

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

NEW 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 #
93094	Pain Management, Buprenorphine and Naloxone, Quantitative, Urine	8/3/2015	2
93093	Pain Management, Buprenorphine with Confirmation including Naloxone	8/3/2015	3
16288	Platelet Antibody Screen (Indirect)	9/14/2015	4
5019	Platelet Antibody, Direct, Flow Cytometry	9/14/2015	4
92052	Cardio IQ® ASCVD Risk Panel with Score	9/21/2015	5
92026	Cardio IQ® Diabetes Risk Panel with Score	9/21/2015	6
91947	Cardio IQ® Glucose	9/21/2015	8
92061	Cardio IQ® Lipid Panel with Reflex to Direct LDL	9/21/2015	8
92210	Chromosomal Microarray, Postnatal Parental Follow-up, Clarisure®	9/21/2015	9
19361	Inhibin (Alpha Subunit), IHC without Interpretation	9/21/2015	10
93102	HPV Genotypes 16, 18/45, Post-Hysterectomy, Vaginal	9/28/2015	11
93101	HPV mRNA E6/E7, Post-Hysterectomy, Vaginal	9/28/2015	11
93136	HPV mRNA E6/E7, Post-Hysterectomy, Vaginal with Reflex to HPV 16, 18/45	9/28/2015	12

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 #
S49567		Acanthamoeba/Naegleria Culture	7/28/2015	12
14532		ADAMTS13 Activity with Reflex to Inhibitor	7/28/2015	13
S51321		Dexamethasone	7/28/2015	13
36169		Estradiol, Free, LC/MS/MS	7/28/2015	13
S52556		Fat Malabsorption (Response to Vitamin D2 Supplement)	7/28/2015	13
4983		Hemoglobinopathy Evaluation	7/28/2015	13
91083		Insulin, LC/MS/MS	7/28/2015	13
3218		Sex Hormone Binding Globulin	7/28/2015	13
		TAT Change 1	7/28/2015	14
		TAT Change 2	7/28/2015	14
		TAT Change 3	7/28/2015	14
		TAT Change 4	7/28/2015	15
		TAT Change 5	7/28/2015	15
		TAT Change 6	7/28/2015	15
		TAT Change 7	7/28/2015	15
		TAT Change 8	7/28/2015	16

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

S52012		Varicella-Zoster Virus, Rapid Method	7/28/2015	16
S50660		Viral Culture and Identification	7/28/2015	16
<u>17135</u>	S51543	HLA Typing for Celiac Disease	8/31/2015	16
<u>92814</u>		Cardio IQ® Myeloperoxidase (MPO)	9/14/2015	17
<u>8475</u>	2448	Hepatitis B Surface Antibody Immunity, Quantitative	9/14/2015	17
<u>17306</u>		Vitamin D, 25-Hydroxy, Total, Immunoassay	9/14/2015	17
<u>36434</u>	4868U	Cadmium, 24-Hour Urine	9/21/2015	18
<u>34989</u>	2421	Cytomegalovirus (CMV) Detection, DFA, Buffy Coat	9/21/2015	18
<u>19701</u>	19701X [3127]	Disaccharidases	9/21/2015	19
<u>91998</u>		Tamoxifen and Metabolites, LC-MS/MS	9/21/2015	19

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>91427</u>	Melanoma, Chromosomal Microarray, ClariSure® Oligo-SNP	9/14/2015	19
<u>5341</u>	Platelet Antibody, Indirect (IgG)	9/14/2015	20
<u>10678</u>	Platelet Glycoprotein Antibody	9/14/2015	20

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 #
S50513	Hepatitis D Virus RNA, Qualitative Real-Time PCR	20

SEND OUTS				
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 #
<u>92545</u>		Celiac Genetics	8/31/2015	20
S52567		Prometheus® IBD sgi Diagnostic	9/14/2015	20

New Test Offerings

The following tests will be available through Quest Diagnostics on the dates indicated below.

Pain Management, Buprenorphine and Naloxone, Quantitative, Urine	
Clinical Significance	Patients treated with buprenorphine-naloxone co-formulation will demonstrate both naloxone and buprenorphine/norbuprenorphine drug analysis. Naloxone is not detected with buprenorphine-only use.
Effective Date	8/3/2015
Test Code	93094
CPT Codes	80348 (HCPCS: G6056), 80362 (MCR 80299)
Specimen Requirements	20 mL (5 mL minimum) urine collected in a clinical drug test transport vial
Reject Criteria	Preserved samples

Transport Temperature	Room temperature									
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days									
Set-up/Analytic Time	Set-up: Mon-Sat; Report available: 3 days									
Reference Range	<table border="1"> <tr> <td>Buprenorphine</td> <td><2 ng/mL</td> </tr> <tr> <td>Norbuprenorphine</td> <td><2 ng/mL</td> </tr> <tr> <td>Naloxone</td> <td><2 ng/mL</td> </tr> </table>		Buprenorphine	<2 ng/mL	Norbuprenorphine	<2 ng/mL	Naloxone	<2 ng/mL		
Buprenorphine	<2 ng/mL									
Norbuprenorphine	<2 ng/mL									
Naloxone	<2 ng/mL									
Methodology	Mass Spectrometry									
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>82000432</td> <td>Buprenorphine</td> </tr> <tr> <td>82000433</td> <td>Norbuprenorphine</td> </tr> <tr> <td>86013581</td> <td>Naloxone</td> </tr> </tbody> </table>		Result Code	Result Name	82000432	Buprenorphine	82000433	Norbuprenorphine	86013581	Naloxone
Result Code	Result Name									
82000432	Buprenorphine									
82000433	Norbuprenorphine									
86013581	Naloxone									

Pain Management, Buprenorphine with Confirmation including Naloxone										
Clinical Significance	Patients treated with buprenorphine-naloxone co-formulation will demonstrate both naloxone and buprenorphine/norbuprenorphine drug analysis. Naloxone is not detected with buprenorphine-only use.									
Effective Date	8/3/2015									
Test Code	93093									
CPT Codes	80301 (HCPCS: G0434)									
Specimen Requirements	20 mL (7 mL minimum) urine collected in a clinical drug test transport vial									
Reject Criteria	Preserved samples									
Transport Temperature	Room temperature									
Specimen Stability	Room temperature: 7 days Refrigerated: 14 days Frozen: 30 days									
Set-up/Analytic Time	Set-up: Mon-Sat; Report available: 3 days									
Reference Range	<table border="1"> <tr> <td>Buprenorphine</td> <td><5 ng/mL</td> </tr> <tr> <td>Buprenorphine</td> <td><2 ng/mL</td> </tr> <tr> <td>Norbuprenorphine</td> <td><2 ng/mL</td> </tr> <tr> <td>Naloxone</td> <td><2 ng/mL</td> </tr> </table>		Buprenorphine	<5 ng/mL	Buprenorphine	<2 ng/mL	Norbuprenorphine	<2 ng/mL	Naloxone	<2 ng/mL
Buprenorphine	<5 ng/mL									
Buprenorphine	<2 ng/mL									
Norbuprenorphine	<2 ng/mL									
Naloxone	<2 ng/mL									
Methodology	Screen: Immunoassay Confirm: Mass Spectrometry									
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>82000420</td> <td>Buprenorphine</td> <td>ng/mL</td> </tr> </tbody> </table>		Result Code	Result Name	Unit of Measure	82000420	Buprenorphine	ng/mL		
Result Code	Result Name	Unit of Measure								
82000420	Buprenorphine	ng/mL								

	82000430	Buprenorphine	ng/mL
	82000490	Norbuprenorphine	ng/mL
	86013545	Naloxone	ng/mL
Additional Information	If Screen is positive, a confirmation will be performed at an additional charge (CPT code(s): 80348 (HCPCS: G6056), 80362 (MCR 80299)).		
Pricing Message	Negotiated pricing on 16901 will be applied to code 93093.		

