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																					
Instructions	Overnight fasting is preferred.																																					
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Custom Tulare District Hospital Immunofixation Panel										
Effective Date	8/3/2015									
Test Code	P36116A									
Reject Criteria	Gross hemolysis; grossly lipemic; plasma									
Instructions	Overnight fasting is preferred.									
Specimen Stability	Room temperature: 72 hours Refrigerated: 7 days Frozen: 28 days									
Reference Range	Protein, Total, Serum - No change									
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	P41835B	Custom PPL Immunofixation Electro w/Monoclonal & Quant	

Custom VAMCSF PEP Serum Panel																																						
Effective Date	8/3/2015																																					
Test Code	P9516C																																					
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																					
Instructions	Overnight fasting is preferred																																					
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 28 days																																					
Reference Range	<table border="1"> <tr> <td colspan="3">Protein, Total, Serum - No change</td> </tr> <tr> <td colspan="3">Protein Electrophoresis, Serum</td> </tr> <tr> <td></td> <td>Reference Range</td> <td>Unit of Measure</td> </tr> <tr> <td>Albumin</td> <td>3.8 - 4.8</td> <td>g/dL</td> </tr> <tr> <td>Alpha-1 Globulin</td> <td>0.2 - 0.3</td> <td>g/dL</td> </tr> <tr> <td>Alpha-2 Globulin</td> <td>0.5 - 0.9</td> <td>g/dL</td> </tr> <tr> <td>Beta-1 Globulin</td> <td>0.4 - 0.6</td> <td>g/dL</td> </tr> <tr> <td>Beta-2 Globulin</td> <td>0.2 - 0.5</td> <td>g/dL</td> </tr> <tr> <td>Gamma Globulin</td> <td>0.8 - 1.7</td> <td>g/dL</td> </tr> <tr> <td>Abnormal Protein Band 1</td> <td>None detected</td> <td>g/dL</td> </tr> <tr> <td>Abnormal Protein Band 2</td> <td>None detected</td> <td>g/dL</td> </tr> <tr> <td>Abnormal Protein Band 3</td> <td>None detected</td> <td>g/dL</td> </tr> </table>		Protein, Total, Serum - No change			Protein Electrophoresis, Serum				Reference Range	Unit of Measure	Albumin	3.8 - 4.8	g/dL	Alpha-1 Globulin	0.2 - 0.3	g/dL	Alpha-2 Globulin	0.5 - 0.9	g/dL	Beta-1 Globulin	0.4 - 0.6	g/dL	Beta-2 Globulin	0.2 - 0.5	g/dL	Gamma Globulin	0.8 - 1.7	g/dL	Abnormal Protein Band 1	None detected	g/dL	Abnormal Protein Band 2	None detected	g/dL	Abnormal Protein Band 3	None detected	g/dL
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Methodology	Capillary Zone Electrophoresis, Spectrophotometry																																					
Performing Site	Quest Diagnostics Nichols Institute, Valencia																																					

Interface Mapping	Result Code	Result Name	Unit of Measure
	25001300	Protein, Total, Serum	g/dL
	50055700	Albumin	g/dL
	50055800	Alpha 1 Globulin	g/dL
	50055900	Alpha 2 Globulin	g/dL
	86013634	Beta 1 Globulin	g/dL
	86013635	Beta 2 Globulin	g/dL
	50056100	Gamma Globulin	g/dL
	50059700	Abnormal Protein Band 1	g/dL
	50059701	Abnormal Protein Band 2	g/dL
	50059702	Abnormal Protein Band 3	g/dL
	50058500	Interpretation	
	<i>*TR RfJ-Reflex Immunofixation, Serum</i>		
	Result Code	Result Name	
	45017500	Interpretation	
<i>*TR (True Reflex) Flag Interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</i>			
Additional Information	Reflexing criteria based on predefined original request remains unchanged.		

