SPECIALTY LABORATORIES
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Test Updates

November 27, 2007

Dear Colleague:

Specialty Laboratories is pleased to offer two new tests to aid in the diagnosis of Primary Biliary Cirrhosis; gp210 IgG Abs (5928) and sp100 IgG Abs (5919). Another new test; F-Actin IgA Autoabs (5924) can assist in estimating the likelihood of intestinal villus atrophy in patients with Celiac Disease.

The **Warfarin Sensitivity DetectR™ (5055)** replaces the discontinued Cytochrome P450 2C9 (Warfarin) GenotypR™ (5381). The Warfarin Sensitivity DetectR™ which analyzes the CYP 2C9 and VKORC1 genes is available Monday through Friday, with a 2-4 day turnaround time and an easy to read warfarin dosing recommendation chart.

As a result of the recent FDA label change for the drug warfarin (Coumadin), *Specialty Laboratories* has developed an information packet that contains materials relevant to hospital anticoagulation policy from the FDA, Joint Commission, and others, including the handout from our recent web conference "Warfarin Dosing using Genetic Information: A Model for Hospital Policy Development." Order your information packet on our website at www.specialtylabs.com.

Primary clients interested in a **joint marketing opportunity** to educate primary care physicians about the prevalence and wide variety of presenting symptoms for Celiac Disease can participate at no charge through this limited time offer. *Specialty Laboratories* will provide packages of hospital branded postcards for distribution to local physicians on the need for screening for Celiac Disease. Interested clients should contact Bobette Vikan at 800.421.7110 extension 6745 for more information.

Please note: This client letter covers many changes in *Specialty Laboratories* CPT code recommendations.

For additional information, please visit our Web site at www.specialtylabs.com or contact Client Relations at 800-421-4449.

Thank you for choosing *Specialty* and we look forward to your continued support.

Respectfully yours,

Christopher Lockhart, M.D.
Laboratory Director

New Tests:

5928 gp210 IgG Abs (Available Immediately)

Component	Method	ReferenceRange/Units
gp210 IgG Abs	**ELISA**	**<20.1 Units Negative** **20.1 - 24.9 Units Equivocal** **> 24.9 Units Positive**

Specimen/Stability	Serum 1.0 (0.5) mL; Refrigerated 14 days, Frozen 2 months
Clinical Utility	The Quanta Lite gp210 kit is an enzyme-linked immunosorbent assay (ELISA) for the semi-quantitative detection of anti-gp210 antibody of the IgG class in human serum. This test is intended to aid in the diagnosis of Primary Biliary Cirrhosis (PBS).
Schedule	Thursday
Report	Same day
CPT Code	83516
Note	
Collection	Grossly hemolyzed/icteric samples are unacceptable.

5919 sp100 IgG Abs (Available Immediately)

Component	Method	ReferenceRange/Units
sp100 IgG Abs	**ELISA**	**<20.1 Units Negative** **20.1 - 24.9 Units Equivocal** **> 24.9 Units Positive**

Specimen/Stability	Serum 1.0 (0.5) mL; Refrigerated 14 days, Frozen 2 months
Clinical Utility	The Quanta Lite sp100 kit is an enzyme-linked immunosorbent assay (ELISA) for the semi-quantitative detection of anti-sp100 antibody of the IgG class in human serum. This test is intended to aid in the diagnosis of Primary Biliary Cirrhosis (PBS).
Schedule	Thursday
Report	Same day
CPT Code	83516
Note	Results are obtained using the INOVA Quanta Lite sp100 ELISA assay. sp100 values obtained with different manufacturers' assay methods may not be used interchangeably. The magnitude of the reported IgG levels can not be correlated to an endpoint titer.
Collection	

5924 F-Actin IgA Autoabs (Available Immediately)

Component	Method	ReferenceRange/Units
F-Actin IgA Autoabs	**ELISA**	**<20.0 Units Negative** **20.0 – 30.0 Units Weak positive** **> 30.0 Units Moderate to Strong Positive**

Specimen/Stability	Serum 1.0 (0.5) mL; Ambient 7 days, Refrigerated 14 days, Frozen 2 months
Clinical Utility	The Quanta Lite Actin IgA kit is an enzyme-linked immunosorbent assay (ELISA) for the semi-quantitative detection of IgA antibodies to the actin component of smooth muscle in human serum. In patients with clinical findings consistent with celiac disease, the presence of anti-actin IgA antibody may assist in estimating the likelihood of intestinal villus atrophy.
Schedule	Saturday
Report	Same day
CPT Code	83516
Note	
Collection	

Test Changes:

1580U Protein Electrophoresis Urine

Effective	Immediately
Stability	Ambient 14 days, Refrigerated 14 days, Frozen 1 month
Also Affected	1595U, 1584U, 1584UR