Platelet Antibody Screen (Indirect)													
Clinical Significance	Assay detects platelet IgG/M/A antibodies in serum/plasma.												
Effective Date	9/14/2015												
Test Code	16288												
CPT Codes	86022 (x4)												
Specimen Requirements	3 mL (1 mL minimum) frozen serum collected in a red-top tube (no gel)												
Reject Criteria	Gross hemolysis; clotted												
Instructions	Serum or plasma that cannot be tested immediately should be frozen as soon as possible. Spin whole blood specimens and pour off serum or plasma and transport frozen.												
Transport Temperature	Frozen												
Specimen Stability	Room temperature and Refrigerated: Unacceptable Frozen: 2 years												
Set-up/Analytic Time	Set up: Mon-Fri; Report available: Next day												
Reference Range	Negative												
Methodology	Immunoassay												
Performing Site	Quest Diagnostics Nichols Institute, Chantilly												
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86006185</td> <td>Plt Ab:GP IIb/IIIa</td> </tr> <tr> <td>86006186</td> <td>Plt Ab:GP Ia/IIa</td> </tr> <tr> <td>86006187</td> <td>Plt Ab:GP Ib/IX</td> </tr> <tr> <td>86006189</td> <td>PLT AB:HLA CLASS I</td> </tr> <tr> <td>86006188</td> <td>Interpretation</td> </tr> </tbody> </table>	Result Code	Result Name	86006185	Plt Ab:GP IIb/IIIa	86006186	Plt Ab:GP Ia/IIa	86006187	Plt Ab:GP Ib/IX	86006189	PLT AB:HLA CLASS I	86006188	Interpretation
Result Code	Result Name												
86006185	Plt Ab:GP IIb/IIIa												
86006186	Plt Ab:GP Ia/IIa												
86006187	Plt Ab:GP Ib/IX												
86006189	PLT AB:HLA CLASS I												
86006188	Interpretation												

Platelet Antibody, Direct, Flow Cytometry	
Clinical Significance	Thrombocytopenia that is refractory to platelet transfusions may be due to direct platelet antibody. Testing is useful to differentiate immune from nonimmune disorders.
Effective Date	9/14/2015
Test Code	5019
CPT Codes	86023
Specimen Requirements	7 mL (5 mL minimum) whole blood collected in an EDTA (lavender-top) tube
Instructions	Do not refrigerate or freeze. If the platelet count is less than 20,000/ccm, submit 7-10 mL of whole blood.

	<table border="0"> <tr> <td>Platelet Count</td> <td>Minimum Volume</td> </tr> <tr> <td>>=45,000</td> <td>2 mL</td> </tr> <tr> <td>20,000-45,000</td> <td>5 mL</td> </tr> <tr> <td><20,000</td> <td>10 mL</td> </tr> </table> <p>Pediatric minimum volume: The minimum volume is platelet count dependent. If possible, submit at least 1 mL EDTA blood.</p>	Platelet Count	Minimum Volume	>=45,000	2 mL	20,000-45,000	5 mL	<20,000	10 mL
Platelet Count	Minimum Volume								
>=45,000	2 mL								
20,000-45,000	5 mL								
<20,000	10 mL								
Transport Temperature	Room temperature								
Specimen Stability	Room temperature: 6 days Refrigerated and Frozen: Unacceptable								
Set-up/Analytic Time	Set up: Daily; Report available: 3 days								
Reference Range	Negative								
Methodology	Flow Cytometry								
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano								
Interface Mapping	<table border="1"> <tr> <td>Result Code</td> <td>Result Name</td> </tr> <tr> <td>85958930</td> <td>Anti-IgG</td> </tr> </table>	Result Code	Result Name	85958930	Anti-IgG				
Result Code	Result Name								
85958930	Anti-IgG								

Cardio IQ® ASCVD Risk Panel with Score	
Message	<i>Includes: Cardio IQ® Cholesterol, Total * Cardio IQ® HDL Cholesterol * Cardio IQ® Triglycerides * Cardio IQ® Non-HDL and Calculated Components * Cardio IQ® Direct LDL * Cardio IQ® ASCVD Risk Scores</i>
Clinical Significance	ASCVD risk assessment using the ASCVD risk assessment calculation is currently recommended by 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk and by 2013 ACC/AHA Blood Cholesterol Guidelines. There is a large body of evidence that the risk assessment and CHD prevention based on scores combining multiple risk factors is superior to those using single risk factors. Providing the ASCVD Risk assessment in the Cardio IQ lab report will simplify and improve risk assessment by physicians while helping to streamline the disease management decision process and improving clinical outcome.
Effective Date	9/21/2015
Test Code	92052
CPT Codes	82465, 83718, 84478 or 81599* Coding may vary depending on health plan or government payer requirements. CMS does not currently recognize MAAA CPT codes for Medicare claims.
Specimen Requirements	2 mL (1 mL minimum) serum
Reject Criteria	Gross hemolysis; moderate to gross icterus
Instructions	<p>For risk calculations to be performed, the following patient-specific information have to be provided at the time of order:</p> <p>Age: Years Gender M (for male) or F (for female) Race - African American: Y (for yes) or N (for no) Systolic Blood Pressure: mmHg Treatment for High Blood Pressure: Y (for yes) or N (for no) Diabetes Status: Y (for yes) or N (for no) Smoking Status: Y (for yes) or N (for no) Patient should fast 9-12 hours prior to collection.</p> <p>The assay manufacturer Beckman Coulter advises: "N-Acetyl Cysteine (NAC), when administered in therapeutic concentrations (for the treatment of acetaminophen overdose), has been...determined to interfere with assays for...Cholesterol, Uric Acid" where "NAC interference may lead to falsely low results." According to Beckman Coulter, the NAC interference should be insignificant by 12 hours after completion of the initial loading dose of an IV infusion treatment regimen consisting of an initial loading dose of 150 mg/kg administered over 1 hr, a second dose of 50 mg/kg administered over 4 hrs and a third dose of 100 mg/kg administered over 16 hrs.</p>
Transport Temperature	Refrigerated
Specimen Stability	Room temperature: 48 hours