Free Kappa & Lambda, w/ K/L Ratio,w/Rfx Immunofixation Ser		
Effective Date	8/3/2015	
Test Code	1762	
Performing Site	Quest Diagnostics Nichols Institute, Valencia	
Interface Mapping	Result Code	Result Name
	200746	Free Kappa, Serum
	200747	Free Lambda, Serum
	200748	Free Kappa/Lambda Ratio
	<i>*TR RNC-Reflex Immunofixation, Serum</i>	
	Result Code	Result Name
	45017500	Interpretation
	<i>*TR (True Reflex) Flag Interface clients: If you are set up to use our True Reflexing option, build the unit code with the TR flag (indicated above) separately.</i>	
Additional Information	If Kappa/Lambda Ratio is <0.8 or >1.9, Immunofixation will be performed at an additional charge (CPT code (s): 86334).	

Immunofixation, Serum

Clinical Significance	Monoclonal increases in IgG or IgA are often associated with diseases such as multiple myeloma, lymphomas or leukemia. A monoclonal increase in IgM is commonly associated with Waldenstrom's Macroglobulinemia.					
Effective Date	8/3/2015					
Former Test Name	Monoclonal Gammopathies Serum					
Former Test Code	3125					
Test Code	549					
Instructions	Overnight fasting is preferred.					
Specimen Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 6 months					
Reference Range	No monoclonal proteins detected					
Methodology	Immunofixation					
Performing Site	Quest Diagnostics Nichols Institute, Valencia					
Interface Mapping	<table border="1"> <tr> <td>Result Code</td> <td>Result Name</td> </tr> <tr> <td>45017500</td> <td>Interpretation</td> </tr> </table>		Result Code	Result Name	45017500	Interpretation
Result Code	Result Name					
45017500	Interpretation					
Pricing Message	Negotiated pricing on 3125 will be applied to code 549.					

Immunoglobulin Profile, Serum											
Clinical Significance	Elevations of IgG, A and/or M are seen in generalized hypergammaglobulinemia, chronic inflammatory conditions and in lymphoproliferative disease such as multiple myeloma, lymphoma and leukemias. Decreased levels are found in immunodeficiency states, generalized hypo-gammaglobulinemia and in unrecognized pediatric patients.										
Effective Date	8/3/2015										
Former Test Name	IgA, IgG & IgM Immunoglobulin Quantitation										
Former Test Code	1045										
Test Code	7083										
Reject Criteria	Gross hemolysis; hyperlipemia										
Reference Range	<table border="1"> <thead> <tr> <th></th> <th>Reference Range:</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>Immunoglobulin A</td> <td> Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 > or = 16 Years: 81-463 </td> <td>mg/dL</td> </tr> <tr> <td>Immunoglobulin G</td> <td> Cord Blood: 553-1360 1 Month: 213-765 2-5 Months: 170-595 6-9 Months: 187-765 10-12 Months: 247-910 1-3 Years: 533-1078 4-6 Years: 592-1723 </td> <td>mg/dL</td> </tr> </tbody> </table>			Reference Range:	Unit of Measure	Immunoglobulin A	Cord Blood: 1-3 1 Month: 2-43 2-5 Months: 3-66 6-9 Months: 7-66 10-12 Months: 12-75 1-3 Years: 24-121 4-6 Years: 33-235 7-9 Years: 41-368 10-11 Years: 64-246 12-13 Years: 70-432 14-15 Years: 57-300 > or = 16 Years: 81-463	mg/dL	Immunoglobulin G	Cord Blood: 553-1360 1 Month: 213-765 2-5 Months: 170-595 6-9 Months: 187-765 10-12 Months: 247-910 1-3 Years: 533-1078 4-6 Years: 592-1723	mg/dL
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	<p>7-9 Years: 673-1734 10-11 Years: 821-1835 12-13 Years: 893-1823 14-15 Years: 842-2013 > or = 16 Years: 694-1618</p>													
	<p>Immunoglobulin M</p> <p>Cord Blood: <17 1 Month: 13-54 2-5 Months: 17-67 6-9 Months: 23-84 10-12 Months: 27-101 1-3 Years: 26-218 4-6 Years: 36-314 7-9 Years: 47-311 10-11 Years: 46-368 12-13 Years: 52-367 14-15 Years: 23-281 > or =16 Years: 48-271</p>	mg/dL												
Methodology	Immunoturbidimetric													
Performing Site	Quest Diagnostics Nichols Institute, Valencia													
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Pricing Message	Negotiated pricing on 1045 will be applied to code 7083.													

Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum																																
Clinical Significance	<p>Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta 1, Beta 2, and Gamma. Interpretation of elevation, decrease, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).</p>																															
Effective Date	8/3/2015																															
Former Test Name	Protein Electrophoresis, Serum with Total Protein and Reflex to IFE, Serum																															
Test Code	10269																															
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																															
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Methodology	Capillary Zone Electrophoresis, Spectrophotometry, Immunofixation																																																
Performing Site	This test previously performed at Quest Diagnostics Nichols Institute, San Juan Capistrano will now be performed at Quest Diagnostics Nichols Institute, Valencia																																																
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Additional Information	If Abnormal Protein Band is detected, Immunofixation will be performed at an additional charge (CPT code(s): 86334).																																																

Protein, Total and Protein Electrophoresis	
Clinical Significance	Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta-1, Beta-2, and Gamma. Interpretation of elevation, decrease, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).
Effective Date	8/3/2015
Former Test Name	<i>Protein Electrophoresis (PEP) w/Monoclonal Region</i>
Former Test Code	<i>1583</i>
Test Code	747
Reject Criteria	Gross hemolysis; grossly lipemic; plasma
Instructions	Overnight fasting is preferred
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 28 days

Reference Range	Protein, Total, Serum - No change		
	Protein Electrophoresis, Serum		
		Reference Range	Unit of Measure
	Albumin	3.8 - 4.8	g/dL
	Alpha-1 Globulin	0.2 - 0.3	g/dL
	Alpha-2 Globulin	0.5 - 0.9	g/dL
	Beta-1 Globulin	0.4 - 0.6	g/dL
	Beta-2 Globulin	0.2 - 0.5	g/dL
	Gamma Globulin	0.8 - 1.7	g/dL
	Abnormal Protein Band 1	None detected	g/dL
	Abnormal Protein Band 2	None detected	g/dL
	Abnormal Protein Band 3	None detected	g/dL
Methodology	Capillary Zone Electrophoresis, Spectrophotometry		
Performing Site	Quest Diagnostics Nichols Institute, Valencia		
Interface Mapping	Result Code	Result Name	Unit of Measure
	25001300	Protein, Total, Serum	g/dL
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	50055800	Alpha 1 Globulin	g/dL
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	50059701	Abnormal Protein Band 2	g/dL
	50059702	Abnormal Protein Band 3	g/dL
	50058500	Interpretation	
Pricing Message	Negotiated pricing on 1583 will be applied to code 747.		

Protein, Total and Protein Electrophoresis, with Scan	
Clinical Significance	Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta-1, Beta-2, and Gamma. Interpretation of elevation, decreased, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).
Effective Date	8/3/2015
Former Test Name	Protein Electrophoresis (PEP) w/Monoclonal Region with Scan
Former Test Code	1583G
Test Code	7892

Specimen Requirements	2 mL (1 mL minimum) serum																																						
Reject Criteria	Gross hemolysis; grossly lipemic; plasma																																						
Instructions	Overnight fasting is preferred.																																						
Specimen Stability	Room temperature: 5 days Refrigerated: 7 days Frozen: 28 days																																						
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Pricing Message	Negotiated pricing on 1583G will be applied to code 7892.																																						

Protein, Total, Serum	
Clinical Significance	Total protein is useful in evaluating patients for nutritional status, liver disease, protein-losing renal and gastrointestinal diseases, and many other medical conditions. Elevated concentrations may be observed in patients with monoclonal gammopathies, autoimmune hepatitis, inflammation, and other medical

	conditions.								
Effective Date	8/3/2015								
<i>Former Test Code</i>	1324								
Test Code	754								
Reject Criteria	Plasma ; gross hemolysis								
Performing Site	Quest Diagnostics Nichols Institute, Valencia								
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>25001300</td> <td>Protein, Total, Serum</td> <td>g/dL</td> </tr> </tbody> </table>			Result Code	Result Name	Unit of Measure	25001300	Protein, Total, Serum	g/dL
Result Code	Result Name	Unit of Measure							
25001300	Protein, Total, Serum	g/dL							
Pricing Message	Negotiated pricing on 1324 will be applied to code 754.								