1580C Protein Electrophoresis CSF

Effective	Immediately
Stability	Refrigerated 7 days, Frozen 1 month
Also Affected	1584C

8315UR Histoplasma Antigen Urine

Effective	December 4
Ref Range	< 0.7 Negative 0.7 – 2.9 Borderline > 2.9 Moderate to Strong positive

4873W Mercury Whole Blood

Effective	Immediately
Alt. Specimen	2 (0.5) mL Whole Blood EDTA now accepted
Stability	Ambient 7 days, Refrigerated–1 month, Frozen–2 months

1859 IHC Stain & Interpretation: Pathologist Chooses 1-6 Stains

Effective	Immediately
Panel Name	IHC Stain & Interpretation: Pathologist Chooses 1-12 Stains

1833 ER, PR, Ki67, p53, HER-2/*neu* w/reflex FISH, Breast Cancer

Effective	December 18
Component	ER Breast Interpretation – ADD PR Breast Interpretation – ADD HER-2/*neu* Interpretation – ADD Reference ranges: 0, 1+ = No overexpression 2+, 3+ = Overexpression Ki67 (MIB-1) Interpretation – ADD Reference ranges: <10% = Low 10 - 20% = Intermediate > 20% = High p53 Interpretation – ADD

3125U Monoclonal Gammopathies Urine

Effective	December 18
Note	Detected results will automatically reflex to Kappa & Lambda Light Chain and IgG, IgM & IgA quantitation by Nephelometry, for an additional charge

Discontinued:

Effective December 4, 2007:

3912 **Interleukin-12**
Replaced by: S51504 Interleukin 12, S,P (Non-NY approved lab) for 3912 and 3912PL

3912F **Interleukin-12 Fluid**
Replaced by: S51505 Interleukin 12, Fluid (Non-NY approved lab) for 3912F

3912PL **Interleukin-12 Plasma**
Replaced by: S51504 Interleukin 12, S,P (Non-NY approved lab) for 3912 and 3912PL

4135 **Methotrexate**
Replaced by: S51506 Methotrexate for 4135

4150 **Quinidine**
Replaced by: S51507 Quinidine for 4150

5381 **Cytochrome P450 2C9 (Warfarin) GenotypR™**
Replaced by: 5055 Warfarin Sensitivity DetectR™ (VKORC1 & CYP2C9)

1857 **IHC Stain & Interpretation: Pathologist Chooses 1-3 Stains**
Replaced by: 1859 IHC Stain & Interpretation: Pathologist Chooses 1-12 Stains

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CPT Coding Change Recommendations

The following CPT code changes are part of an ongoing CPT coding standardization. The CPT codes provided are based upon AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. If you have any questions, please refer to the Current Procedural Terminology (CPT) Manual published by the American Medical Association. To verify reimbursement, or to ask questions regarding usage of a CPT code, please contact your local Medicare carrier. Please contact Specialty Client Services at 800-421-4449 if you have questions regarding CPT coding changes to custom panels.

***Effective: December 1, 2007**

DOS CODE	TEST DESCRIPTION	CPT CODE
1002	Tissue Total Autoabs Screen (TABS)	83516, 86255x5
1025	Myasthenia Gravis Evaluation	83519, 86255
1026	Myasthenia Gravis Evaluation PLUS	83519x3, 86255
1027	Transglutaminase IgG Autoabs [EIA]	83516
1029	Transglutaminase IgA Autoabs [EIA]	83516
1030	Transglutaminase IgG & IgA Autoabs	83516x2
1075	Celiac Disease EvaluatR™ w/IgA	82784, 83516x3, 86255x2
1076	Celiac Disease Autoabs Evaluation	83516x2, 86255x2
1077	Celiac Disease EvaluatR™	83516x3, 86255x2
1082	Antiphospholipid Syndrome EvaluatR™, Expanded	86147x3, 86148x3, 83516x9, 85613
1103	Myocardial Total Autoabs	86255
1104	Parietal Cell Total Autoabs	86255
1105	Reticulin Total Autoabs	86255
1106	Smooth Muscle Total Autoabs	86255
1107	Striational Total Autoabs	86255
1109	Centromere Autoabs	86038
1114	Skin Total Autoabs, Inter-Epithelial & Dermal-Epidermal	86255x2
1130	Adrenal Total Autoantibodies	86255
1140	Chromatin (Histone-DNA Complex) IgG Autoantibodies	86235
1162	Reticulin IgA Autoabs	86255
1191	Endomysial IgA Autoabs	86255
1203	DNA Autoantibodies, Double-Stranded [Crithidia]	86255
1227	SRP Autoantibodies	86235
1251	Proliferating Cell Nuclear Ag Autoabs	86255
1261	Gliadin IgG Abs	83516
1266	Gliadin IgG & IgA Abs	83516x2
1286	Gliadin IgA Abs	83516
1368	HLA-A, B, C DetectR™	86813
1369	HLA-A, B, C, DR DetectR™	86813, 86817
1376	HLA-A DetectR™	86813
1377	HLA-B DetectR™	86813
1378	HLA-C DetectR™	86813
1379	HLA-DR DetectR™	86817
1491	Plasminogen, Quantitative	85421