	Refrigerated: 5 days Frozen: 15 days																																																																								
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 3-6 days																																																																								
Reference Range	See individual assays																																																																								
Methodology	Spectrophotometry, Enzymatic																																																																								
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano																																																																								
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>25003000</td> <td></td> <td>Cholesterol, Total</td> <td>mg/dL</td> </tr> <tr> <td>25015900</td> <td></td> <td>HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td>25002900</td> <td></td> <td>Triglycerides</td> <td>mg/dL</td> </tr> <tr> <td>25016900</td> <td></td> <td>LDL Chol, Calculated</td> <td>mg/dL</td> </tr> <tr> <td>25017000</td> <td></td> <td>Cholesterol/HDL Ratio</td> <td>calc</td> </tr> <tr> <td>25017210</td> <td></td> <td>Non-HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td>86010626</td> <td></td> <td>10 Year ASCVD Risk</td> <td>%</td> </tr> <tr> <td>86010627</td> <td></td> <td>10 Year ASCVD Risk Goal</td> <td>%</td> </tr> <tr> <td>86010628</td> <td></td> <td>Lifetime ASCVD Risk</td> <td>%</td> </tr> <tr> <td>86010629</td> <td>Prompt-Result</td> <td>African American</td> <td></td> </tr> <tr> <td>86006867</td> <td>Prompt-Result</td> <td>Systolic Blood Pressure</td> <td>mmHg</td> </tr> <tr> <td>86010497</td> <td>Prompt-Result</td> <td>Treatment for High B.P.</td> <td></td> </tr> <tr> <td>86006870</td> <td>Prompt-Result</td> <td>Diabetes</td> <td></td> </tr> <tr> <td>86006866</td> <td>Prompt-Result</td> <td>Current Smoker</td> <td></td> </tr> <tr> <td colspan="4"><i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92052-6-Cardio IQ(R) Direct LDL</i></td> </tr> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> <tr> <td>25008600</td> <td></td> <td>Direct LDL</td> <td>mg/dL</td> </tr> </tbody> </table>	Result Code	Type	Result Name	Unit of Measure	25003000		Cholesterol, Total	mg/dL	25015900		HDL Cholesterol	mg/dL	25002900		Triglycerides	mg/dL	25016900		LDL Chol, Calculated	mg/dL	25017000		Cholesterol/HDL Ratio	calc	25017210		Non-HDL Cholesterol	mg/dL	86010626		10 Year ASCVD Risk	%	86010627		10 Year ASCVD Risk Goal	%	86010628		Lifetime ASCVD Risk	%	86010629	Prompt-Result	African American		86006867	Prompt-Result	Systolic Blood Pressure	mmHg	86010497	Prompt-Result	Treatment for High B.P.		86006870	Prompt-Result	Diabetes		86006866	Prompt-Result	Current Smoker		<i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92052-6-Cardio IQ(R) Direct LDL</i>				Result Code	Type	Result Name	Unit of Measure	25008600		Direct LDL	mg/dL
Result Code	Type	Result Name	Unit of Measure																																																																						
25003000		Cholesterol, Total	mg/dL																																																																						
25015900		HDL Cholesterol	mg/dL																																																																						
25002900		Triglycerides	mg/dL																																																																						
25016900		LDL Chol, Calculated	mg/dL																																																																						
25017000		Cholesterol/HDL Ratio	calc																																																																						
25017210		Non-HDL Cholesterol	mg/dL																																																																						
86010626		10 Year ASCVD Risk	%																																																																						
86010627		10 Year ASCVD Risk Goal	%																																																																						
86010628		Lifetime ASCVD Risk	%																																																																						
86010629	Prompt-Result	African American																																																																							
86006867	Prompt-Result	Systolic Blood Pressure	mmHg																																																																						
86010497	Prompt-Result	Treatment for High B.P.																																																																							
86006870	Prompt-Result	Diabetes																																																																							
86006866	Prompt-Result	Current Smoker																																																																							
<i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92052-6-Cardio IQ(R) Direct LDL</i>																																																																									
Result Code	Type	Result Name	Unit of Measure																																																																						
25008600		Direct LDL	mg/dL																																																																						
Additional Information	If Triglyceride is >400 mg/dL, then Cardio IQ® Direct LDL will be performed at an additional charge (CPT code(s) 83721).																																																																								

Cardio IQ® Diabetes Risk Panel with Score	
Message	<i>Includes: Cardio IQ® Glucose * Cardio IQ® Hemoglobin A1c * Cardio IQ® Cholesterol, Total * Cardio IQ® HDL Cholesterol * Cardio IQ® Triglycerides * Cardio IQ® Non-HDL and Calculated Components * Cardio IQ® 8 Year Diabetes Risk</i>
Clinical Significance	Permit the assessment of serum glucose levels and lipid levels and the prediction of the 8-year future risk of developing diabetes mellitus in patients without diabetes mellitus.
Effective Date	9/21/2015
Test Code	92026
CPT Codes	82947, 83036, 80061 or 81599* Coding may vary depending on health plan or government payer requirements. CMS does not currently recognize MAAA CPT codes for Medicare claims.
Specimen Requirements	4 mL (2 mL minimum) serum collected in a serum separator tube AND 1 mL (0.5 mL minimum) whole blood collected in an EDTA (lavender-top) tube

Reject Criteria	Red-top tube (no gel); gross hemolysis; moderate to grossly icteric; sodium fluoride/oxalate (grey-top) tube; heparinized plasma																																																																										
Instructions	<p>See individual assays. Patient should fast 9-12 hours prior to collection. For risk calculations to be performed, the following patient-specific information must be provided at the time of order: Age: Years Gender: M (for male) or F (for female) Height Feet: Feet Height Inches: Inches Weight: lbs Systolic Blood Pressure: mmHg Diastolic Blood Pressure: mmHg Treatment for High Blood Pressure: Y (for yes) or N (for no) Parental History of Diab: Y (for yes) or N (for no)</p>																																																																										
Transport Temperature	Refrigerated																																																																										
Specimen Stability	<table border="1"> <tr> <td>Serum</td> <td colspan="2">Room temperature: 48 hours Refrigerated: 5 days Frozen: 15 days</td> </tr> <tr> <td>Whole blood</td> <td colspan="2">Room temperature and Refrigerated: 7 days Frozen: 6 months</td> </tr> </table>			Serum	Room temperature: 48 hours Refrigerated: 5 days Frozen: 15 days		Whole blood	Room temperature and Refrigerated: 7 days Frozen: 6 months																																																																			
Serum	Room temperature: 48 hours Refrigerated: 5 days Frozen: 15 days																																																																										
Whole blood	Room temperature and Refrigerated: 7 days Frozen: 6 months																																																																										
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 3-6 days																																																																										
Reference Range	See individual assays																																																																										
Methodology	Spectrophotometry, Immunoturbidimetry, Enzymatic																																																																										
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano																																																																										
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Type</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> </thead> <tbody> <tr> <td>25000000</td> <td></td> <td>Glucose</td> <td>mg/dL</td> </tr> <tr> <td>50026400</td> <td></td> <td>Hemoglobin A1c</td> <td></td> </tr> <tr> <td>25003000</td> <td></td> <td>Cholesterol, Total</td> <td>mg/dL</td> </tr> <tr> <td>25015900</td> <td></td> <td>HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td>25002900</td> <td></td> <td>Triglycerides</td> <td>mg/dL</td> </tr> <tr> <td>25016900</td> <td></td> <td>LDL Chol, Calculated</td> <td>mg/dL</td> </tr> <tr> <td>25017000</td> <td></td> <td>Cholesterol/HDL Ratio</td> <td>calc</td> </tr> <tr> <td>25017210</td> <td></td> <td>Non-HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td>86010499</td> <td></td> <td>8 Year Diabetes Risk</td> <td>%</td> </tr> <tr> <td>25025800</td> <td>Prompt-Result</td> <td>Height Feet</td> <td>ft</td> </tr> <tr> <td>25026300</td> <td>Prompt-Result</td> <td>Height Inches</td> <td>in</td> </tr> <tr> <td>85997769</td> <td>Prompt-Result</td> <td>Weight</td> <td>lbs</td> </tr> <tr> <td>86010502</td> <td></td> <td>Calculated BMI</td> <td></td> </tr> <tr> <td>86006867</td> <td>Prompt-Result</td> <td>Systolic Blood Pressure</td> <td>mmHg</td> </tr> <tr> <td>86010657</td> <td>Prompt-Result</td> <td>Diastolic Blood Pressure</td> <td>mmHg</td> </tr> <tr> <td>86010497</td> <td>Prompt-Result</td> <td>Treatment for High B.P.</td> <td></td> </tr> <tr> <td>86010658</td> <td>Prompt-Result</td> <td>Parental History of Diab</td> <td></td> </tr> </tbody> </table> <p><i>This is a true reflex. Please build the non-orderable test code separately:</i></p>			Result Code	Type	Result Name	Unit of Measure	25000000		Glucose	mg/dL	50026400		Hemoglobin A1c		25003000		Cholesterol, Total	mg/dL	25015900		HDL Cholesterol	mg/dL	25002900		Triglycerides	mg/dL	25016900		LDL Chol, Calculated	mg/dL	25017000		Cholesterol/HDL Ratio	calc	25017210		Non-HDL Cholesterol	mg/dL	86010499		8 Year Diabetes Risk	%	25025800	Prompt-Result	Height Feet	ft	25026300	Prompt-Result	Height Inches	in	85997769	Prompt-Result	Weight	lbs	86010502		Calculated BMI		86006867	Prompt-Result	Systolic Blood Pressure	mmHg	86010657	Prompt-Result	Diastolic Blood Pressure	mmHg	86010497	Prompt-Result	Treatment for High B.P.		86010658	Prompt-Result	Parental History of Diab	
Result Code	Type	Result Name	Unit of Measure																																																																								
25000000		Glucose	mg/dL																																																																								
50026400		Hemoglobin A1c																																																																									
25003000		Cholesterol, Total	mg/dL																																																																								
25015900		HDL Cholesterol	mg/dL																																																																								
25002900		Triglycerides	mg/dL																																																																								
25016900		LDL Chol, Calculated	mg/dL																																																																								
25017000		Cholesterol/HDL Ratio	calc																																																																								
25017210		Non-HDL Cholesterol	mg/dL																																																																								
86010499		8 Year Diabetes Risk	%																																																																								
25025800	Prompt-Result	Height Feet	ft																																																																								
25026300	Prompt-Result	Height Inches	in																																																																								
85997769	Prompt-Result	Weight	lbs																																																																								
86010502		Calculated BMI																																																																									
86006867	Prompt-Result	Systolic Blood Pressure	mmHg																																																																								
86010657	Prompt-Result	Diastolic Blood Pressure	mmHg																																																																								
86010497	Prompt-Result	Treatment for High B.P.																																																																									
86010658	Prompt-Result	Parental History of Diab																																																																									