Clostridium difficile Toxin/GDH with reflex to PCR													
Effective Date	8/17/2015												
Test Code	91664												
Performing Site	Quest Diagnostics Nichols Institute, Valencia												
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86009745</td> <td>GDH Antigen</td> </tr> <tr> <td>86009746</td> <td>Toxin A and B</td> </tr> <tr> <td colspan="2"><i>This is a true reflex. Please build the unit code below separately. Orderable Reflex: 16377-Clostridium difficile Toxin B, Qualitative Real-time PCR performed at Focus Diagnostics, Inc.</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> </tr> <tr> <td>86006267</td> <td>C. difficile, QL PCR</td> </tr> </tbody> </table>	Result Code	Result Name	86009745	GDH Antigen	86009746	Toxin A and B	<i>This is a true reflex. Please build the unit code below separately. Orderable Reflex: 16377-Clostridium difficile Toxin B, Qualitative Real-time PCR performed at Focus Diagnostics, Inc.</i>		Result Code	Result Name	86006267	C. difficile, QL PCR
Result Code	Result Name												
86009745	GDH Antigen												
86009746	Toxin A and B												
<i>This is a true reflex. Please build the unit code below separately. Orderable Reflex: 16377-Clostridium difficile Toxin B, Qualitative Real-time PCR performed at Focus Diagnostics, Inc.</i>													
Result Code	Result Name												
86006267	C. difficile, QL PCR												

Omega-3 and -6 Fatty Acids															
Effective Date	8/17/2015														
<i>Former Test Name</i>	<i>Omega-3 and -6 Fatty Acids, Plasma</i>														
Test Code	91001														
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 2-3 days														
Reference Range	<table border="1"> <tbody> <tr> <td>Omega-3 (EPA+DHA) Index</td> <td>1.4-4.9%</td> </tr> <tr> <td>Risk: Index <2.2: Index 2.2-3.2: Index >3.2:</td> <td>High Moderate Low</td> </tr> <tr> <td>Omega-6/Omega-3 Ratio:</td> <td>5.7-21.3</td> </tr> <tr> <td>EPA/Arachidonic Acid Ratio:</td> <td>0.2 or less</td> </tr> <tr> <td>Arachidonic Acid:</td> <td>5.2-12.9%</td> </tr> <tr> <td>EPA:</td> <td>0.2-1.5%</td> </tr> <tr> <td>DHA:</td> <td>1.2-3.9%</td> </tr> </tbody> </table>	Omega-3 (EPA+DHA) Index	1.4-4.9%	Risk: Index <2.2: Index 2.2-3.2: Index >3.2:	High Moderate Low	Omega-6/Omega-3 Ratio:	5.7-21.3	EPA/Arachidonic Acid Ratio:	0.2 or less	Arachidonic Acid:	5.2-12.9%	EPA:	0.2-1.5%	DHA:	1.2-3.9%
Omega-3 (EPA+DHA) Index	1.4-4.9%														
Risk: Index <2.2: Index 2.2-3.2: Index >3.2:	High Moderate Low														
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Arachidonic Acid:	5.2-12.9%														
EPA:	0.2-1.5%														
DHA:	1.2-3.9%														

Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano	
Interface Mapping	Result Code	Result Name
	86008449	Omega-3 (EPA+DHA) Index
	86008450	Risk
	86008451	Omega-6/Omega-3 Ratio
	86008452	EPA/Arachidonic Acid Ratio
	86008453	Arachidonic Acid
	86008454	EPA
	86008455	DHA
Additional Information	<p>Effective August 17th 2015, Omega-3 and Omega-6 Fatty Acid test (NTC 91001) will be performed with an improved methodology requiring new reference ranges and cut-points. After August 17th, please do not compare prior results to the new results, reference ranges, and cut-points. If you would like to re-baseline your patients previously tested with the older version of NTC 91001, please call Client Services at 1-800-642-4657 Ext 3222 or talk to your sales representative to get access to a special re-baseline test code available for a limited time until November 4th 2015.</p>	