New CPT Codes

DOS CODE	TEST DESCRIPTION	CPT CODE
1518	Alpha-1-Antitrypsin Deficiency Fetal Study w/reflex MCC	83891, 83900, 83909, 83912, 83914x2
1655	Lymphocyte Enumeration, T Cell	86359, 86360
1656	Lymphocyte Enumeration, Helper/Inducer	86361
1657	Lymphocyte Enumeration, Helper/Suppressor	86360
1658	Lymphocyte Enumeration, T & B Cell	86355, 86359
1659	Lymphocyte Enumeration, Helper/Suppressor - Limited	86360
1668	Lymphocyte Enumeration, Basic & NK Cells	86355, 86357, 86359, 86360
1671	Lymphocyte Enumeration, Basic	86355, 86359, 86360
1726	Rapidly Progressive Glomerulonephritis Evaluation	83520, 86060, 86021x3, 86038, 86160x2
1751	Phosphatidylcholine IgG, IgM & IgA Autoabs	83516 x3
1771	Phosphatidic Acid IgG, IgM & IgA Autoabs	83516 x3
1774	Phosphatidylinositol IgG, IgM & IgA Autoabs	83520 x3
1776	Antiphospholipid Evaluation	86147x3, 83516x9, 83520x3 84081x3, 86148x3
1791	Phosphatidylethanolamine IgG, IgM & IgA Autoabs	83516x3
1872	Natural Killer Cell Quantitation	86357
1995	Complement C4 Binding Protein	86329
2344	*Candida albicans* Evaluation	86628x3, 86403
2362	Ova & Parasite: Comprehensive Exam w/Coccidia Evaluation	87177, 87207x2, 87209
2363	Ova & Parasite: Coccidia Evaluation	87015, 87207x2
2376	Antistreptolysin O Antibodies (ASO)	86060
2405	Herpes Simplex Virus Typing from Tissue Culture (FA)	87140
2408	*Ureaplasma urealyticum/Mycoplasma hominis* Culture	87109
2416	*Bordetella pertussis/parapertussis* Culture	87081
2430	*Bordetella pertussis/parapertussis* Evaluation	87081, 87265x2
2960	Fecal Leukocytes	89055
3166	Estrogens, Fractionated Serum	82671
3178	Growth Hormone Deficiency MonitR™	82397, 84305
3240	Myositis AssessR™	83516x5, 86235x2
3241	Mi-2 Autoantibodies	86235
3242	Myositis AssessR™ Plus Jo-1 Autoantibodies	83516x5, 86235x3
3270	Epinephrine Plasma	82491
3361	Valproic Acid, Free	80164
3553	S-100B AccuQuant® Serum	82397
3846	Amylase Isoenzymes	82150x2, 84999
3951	Chromogranin A, End-Point Titer	86316
3952	Chromogranin A	86316
3959	Insulin-Like Growth Factor Binding Protein (IGFBP-3)	82397
3974	Alkaline Phosphatase, Bone Specific	84075
4090	Benzodiazepines Serum	80154
4115	Carbamazepine & Metabolites (10,11 Epoxide)	80156
4141	Risperidone	83789
4147	Amiodarone & Metabolites	82492
4154	Tricyclic Antidepressants (TCA) Confirm Serum Extended	82492
4157	Tricyclic Antidepressants (TCA) Confirmation Serum	82492
4166	Tricyclics Antidepressants (TCA) Screen Serum	80101
4170	Cocaine & Metabolites Confirmation Serum	82520
4176	Oxycodone & Metabolite Serum	83925