92026-8 Cardio IQ(R) Direct LDL			
Result Code	Type	Result Name	Unit of Measure
25008600		Direct LDL	mg/dL
Additional Information	If Triglyceride is >400 mg/dL, then Cardio IQ® Direct LDL will be performed at an additional charge (CPT code(s): 83721).		

Cardio IQ® Glucose							
Clinical Significance	Diagnosis of diabetes mellitus and evaluation of carbohydrate metabolism.						
Effective Date	9/21/2015						
Test Code	91947						
CPT Codes	82947						
Specimen Requirements	1 mL (0.5 mL minimum) serum collected in a serum separator tube						
Reject Criteria	Red-top tube (no gel)						
Instructions	Fasting required. Fasting is defined as no consumption of food or beverage other than water for at least 8 hours before testing. Serum submissions must be separated from cells.						
Transport Temperature	Refrigerated						
Specimen Stability	Room temperature: 4 days Refrigerated: 7 days Frozen: 28 days						
Set-up/Analytic Time	Set up: Tues-Sat; Report available: 2-5 days						
Reference Range	65-99 mg/dL						
Methodology	Spectrophotometry						
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano						
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>25000000</td> <td>Glucose</td> <td>mg/dL</td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	25000000	Glucose	mg/dL
Result Code	Result Name	Unit of Measure					
25000000	Glucose	mg/dL					

Cardio IQ® Lipid Panel with Reflex to Direct LDL	
Message	<i>Includes: Cardio IQ® Cholesterol, Total * Cardio IQ® HDL Cholesterol * Cardio IQ® Triglycerides * Cardio IQ® Non-HDL and Calculated Components</i>
Clinical Significance	This is the most common Lipid Panel. Components include those useful in the detection, classification, and monitoring of patients with hyperlipidemia.
Effective Date	9/21/2015
Test Code	92061
CPT Codes	82465; 83718; 84478
Specimen Requirements	2 mL (1 mL minimum) serum
Reject Criteria	Gross hemolysis; moderate to grossly icteric
Instructions	Patient should fast 9-12 hours prior to collection. Only serum is acceptable. The assay manufacturer Beckman Coulter advises: "N-Acetyl Cysteine (NAC), when administered in therapeutic concentrations (for the treatment of acetaminophen overdose), has been...determined to interfere with assays for...Cholesterol, Uric Acid" where "NAC interference may lead to falsely low

	results." According to Beckman Coulter, the NAC interference should be insignificant by 12 hours after completion of the initial loading dose of an IV infusion treatment regimen consisting of an initial loading dose of 150 mg/kg administered over 1 hr, a second dose of 50 mg/kg administered over 4 hrs and a third dose of 100 mg/kg administered over 16 hrs.																														
Transport Temperature	Refrigerated																														
Specimen Stability	Room temperature: 48 hours Refrigerated: 5 days Frozen: 15 days																														
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 3-6 days																														
Reference Range	See individual assays																														
Methodology	See individual assays																														
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano																														
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>25003000</td> <td>Cholesterol, Total</td> <td>mg/dL</td> </tr> <tr> <td>25015900</td> <td>HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td>25002900</td> <td>Triglycerides</td> <td>mg/dL</td> </tr> <tr> <td>25016900</td> <td>LDL Chol, Calculated</td> <td>mg/dL</td> </tr> <tr> <td>25017000</td> <td>Cholesterol/HDL Ratio</td> <td>calc</td> </tr> <tr> <td>25017210</td> <td>Non-HDL Cholesterol</td> <td>mg/dL</td> </tr> <tr> <td colspan="3"><i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92061-5-Cardio IQ(R) Direct LDL</i></td> </tr> <tr> <th>Result Code</th> <th>Result Name</th> <th>Unit of Measure</th> </tr> <tr> <td>25008600</td> <td>Direct LDL</td> <td>mg/dL</td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	25003000	Cholesterol, Total	mg/dL	25015900	HDL Cholesterol	mg/dL	25002900	Triglycerides	mg/dL	25016900	LDL Chol, Calculated	mg/dL	25017000	Cholesterol/HDL Ratio	calc	25017210	Non-HDL Cholesterol	mg/dL	<i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92061-5-Cardio IQ(R) Direct LDL</i>			Result Code	Result Name	Unit of Measure	25008600	Direct LDL	mg/dL
Result Code	Result Name	Unit of Measure																													
25003000	Cholesterol, Total	mg/dL																													
25015900	HDL Cholesterol	mg/dL																													
25002900	Triglycerides	mg/dL																													
25016900	LDL Chol, Calculated	mg/dL																													
25017000	Cholesterol/HDL Ratio	calc																													
25017210	Non-HDL Cholesterol	mg/dL																													
<i>This is a reflex. Please build the unit code below separately. Non-orderable Reflex 92061-5-Cardio IQ(R) Direct LDL</i>																															
Result Code	Result Name	Unit of Measure																													
25008600	Direct LDL	mg/dL																													
Additional Information	If Triglyceride is >400 mg/dL, then Cardio IQ® Direct LDL will be performed at an additional charge (CPT code(s): 83721).																														

