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 #**
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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
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36169		Estradiol, Free, LC/MS/MS	7/28/2015	13
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34989	2421	**Cytomegalovirus (CMV) Detection, DFA, Buffy Coat**	9/21/2015	18
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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 #
91427	Melanoma, Chromosomal Microarray, ClariSure® Oligo-SNP	9/14/2015	19
5341	Platelet Antibody, Indirect (IgG)	9/14/2015	20
10678	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 #
92545		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	**Buprenorphine** — **<2 ng/mL** **Norbuprenorphine** — **<2 ng/mL** **Naloxone** — **<2 ng/mL**
Methodology	**Mass Spectrometry**
Performing Site	**Quest Diagnostics Nichols Institute, Valencia**
Interface Mapping	**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	**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	**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	

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.**

	Platelet Count Minimum Volume **>=45,000 2 mL** **20,000-45,000 5 mL** **<20,000 10 mL** **Pediatric minimum volume: The minimum volume is platelet count dependent. If possible, submit at least 1 mL EDTA blood.**
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	**Result Code** / **Result Name** **85958930** / **Anti-IgG**

Cardio IQ® ASCVD Risk Panel with Score	
Message	***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***
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	**For risk calculations to be performed, the following patient-specific information have to be provided at the time of order:** **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.** **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	**Spectrophotometry, Enzymatic**
Performing Site	**Quest Diagnostics Nichols Institute, San Juan Capistrano**
Interface Mapping	

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	

This is a reflex. Please build the unit code below separately.
Non-orderable Reflex 92052-6-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® Diabetes Risk Panel with Score	
Message	***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***
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	**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)**
Transport Temperature	**Refrigerated**
Specimen Stability	**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

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	

This is a true reflex. Please build the non-orderable test code separately:

	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	

Result Code	Result Name	Unit of Measure
25000000	Glucose	mg/dL

Cardio IQ® Lipid Panel with Reflex to Direct LDL	
Message	***Includes: Cardio IQ® Cholesterol, Total * Cardio IQ® HDL Cholesterol * Cardio IQ® Triglycerides * Cardio IQ® Non-HDL and Calculated Components***
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	

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
This is a reflex. Please build the unit code below separately. *Non-orderable Reflex 92061-5-Cardio IQ(R) Direct LDL*		
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	**Preferred:** **Formalin fixed paraffin embedded tissue collected in a Paraffin embedded tissue block** **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**
Instructions	**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.**
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	**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** ***This test is a true reflex. Please build the unit code below separately.*** ***Orderable Reflex 93102-HPV Genotypes 16, 18/45, Post-Hysterectomy, Vaginal*** **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**

Hemologlobinopathy 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	

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	

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	

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

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	

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	

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	

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**
Former Test Code	*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	*Hepatitis B Surface Antibody Quantitation*
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	**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

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	

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	*Cytomegalovirus Ag Detection*
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	

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	

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	

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: - 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	**Test Codes:** / **Name:** 9760 / Platelet Glycoprotein Antibody (Direct & Indirect)

New York Patient Testing Update

Hepatitis D Virus RNA, Qualitative Real-Time PCR	
Message	*****This test is available for New York patient testing.*****
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.