DOS CODE	TEST DESCRIPTION	CPT CODE
4185	Opiates Confirmation Serum	83925
4190	Nicotine & Cotinine Serum	83887
4192	Methadone Confirmation Serum	83840
4196	Lamotrigine	80299
4302	Fentanyl & Norfentanyl Serum	83925
4480	Flunitrazepam & Metabolites Confirmation Serum	80154
4492	Hydromorphone Serum	82649
4493	Dihydrocodeine Serum	82646
4495	Hydrocodone Serum	82646
4565	AmpliChip™ CYP450 2D6 & 2C19 GenotypR™	83891, 83892x2, 83900, 83901x4, 88385
4910	Mycophenolic Acid	80299
4914	Amitriptyline & Nortriptyline	80152
4920	Flurazepam (Dalmane)	82742
4924	Doxepin & Nordoxepin	80166
4932	Imipramine & Desipramine	80174
4950	Fluoxetine & Norfluoxetine	82492
4962	Clomipramine & Desmethylclomipramine	82492
4964	Clozapine & Norclozapine	80154
4985	Sickle Cell MonitR™	83021
5322	Fungus Culture & Stain - Skin, Hair or Nail	87101, 87220
5360	*M. avium* (MAC) Complex Culture ID [DNA Probe]	87149
5632	*M. tuberculosis* Complex Culture ID [DNA Probe]	87149
5659	AFB Suscept: MAI Complex (MAC) by Agar Proportion Method	87190x9
5665	Gram Negative Susceptibility Panel: Urine/Non-Urine	87186
5666	Gram Positive Susceptibility Panel: Urine/Non-Urine	87186
5711	Anaerobic Susceptibility Panel	87076, 87181x6
5779	Fungus Culture: Yeast Screen-Skin, Hair, or Nail	87101, 87220
5906	Hepatitis Autoimmune EvaluatR™ PLUS	86021, 86038, 86255, 86376x2, 87522, 83516x3
5908	Hepatitis Autoimmune EvaluatR™	86038, 86376x2, 83516x3
5920	F-Actin IgG Autoantibodies	83516
6100	Platelet Glycoprotein (Direct & Indirect)	86022x3, 86023x3
6104	Platelet Associated Gycoprotein (Direct)	86023x3
8156	Hypersensitivity Pneumonitis Evaluation	86001x8, 86331x6
8157	Hypersensitivity Evaluation II	86331x5
9189	*Cryptococcus* Ag	86403
9190	*Candida* Ag Detection	86403
9842	HIV p24 Antigen, Qualitative	87390
9872	HIV-1 RNA UltraQuant® [bDNA] & CD4 Cell Count	86361, 87536
1656SR	Lymphocyte Enumeration, Helper/Inducer with Serial Reporting	86361
3109C	Alpha-Fetoprotein (AFP) Tumor Marker CSF	86316
3123R	Cholinesterase RBC	82482
3270U	Epinephrine 24hr Urine	82491
3270UR	Epinephrine Urine Random	82491
3553C	S-100B AccuQuant® CSF	82397
4090U	Benzodiazepines Confirmation Urine	80154
4092U	Barbiturates Confirmation Urine	82205
4094U	Propoxyphene Confirmation Urine	83925

DOS CODE	TEST DESCRIPTION	CPT CODE
4102U	Alcohol, Ethyl Urine	80101
4104U	Lysergic Acid Diethylamide (LSD) Urine	83789
4133U	Cannabinoids Confirmation Urine	82542
4170U	Cocaine & Metabolites Confirmation Urine	82520
4176U	Oxycodone & Metabolite Urine	83925
4185UR	Opiates Confirmation Urine	83925
4186UR	Opiates Confirmation w/6-MAM Urine	83925
4187UR	Opiates Confirmation (Morphine & Codeine) Urine	83925
4189U	Amphetamines Confirmation Urine	82145
4190U	Nicotine & Metabolite Urine	83887
4192U	Methadone Confirmation Urine	83840
4300U	Meperidine & Normeperidine Uurine	83925
4302U	Fentanyl & Norfentanyl Urine	83925
4480U	Flunitrazepam & Metabolites Confirmation Urine	80154
4490UR	Hydrocodone Urine AccuQuant® (including Hydromorphone)	82646
4492UR	Hydromorphone Urine AccuQuant®	82649
4939U	Clonazepam & 7-Amino Clonazepam Urine	80154
7420NY	HIV-1 Phenoscript™ New York	87903, 87904x4
7440SW	*Chlamydia trachomatis/N. gonorrhoeae* rRNA PLUS [TMA] Swab w/ rfx Confirm	87801
9189C	*Cryptococcus* Antigen CSF	86403
9872SR	HIV-1 RNA UltraQuant® [bDNA] & CD4 Cell Count w/Serial Report	86361, 87536

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2008 CPT Coding Change Recommendations

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***Effective: January 1, 2008**

DOS CODE	TEST DESCRIPTION	CPT CODE
1139	Cystatin C	82610
1650	Cellular Immune Dysfunction Evaluation	86355, 86359, 86360, 86356x3
1651	Chronic Fatigue & Immune Dysfunction Syndrome Evaluation	86360, 86356x3, 86663, 86359, 86665x2, 86664, 86790x2
1684	CD4 Surface Marker	86356
1685	CD8 Surface Marker	86356
1687	CD16/56 Surface Marker	86356
S42830	PNH CD59 Expression	86356
S50647	Fetal Hemoglobin Distribution	86356
S50902	Calprotectin	83993

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