Chromosomal Microarray, Postnatal Parental Follow-up, Clarisure®	
Clinical Significance	To assist in establishing the clinical significance when a child's array study yields a result that is "Likely Pathogenic", parental follow-up array/FISH testing will be performed at no additional cost. The report will indicate that parental testing will be at no charge and will include the appropriate test code. All other follow-up testing will be performed at an additional charge.
Effective Date	9/21/2015
Test Code	92210
CPT Codes	81229
Specimen Requirements	10 mL (5 mL minimum) whole blood collected in a sodium heparin (green-top, or royal-blue) tube or sodium heparin lead-free (tan-top) tube
Instructions	Whole blood 5-10 mL (5 mL minimum). Green vacutainer (sodium heparin only). Ship at room temperature. Other vacutainer tubes containing sodium heparin are acceptable. See Genetics Specimen Collection Section for detailed specimen instructions. SPECIMEN VIABILITY DECREASES DURING TRANSIT. SEND SPECIMEN TO TESTING LAB FOR VIABILITY DETERMINATION. DO NOT REJECT.
Transport Temperature	Room temperature
Specimen Stability	Room temperature, Refrigerated and Frozen: See instructions
Set-up/Analytic Time	Set up: Daily; Report available: 12-15 days

Methodology	Oligo-SNP Array		
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano		
Interface Mapping	Result Code	Type	Result Name
	86010904		Clarisure Postnat/Parentl
	85997860	Prompt-Result (no return)	Specimen Type/Source/Vol:
	86007537	Prompt-Result (no return)	Clinical Indication:
	86007538	Prompt-Result (no return)	Referring Physician:
	85997863	Prompt-Result (no return)	Referring Physician Phone:
	85997864	Prompt-Result (no return)	Client/Phone #:
	86007469	Prompt-Result (no return)	Client Accession #:
	86007539	Prompt-Result (no return)	Patient ID:

Inhibin (Alpha Subunit), IHC without Interpretation			
Effective Date	9/21/2015		
Test Code	19361		
CPT Codes	88342		
Specimen Requirements	<p>Preferred: Formalin fixed paraffin embedded tissue collected in a Paraffin embedded tissue block</p> <p>Acceptable: 4-micron unstained slides or Fixed tissue or Tissue in neutral buffered formalin collected 5 glass slides, paraffin embedded tissue block, or formalin vial</p>		
Instructions	<p>Tumor paraffin block (formalin-fixed only) or five 4-micron unstained sections on Poly-L-Lysine or Silane coated slides. See Specimen Collection Section, Oncology. Ship at room temperature. Do not place paper labels with adhesive backing on slides. Use pencil or xylene resistant pen to write on the frosted end of the slide only. Pathology report is required.</p>		
Transport Temperature	Room temperature		
Specimen Stability	Room temperature and Refrigerated: Indefinite Frozen: Unacceptable		
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 1-2 days		
Methodology	Immunohistochemistry		
Performing Site	Quest Diagnostics Nichols Institute, San Juan Capistrano		
Interface Mapping	Result Code	Type	Result Name
	113943	Prompt-Result	Paraffin Block Number:
	113944	Prompt-Result	Primary Tumor Site:
	113945		Quest Internal Number:
	113946		Inhibin,IHC w/o int
	113947		Slides/Block mailed on:

HPV Genotypes 16, 18/45, Post-Hysterectomy, Vaginal							
Clinical Significance	Assay is used in combination with cytology to assess the presence or absence of high-risk HPV genotypes 16, 18, and/or 45 in post-hysterectomy patients. This information, together with physician's assessment of cytology history, other risk factors, and professional guidelines, may be used to guide patient management.						
Effective Date	9/28/2015						
Test Code	93102						
CPT Codes	87625						
Specimen Requirements	Vaginal specimen collected in 3 mL (1.5 mL minimum) PreservCyt® transport medium (Thin Prep®) vial						
Reject Criteria	Swabs in Digene HC Cervical Sampler; Digene vials; swab in SurePath™ vials						
Instructions	Transfer 1 mL aliquot into an Aptima® transfer tube (containing 3 mL STM) within 30 days of collection. Labs performing cytology: Aliquot PerservCyt® solution before or after performance of liquid based cytology testing.						
Transport Temperature	Room temperature						
Specimen Stability	Room temperature and Refrigerated: 30 days Frozen: Not established						
Set-up/Analytic Time	Set up: Tue, Thurs, Sat; Report available: 1-3 days						
Reference Range	Not detected						
Methodology	Transcription-Mediated Amplification						
Performing Site	Focus Diagnostics, Inc.						
Interface Mapping	<table border="1"> <thead> <tr> <th>Result Code</th> <th>Result Name</th> </tr> </thead> <tbody> <tr> <td>86013593</td> <td>HPV 16 RNA, Vaginal</td> </tr> <tr> <td>86013594</td> <td>HPV 18/45 RNA, Vaginal</td> </tr> </tbody> </table>	Result Code	Result Name	86013593	HPV 16 RNA, Vaginal	86013594	HPV 18/45 RNA, Vaginal
Result Code	Result Name						
86013593	HPV 16 RNA, Vaginal						
86013594	HPV 18/45 RNA, Vaginal						
Pricing Message	Negotiated pricing on 91826 will be applied to code 93102.						

HPV mRNA E6/E7, Post-Hysterectomy, Vaginal	
Clinical Significance	May aid in the diagnosis of vaginal cancer.
Effective Date	9/28/2015
Test Code	93101
CPT Codes	87624
Specimen Requirements	Vaginal specimen collected in 3 mL (1.5 mL minimum) PreservCyt® transport medium (Thin Prep®) vial
Reject Criteria	Swabs in Digene HC Cervical Sampler; Digene vials; swab in SurePath™ vials
Instructions	Transfer 1 mL aliquot into an Aptima® transfer tube (containing 3 mL STM) within 30 days of collection. Labs performing cytology: Aliquot PerservCyt® solution before or after performance of liquid based cytology testing
Transport Temperature	Room temperature
Specimen Stability	Room temperature and Refrigerated: 30 days Frozen: Not established
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 1-3 days
Reference Range	Not detected
Methodology	Transcription-Mediated Amplification

Performing Site	Focus Diagnostics, Inc.	
Interface Mapping	Result Code	Result Name
	86013592	HPV mRNA E6/E7, Vaginal
Pricing Message	Negotiated pricing on 90887 will be applied to code 93101.	

HPV mRNA E6/E7, Post-Hysterectomy, Vaginal with Reflex to HPV 16, 18/45		
Clinical Significance	May aid in the diagnosis of vaginal cancer.	
Effective Date	9/28/2015	
Test Code	93136	
CPT Codes	87624	
Specimen Requirements	Vaginal specimen collected in 3 mL (1.5 mL minimum) PreservCyt® transport medium (Thin Prep®) vial	
Reject Criteria	Swabs in Digene HC Cervical Sampler, Digene vials, swab in SurePath™ vials	
Instructions	Transfer 1 mL aliquot into an APTIMA® transfer tube (containing 3 mL STM) within 30 days of collection. Labs performing cytology: Aliquot PreservCyt® solution before or after performance of liquid based cytology testing.	
Transport Temperature	Room temperature	
Specimen Stability	Room temperature and Refrigerated: 30 days Frozen: Not established	
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 1-3 days	
Reference Range	Not detected	
Methodology	Transcription-Mediated Amplification	
Performing Site	Focus Diagnostics, Inc.	
Interface Mapping	Result Code	Result Name
	86013592	HPV mRNA E6/E7, Vaginal
	<i>This test is a true reflex. Please build the unit code below separately. Orderable Reflex 93102-HPV Genotypes 16, 18/45, Post-Hysterectomy, Vaginal</i>	
	Result Code	Result Name
	86013593	HPV 16 RNA, Vaginal
	86013594	HPV 18/45 RNA, Vaginal
Additional Information	If the HPV mRNA E6/E7, Vaginal is "Detected" the HPV Genotypes 16, 18/45, Post-Hysterectomy, Vaginal will be performed at an additional charge (CPT code(s): 87625).	
Pricing Message	Negotiated pricing on 93101 (90887 equivalent) will be applied to code 93136. Negotiated pricing on 93102 (91826 equivalent) will be applied to the new reflex codes.	