Discontinued Tests

Protein Electrophoresis (PEP)	
Effective Date	8/3/2015
Test Code	1580
Additional Information	The recommended alternative is test code 747- Protein, Total and Protein Electrophoresis
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Protein Electrophoresis (PEP) Evaluation Serum	
Effective Date	8/3/2015
Test Code	1584
Additional Information	The recommended alternative is test code 7892- Protein, Total and Protein Electrophoresis with Scan
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Protein Electrophoresis (PEP) with Scan	
Effective Date	8/3/2015
Test Code	1580G
Additional Information	The recommended alternative is test codes 7892- Protein, Total and Protein Electrophoresis, with Scan
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Aerobic Susceptibilities	
Effective Date	8/24/2015

Additional Information	The recommended alternative is test code S52375- Antimicrobial Susceptibility, Aerobic Bacteria, Custom MIC (1)	
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.	
Tests Affected	Test Codes:	Name:
	S50912	Aerobic Susceptibility: Custom MIC- Polymixin B
	S50731	Aerobic Susceptibility: Ertapenem MIC
	S52318	Antimicrobial Susceptibility- Carbenicillin
	S52320	Antimicrobial Susceptibility- Cefazolin
	S52321	Antimicrobial Susceptibility- Cefepime
	S51119	Antimicrobial Susceptibility- Cefixime
	S52328	Antimicrobial Susceptibility- Cephalexin
	S51033	Antimicrobial Susceptibility- Daptomycin
	S52317	Antimicrobial Susceptibility- Doripenem
	S52319	Antimicrobial Susceptibility- Gentamicin
	S49614	Antimicrobial Susceptibility- Mupirocin
	S50957	Antimicrobial Susceptibility- Nalidixic Acid

Antimicrobial Combination Testing, Synergy, 3 Drug	
Effective Date	8/24/2015
Test Code	S52503
Additional Information	The recommended alternative is test code S52378- Antimicrobial Combination Testing, Synergy, 2 Drug.
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Antimicrobial Susceptibilities		
Effective Date	8/24/2015	
Additional Information	The recommended alternative test codes are: <ul style="list-style-type: none"> 14653 - Susceptibility, Aerobic Bacteria, MIC S52375- Antimicrobial Susceptibility, Aerobic Bacteria, Custom MIC (1) S52330- Antimicrobial Susceptibility, Aerobic Bacteria, Custom MIC (2) 	
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.	
Tests Affected	Test Codes:	Name:
	S52341	Antimicrobial Susceptibility, Aerobic Bacteria, Custom MIC (4)
	S52364	Antimicrobial Susceptibility, Aerobic Bacteria, Custom MIC (5)

Mycoplasma Hominis Culture	
Effective Date	8/24/2015
Test Code	2399

Additional Information	The recommended alternative is test code 871-Mycoplasma hominis/Ureaplasma Culture
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Susceptibility, <i>Mycobacterium tuberculosis</i>, Second-tier Drugs, Broth Method	
Effective Date	8/24/2015
Test Code	90342
Additional Information	There is no recommended alternative.

Ureaplasma Urealyticum Culture	
Effective Date	8/24/2015
Test Code	2429
Additional Information	The recommended alternative is test code 871-Mycoplasma hominis/Ureaplasma Culture

New York Patient Testing Update

Anti-Annexin V IgG and IgM	
Message	**This test is now available for New York patient testing**
Test Code	92977

New York Approval for Cystic Fibrosis Tests		
Message	**The following test codes are now available for New York patient testing**	
Tests Affected	Test Codes:	Name:
	A51880	Cystic Fibrosis DNA Analysis, Fetus
	A51774	Cystic Fibrosis Screen

Test Send Outs (Referrals)

Oxalate, Serum/Plasma	
Effective Date	8/3/2015
Test Code	S40965
Reject Criteria	Polymer gel separation tube; serum separator tube
Specimen Stability	Room temperature, Refrigerated and Frozen: 21 days