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.

Acanthamoeba/Naegleria Culture

Effective Date	7/28/2015
Test Code	S49567
Set-up/Analytic Time	Report available: 11-12 days

ADAMTS13 Activity with Reflex to Inhibitor	
Effective Date	7/28/2015
Test Code	14532
Set-up/Analytic Time	Set up: Sun-Thurs; Report available: 2-4 days

Dexamethasone	
Effective Date	7/28/2015
Test Code	S51321
Set-up/Analytic Time	Set up: Sun; Report available: 3 days

Estradiol, Free, LC/MS/MS	
Effective Date	7/28/2015
Test Code	36169
Set-up/Analytic Time	Set up: Mon, Wed; Report available: 4-5 days

Fat Malabsorption (Response to Vitamin D2 Supplement)	
Effective Date	7/28/2015
Test Code	S52556
Set-up/Analytic Time	Set up: Thurs; Report available: 6 days

Hemoglobinopathy Evaluation	
Effective Date	7/28/2015
Test Code	4983
Set-up/Analytic Time	Report available: 3-5 days

Insulin, LC/MS/MS	
Effective Date	7/28/2015
Test Code	91083
Set-up/Analytic Time	Set up: Mon, Wed; Report available: 3 days

Sex Hormone Binding Globulin	
Effective Date	7/28/2015
Test Code	3218
Set-up/Analytic Time	Report available: 1-2 days

TAT Change 1							
Effective Date	7/28/2015						
Set-up/Analytic Time	Set up: Tues; Report available: 3 days						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>S51410</td> <td>11-Deoxycortisol, LC/MS/MS, Serum</td> </tr> <tr> <td>S51422</td> <td>Corticosterone, LC/MS/MS</td> </tr> </tbody> </table>	Test Codes:	Name:	S51410	11-Deoxycortisol, LC/MS/MS, Serum	S51422	Corticosterone, LC/MS/MS
	Test Codes:	Name:					
	S51410	11-Deoxycortisol, LC/MS/MS, Serum					
S51422	Corticosterone, LC/MS/MS						

TAT Change 2																	
Effective Date	7/28/2015																
Set-up/Analytic Time	Set up: Sun, Tues; Report available: 3 days																
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>90973</td> <td>Deoxycorticosterone, LC/MS/MS</td> </tr> <tr> <td>90397</td> <td>Steroid Panel, 21-Hydroxylase Deficiency/Stress</td> </tr> <tr> <td>90392</td> <td>Steroid Panel, Comprehensive</td> </tr> <tr> <td>90398</td> <td>Steroid Panel, Congenital Adrenal Hyperplasia (CAH)</td> </tr> <tr> <td>90426</td> <td>Steroid Panel, PCOS/CAH Differentiation</td> </tr> <tr> <td>90424</td> <td>Steroid Panel, Polycystic Ovary Syndrome (PCOS)</td> </tr> <tr> <td>90433</td> <td>Steroid Panel, Premature Adrenarche</td> </tr> </tbody> </table>	Test Codes:	Name:	90973	Deoxycorticosterone, LC/MS/MS	90397	Steroid Panel, 21-Hydroxylase Deficiency/Stress	90392	Steroid Panel, Comprehensive	90398	Steroid Panel, Congenital Adrenal Hyperplasia (CAH)	90426	Steroid Panel, PCOS/CAH Differentiation	90424	Steroid Panel, Polycystic Ovary Syndrome (PCOS)	90433	Steroid Panel, Premature Adrenarche
	Test Codes:	Name:															
	90973	Deoxycorticosterone, LC/MS/MS															
	90397	Steroid Panel, 21-Hydroxylase Deficiency/Stress															
	90392	Steroid Panel, Comprehensive															
	90398	Steroid Panel, Congenital Adrenal Hyperplasia (CAH)															
	90426	Steroid Panel, PCOS/CAH Differentiation															
	90424	Steroid Panel, Polycystic Ovary Syndrome (PCOS)															
90433	Steroid Panel, Premature Adrenarche																

TAT Change 3																											
Effective Date	7/28/2015																										
Set-up/Analytic Time	Set up: Sun-Fri; Report available: 3 days																										
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>S51299</td> <td>17-Hydroxypregnenolone, LC/MS/MS</td> </tr> <tr> <td>17180</td> <td>17-Hydroxyprogesterone, LC/MS/MS</td> </tr> <tr> <td>S51289</td> <td>17-Hydroxyprogesterone, Neonatal/Infant</td> </tr> <tr> <td>17181</td> <td>Aldosterone, LC/MS/MS</td> </tr> <tr> <td>16845</td> <td>Aldosterone/Plasma Renin Activity Ratio, LC/MS/MS</td> </tr> <tr> <td>S51319</td> <td>Androstenedione, LC/MS/MS</td> </tr> <tr> <td>30289</td> <td>Estradiol, Ultrasensitive, LC/MS/MS</td> </tr> <tr> <td>S49575</td> <td>Estriol, LC/MS/MS, Serum</td> </tr> <tr> <td>439</td> <td>Estrogen, Total, Serum</td> </tr> <tr> <td>36742</td> <td>Estrogens, Fractionated, LC/MS/MS</td> </tr> <tr> <td>23244</td> <td>Estrone, LC/MS/MS</td> </tr> <tr> <td>S51997</td> <td>IGF-I, LC/MS</td> </tr> </tbody> </table>	Test Codes:	Name:	S51299	17-Hydroxypregnenolone, LC/MS/MS	17180	17-Hydroxyprogesterone, LC/MS/MS	S51289	17-Hydroxyprogesterone, Neonatal/Infant	17181	Aldosterone, LC/MS/MS	16845	Aldosterone/Plasma Renin Activity Ratio, LC/MS/MS	S51319	Androstenedione, LC/MS/MS	30289	Estradiol, Ultrasensitive, LC/MS/MS	S49575	Estriol, LC/MS/MS, Serum	439	Estrogen, Total, Serum	36742	Estrogens, Fractionated, LC/MS/MS	23244	Estrone, LC/MS/MS	S51997	IGF-I, LC/MS
	Test Codes:	Name:																									
	S51299	17-Hydroxypregnenolone, LC/MS/MS																									
	17180	17-Hydroxyprogesterone, LC/MS/MS																									
	S51289	17-Hydroxyprogesterone, Neonatal/Infant																									
	17181	Aldosterone, LC/MS/MS																									
	16845	Aldosterone/Plasma Renin Activity Ratio, LC/MS/MS																									
	S51319	Androstenedione, LC/MS/MS																									
	30289	Estradiol, Ultrasensitive, LC/MS/MS																									
	S49575	Estriol, LC/MS/MS, Serum																									
	439	Estrogen, Total, Serum																									
	36742	Estrogens, Fractionated, LC/MS/MS																									
	23244	Estrone, LC/MS/MS																									
	S51997	IGF-I, LC/MS																									

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

91001	Omega-3 and -6 Fatty Acids, Plasma
S52046	Plasma Renin Activity, LC/MS/MS
S51286	Pregnenolone, LC/MS/MS
A52223	Progesterone, LC/MS/MS

TAT Change 4															
Effective Date	7/28/2015														
Set-up/Analytic Time	Set up: Mon-Fri; Report available: 3 days														
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>19552</td> <td>Aldosterone, 24-Hour Urine</td> </tr> <tr> <td>S51655</td> <td>Cortisol, Free, LC/MS/MS, 24-Hour Urine</td> </tr> <tr> <td>S52400</td> <td>Cortisol, LC/MS/MS, Saliva</td> </tr> <tr> <td>S51375</td> <td>Cortisone, 24-Hour Urine</td> </tr> <tr> <td>A52257</td> <td>DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS</td> </tr> <tr> <td>S51491</td> <td>Dihydrotestosterone, LC/MS/MS</td> </tr> </tbody> </table>	Test Codes:	Name:	19552	Aldosterone, 24-Hour Urine	S51655	Cortisol, Free, LC/MS/MS, 24-Hour Urine	S52400	Cortisol, LC/MS/MS, Saliva	S51375	Cortisone, 24-Hour Urine	A52257	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS	S51491	Dihydrotestosterone, LC/MS/MS
	Test Codes:	Name:													
	19552	Aldosterone, 24-Hour Urine													
	S51655	Cortisol, Free, LC/MS/MS, 24-Hour Urine													
	S52400	Cortisol, LC/MS/MS, Saliva													
	S51375	Cortisone, 24-Hour Urine													
	A52257	DHEA (Dehydroepiandrosterone), Unconjugated, LC/MS/MS													
	S51491	Dihydrotestosterone, LC/MS/MS													

TAT Change 5									
Effective Date	7/28/2015								
Set-up/Analytic Time	Set up: Sun-Thurs; Report available: 2 days								
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>S52520</td> <td>Serotonin Release Assay (SRA), LMWH</td> </tr> <tr> <td>S51624</td> <td>Serotonin Release Assay, Unfractionated Heparin</td> </tr> <tr> <td>15334</td> <td>Serotonin Release Assay, Unfractionated Heparin</td> </tr> </tbody> </table>	Test Codes:	Name:	S52520	Serotonin Release Assay (SRA), LMWH	S51624	Serotonin Release Assay, Unfractionated Heparin	15334	Serotonin Release Assay, Unfractionated Heparin
	Test Codes:	Name:							
	S52520	Serotonin Release Assay (SRA), LMWH							
	S51624	Serotonin Release Assay, Unfractionated Heparin							
15334	Serotonin Release Assay, Unfractionated Heparin								

TAT Change 6							
Effective Date	7/28/2015						
Set-up/Analytic Time	Set up: Mon, Wed; Report available: 4-5 days						
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>A52572</td> <td>Thyroglobulin, LC/MS/MS</td> </tr> <tr> <td>90814-3</td> <td>Thyroglobulin, LC/MS/MS</td> </tr> </tbody> </table>	Test Codes:	Name:	A52572	Thyroglobulin, LC/MS/MS	90814-3	Thyroglobulin, LC/MS/MS
	Test Codes:	Name:					
	A52572	Thyroglobulin, LC/MS/MS					
90814-3	Thyroglobulin, LC/MS/MS						

TAT Change 7	
Effective Date	7/28/2015
Set-up/Analytic Time	Report available: 1-3 days

Tests Affected	Test Codes:	Name:
	16374	Streptococcus pneumoniae IgG Ab (13 Serotypes), MAID
	16963	Streptococcus pneumoniae IgG Ab (23 serotypes), MAID
	19563	Streptococcus pneumoniae IgG AB (7 Serotypes), MAID
	19564	Streptococcus pneumoniae IgG Antibody Panel (14 Serotypes), MAID

TAT Change 8		
Effective Date	7/28/2015	
Set-up/Analytic Time	Report available: 1-4 days	
Tests Affected	Test Codes:	Name:
	1595U	Protein Electrophoresis (PEP) 24hr Urine w/Total Protein
	1584U	Protein Electrophoresis (PEP) Evaluation 24hr Urine
	1584UR	Protein Electrophoresis (PEP) Evaluation Urine
	1580U	Protein Electrophoresis (PEP) Urine

Varicella-Zoster Virus, Rapid Method	
Effective Date	7/28/2015
Test Code	S52012
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 4-6 days

Viral Culture and Identification	
Effective Date	7/28/2015
Test Code	S50660
Set-up/Analytic Time	Set up: Mon-Sat; Report available: 2-24 days

HLA Typing for Celiac Disease		
Effective Date	8/31/2015	
<i>Former Test Code</i>	S51543	
Test Code	17135	
Specimen Requirements	Preferred: 5 mL (3 mL minimum) whole blood collected in an EDTA (lavender-top) tube Acceptable: Whole blood submitted in an ACD (yellow-top) or sodium heparin (green-top) tube	
Set-up/Analytic Time	Set up: Sun-Sat; Report available: 6 days	
Performing Site	Quest Diagnostics Nichols Institute, Chantilly	
Interface Mapping	Result Code	Result Name
	86005244	Interpretation

	86000616	HLA-DQ2
	86000617	HLA-DQ8
	86005246	HLA-DQA1*
	86005247	HLA-DQA1*
	86000614	HLA-DQB1*
	86000615	HLA-DQB1*
	86000618	Results reviewed by:
Additional Information	We are pleased to announce that this test code, previously discontinued 8/11/2014, will be available again on 8/31/2015. Please note the changes listed in the table.	
Pricing Message	Negotiated pricing on S51543 will be applied to code 17135.	

Cardio IQ® Myeloperoxidase (MPO)	
Message	**This test is not available for New York patient testing**
Effective Date	9/14/2015
Test Code	92814
Reject Criteria	Gross hemolysis; samples other than EDTA plasma including PPT potassium EDTA (white-top) tube ; improper labeling; samples not stored properly; samples older than stability limits

Hepatitis B Surface Antibody Immunity, Quantitative					
Clinical Significance	This assay is used to determine immune status for Hepatitis B as > or = 10 mIU/mL as per CDC Guidelines.				
Effective Date	9/14/2015				
Former Test Name	<i>Hepatitis B Surface Antibody Quantitation</i>				
Former Test Code	2448				
Test Code	8475				
Reject Criteria	Gross hemolysis, gross lipemia				
Transport Temperature	Room temperature				
Reference Range	> or = 10 mIU/mL				
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>55015300</td> <td>Hepatitis B Surface Ab Immunity, QN</td> </tr> </tbody> </table>	Result Code	Result Name	55015300	Hepatitis B Surface Ab Immunity, QN
Result Code	Result Name				
55015300	Hepatitis B Surface Ab Immunity, QN				
Pricing Message	Negotiated pricing on 2448 will be applied to code 8475.				

Vitamin D, 25-Hydroxy, Total, Immunoassay	
Effective Date	9/14/2015
Test Code	17306
Specimen Requirements	0.8 mL (0.5 mL minimum) serum

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

Transport Temperature	Room temperature
Specimen Stability	Room temperature and Refrigerated: 14 days Frozen: 60 days
Performing Site	Quest Diagnostics Nichols Institute, Valencia

Cadmium, 24-Hour Urine											
Effective Date	9/21/2015										
Former Test Code	4868U										
Test Code	36434										
Reference Range	<5.1 mcg/L										
Performing Site	Quest Diagnostics Nichols Institute, Valencia										
Pricing Message	Negotiated pricing on 4868U will be applied to code 36434.										
Tests Affected	<table border="1"> <thead> <tr> <th>Test Codes:</th> <th>Name:</th> </tr> </thead> <tbody> <tr> <td>37081</td> <td>Comprehensive Toxic Metal Panel, 24-hour Urine</td> </tr> <tr> <td>4060U</td> <td>Comprehensive Toxic Metal Panel, 24-hour Urine</td> </tr> <tr> <td>35386</td> <td>Heavy Metals 24-hour Urine with Cadmium</td> </tr> <tr> <td>4075U</td> <td>Heavy Metals 24-hour Urine with Cadmium</td> </tr> </tbody> </table>	Test Codes:	Name:	37081	Comprehensive Toxic Metal Panel, 24-hour Urine	4060U	Comprehensive Toxic Metal Panel, 24-hour Urine	35386	Heavy Metals 24-hour Urine with Cadmium	4075U	Heavy Metals 24-hour Urine with Cadmium
Test Codes:	Name:										
37081	Comprehensive Toxic Metal Panel, 24-hour Urine										
4060U	Comprehensive Toxic Metal Panel, 24-hour Urine										
35386	Heavy Metals 24-hour Urine with Cadmium										
4075U	Heavy Metals 24-hour Urine with Cadmium										

Cytomegalovirus (CMV) Detection, DFA, Buffy Coat					
Message	**This test is available for New York patient testing**				
Clinical Significance	Diagnosis of CMV related infections.				
Effective Date	9/21/2015				
Former Test Name	<i>Cytomegalovirus Ag Detection</i>				
Former Test Code	2421				
Test Code	34989				
CPT Codes	87271				
Specimen Requirements	Buffy coat smears from ACD or heparinized whole blood collected on 2 slides submitted in slide container				
Instructions	Smear or slide: For whole blood samples: centrifuge either ACD or Heparin anticoagulated peripheral blood. Collect buffy coat and smear on two or more slides. Acetone fix. Only smears from buffy coat will be accepted. Do not submit whole blood or smears made from whole blood due to low mononuclear cell concentration on peripheral blood.				
Transport Temperature	Refrigerated				
Specimen Stability	Room temperature: 24 hours Refrigerated: 72 hours Frozen: Unacceptable				
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>85974570</td> <td>CMV, DFA</td> </tr> </tbody> </table>	Result Code	Result Name	85974570	CMV, DFA
Result Code	Result Name				
85974570	CMV, DFA				

Additional Information	Result code for Specimen Source will be removed.
Pricing Message	Negotiated pricing on 2421 will be applied to code 34989.

Disaccharidases																
Effective Date	9/21/2015															
Former Test Code	19701X [3127]															
Test Code	19701															
Specimen Requirements	5 mg (2 mg minimum) frozen small bowel biopsy collected in a 2 mL cryovial polypropylene screw-cap tube															
Reject Criteria	Samples frozen later than 2 hours post-collection; samples received in urine containers; samples immersed in a colorless fluid (i.e., water, formalin, saline, etc); samples placed on gauze, filter paper or any other type of support media															
Instructions	Place 5 mg (2 mg) small bowel biopsy on the interior surface of a 2 mL polypropylene screw-cap cryovial or small polypropylene collection tube. Freeze within 2 hours of collection at -20 °C.															
Specimen Stability	Room temperature and Refrigerated: Unacceptable Frozen: 31 days															
Units Of Measure	umol/min/g protein															
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>86003018</td> <td>Lactase</td> <td>umol/min/g prot</td> </tr> <tr> <td>86003019</td> <td>Sucrase</td> <td>umol/min/g prot</td> </tr> <tr> <td>86003020</td> <td>Maltase</td> <td>umol/min/g prot</td> </tr> <tr> <td>86003021</td> <td>Palatinase</td> <td>umol/min/g prot</td> </tr> </tbody> </table>	Result Code	Result Name	Unit of Measure	86003018	Lactase	umol/min/g prot	86003019	Sucrase	umol/min/g prot	86003020	Maltase	umol/min/g prot	86003021	Palatinase	umol/min/g prot
Result Code	Result Name	Unit of Measure														
86003018	Lactase	umol/min/g prot														
86003019	Sucrase	umol/min/g prot														
86003020	Maltase	umol/min/g prot														
86003021	Palatinase	umol/min/g prot														
Pricing Message	Negotiated pricing on 19701X will be will be applied to code 19701.															

Tamoxifen and Metabolites, LC-MS/MS													
Effective Date	9/21/2015												
Test Code	91998												
Reference Range	<table border="1"> <tbody> <tr> <td>Endoxifen</td> <td>6.01-43.19 ng/mL</td> </tr> <tr> <td>Tamoxifen</td> <td>12.54-233.07 ng/mL</td> </tr> <tr> <td>N-Desmethyl Tamoxifen</td> <td>2.59-373.96 ng/mL</td> </tr> <tr> <td>4-Hydroxy Tamoxifen</td> <td>0.24-5.05 ng/mL</td> </tr> <tr> <td>N-Desmethyl-4'-Hydroxy Tam</td> <td>1.17-19.95 ng/mL</td> </tr> <tr> <td>4'-Hydroxy Tamoxifen</td> <td>0.40-6.33 ng/mL</td> </tr> </tbody> </table>	Endoxifen	6.01-43.19 ng/mL	Tamoxifen	12.54-233.07 ng/mL	N-Desmethyl Tamoxifen	2.59-373.96 ng/mL	4-Hydroxy Tamoxifen	0.24-5.05 ng/mL	N-Desmethyl-4'-Hydroxy Tam	1.17-19.95 ng/mL	4'-Hydroxy Tamoxifen	0.40-6.33 ng/mL
Endoxifen	6.01-43.19 ng/mL												
Tamoxifen	12.54-233.07 ng/mL												
N-Desmethyl Tamoxifen	2.59-373.96 ng/mL												
4-Hydroxy Tamoxifen	0.24-5.05 ng/mL												
N-Desmethyl-4'-Hydroxy Tam	1.17-19.95 ng/mL												
4'-Hydroxy Tamoxifen	0.40-6.33 ng/mL												
Performing Site	Quest Diagnostics Nichols Institute, Valencia												

Discontinued Tests

Melanoma, Chromosomal Microarray, ClariSure® Oligo-SNP

Effective Date	9/14/2015
Test Code	91427
Additional Information	There is no recommended alternative.

Platelet Antibody, Indirect (IgG)	
Effective Date	9/14/2015
Test Code	5341
Additional Information	The recommended alternative is 16288 Platelet Antibody Screen (Indirect) in the New Test section.
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.

Platelet Glycoprotein Antibody					
Effective Date	9/14/2015				
Test Code	10678				
Additional Information	The recommended alternatives are: <ul style="list-style-type: none"> 5019- Platelet Antibody, Direct, Flow Cytometry or 16288 - Platelet Antibody Screen (Indirect) 				
Pricing Message	Due to the suggested replacement negotiated fees will not be copied.				
Tests Affected	<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">Test Codes:</th> <th style="width: 50%;">Name:</th> </tr> </thead> <tbody> <tr> <td>9760</td> <td>Platelet Glycoprotein Antibody (Direct & Indirect)</td> </tr> </tbody> </table>	Test Codes:	Name:	9760	Platelet Glycoprotein Antibody (Direct & Indirect)
Test Codes:	Name:				
9760	Platelet Glycoprotein Antibody (Direct & Indirect)				

New York Patient Testing Update

Hepatitis D Virus RNA, Qualitative Real-Time PCR	
Message	<i>**This test is available for New York patient testing.**</i>
Test Code	S50513

Test Send Out (Referrals)

Celiac Genetics	
Effective Date	8/31/2015
Test Code	92545
Additional Information	This test code is being discontinued. The recommended alternative is 17135 - HLA Typing for Celiac Disease in the Test Changes Section.

Prometheus® IBD sgi Diagnostic	
Effective Date	9/14/2015

Test Code	S52567
Additional Information	This test is being discontinued. The recommended alternative is test code 16503- Inflammatory Bowel Disease Differentiation Panel.