SPECIALTY LABORATORIES
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Test Updates

September 28, 2010

Dear Colleague:

We are pleased to inform you that Specialty will be introducing a new FDA approved test for **Lp-PLA2 (Lipoprotein-Associated Phospholipase A2) [3470].** Lp-PLA2 is an enzyme with activity related to vascular inflammation and implicated in the formation of rupture-prone plaque. The test can be used as an adjunct to traditional risk factor assessment to identify cardiovascular risk including coronary artery disease and stroke. This information may also be used to aid in selection of therapy to prevent future events.

We continue to update and enhance our toxicology and Pain Management testing menu as evidenced by a number of new and revised tests shown in the following pages. Please do not hesitate to contact us with questions regarding these assays or for technical consultation as needed.

In order to institute a number of billing enhancements for our customers, Specialty Laboratories will be converting to a new billing system in mid-2011. A detailed parallel testing period will begin later this year to ensure that all current billing features and pricing structures are successfully replicated. There will be a slight change to our normal billing cycle. Our new monthly billing cycle will close 3-4 days before the end of the each month. In order for parallel testing to commence, we will make the billing cycle change during the month of October, 2010. All samples received, tested and reported prior to 10/28/10 will appear on your October invoice. Specimens with dates of service and report dates between 10/28/10 and 10/31/10 will be included on your November invoice. Clients receiving weekly invoices will continue to do so and month end weeks will correspond with our month end date. Thereafter, each monthly invoice will be generated approximately 3 days prior to the end of the month. Please notify the invoice approval and payment parties at your facility of this upcoming change. Should you have any questions, please contact your Billing representative at 1-800-421-7110, ext. 7.

And as a last reminder, you may have received a short survey in September. We encourage you to respond and thank you for your participation.

We thank you for choosing *Specialty* and look forward to your continued support. For additional information, please visit our Web site at *www.specialtylabs.com* or contact Client Relations at 800-421-4449.

Respectfully Yours,

Basel Kashlan

Basel Kashlan, MD, FCAP
Laboratory Director

New Tests (*Specialty*):

3470 Lp-PLA2 (Lipoprotein-Associated Phospholipase A2) (Available October 4)

Component	Method	Reference Range/Units
PLAC	**EIA**	**81-259 ng/mL**

Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 3 hours, Refrigerated 7 days, Frozen 21 days
Alt Specimen	Plasma EDTA 1.0 (0.5) mL: Ambient 3 hours, Refrigerated 7 days, Frozen 21 days
Collection Instructions	1. Specimens should be centrifuged and separated within 4 hours of venipuncture, but no longer than 36 hours after blood draw. 2. Serum separator tubes are acceptable. 3. Refrigerated serum can be tested and transported on cold pack up to 7 days. 4. For longer stability, store and transport at or below -70 degrees on dry ice. 5. Ship refrigerated on cold pack or frozen on dry ice.
Schedule	Tuesday, Thursday, Saturday
Report	Same Day
CPT Code	83698
Regulatory Status	FDA Approved
Clinical Utility	Lp-PLA2 can be used in conjunction with clinical evaluation and patient risk assessment as an aid in predicting risk for coronary heart disease and ischemic stroke associated with atherosclerosis.

4697U Pain Management Clonazepam Metabolite, Quant, Urine (Available October 5)

Component	Method	Reference Range/Units
Aminoclonazepam	**LC/MS/MS**	**Cut-off <40 ng/mL**

Specimen/Stability	Urine 20 (5) mL: Ambient 4 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship ambient.
Schedule	Tuesday-Saturday
Report	With 2 days
CPT Code	80154
Regulatory Status	Laboratory Developed Test

1447 *Saccharomyces cerevisiae* IgG Abs (Available October 19)

Component	Method	Reference Range/Units
***S. cerevisiae* IgG**	**EIA**	**< 20.1 Units**

Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 7 days, Refrigerated 14 days, Frozen 2 months
Schedule	Wednesday, Saturday
Report	Same day
CPT Code	86671
Regulatory Status	FDA Approved
Always Statement	REFERENCE RANGE for *S. cerevisiae* IgG Abs: Less than 20.1 Units Negative 20.1 – 24.9 Units Equivocal Greater than 24.9 Units Positive
Clinical Utility	Aid in differentiating Crohn's disease from ulcerative colitis.

New Tests (*Specialty*): (cont'd)

1449 *Saccharomyces cerevisiae* IgA Abs (Available October 19)

Component	Method	Reference Range/Units
***S. cerevisiae* IgA**	**EIA**	**< 20.1 Units**

Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 7 days, Refrigerated 14 days, Frozen 2 months
Schedule	Wednesday, Saturday
Report	Same day
CPT Code	86671
Regulatory Status	FDA Approved
Always Statement	REFERENCE RANGE for *S. cerevisiae* IgA Abs: Less than 20.1 Units Negative 20.1 – 24.9 Units Equivocal Greater than 24.9 Units Positive
Clinical Utility	Aid in differentiating Crohn's disease from ulcerative colitis.

3362U Pregabalin, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Pregabalin	**LC-MS-MS**	**< 1000 ng/mL**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship at room temperature.
Schedule	Tuesday - Saturday
Report	Next day
CPT Code	80299
Regulatory Status	Laboratory Developed Test
Clinical Utility	Pregabalin is medication used for the treatment of fibromyalgia or nerve pain caused by certain conditions (e.g. shingles, diabetic nerve problems). It is also used in combination with other medicines to treat certain types of seizures. The analysis of pregabalin in urine is utilized to document compliance with prescribed therapy.

4251U Tramadol, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Tramadol	**LC-MS-MS**	**< 100 ng/mL**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship at room temperature.
Schedule	Tuesday - Saturday
Report	Next day
CPT Code	83789
Regulatory Status	Laboratory Developed Test
Clinical Utility	Tramadol is an opioid receptor agonist that has been used clinically as a narcotic analgesic. The analysis of tramadol in urine is utilized to document compliance with prescribed therapy.

3364U Gabapentin, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Gabapentin	**LC-MS-MS**	**< 1000 ng/mL**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship at room temperature.
Schedule	Tuesday - Saturday
Report	Next day
CPT Code	80299
Regulatory Status	Laboratory Developed Test
Clinical Utility	Gabapentin is an anti-epileptic medication that affects neurotransmissions involved in seizures and in the transmission of pain. The analysis of gabapentin in urine is utilized to document the compliance with prescribed therapy.

New Tests (*Specialty*): (cont'd)

3365U Carisoprodol Metabolite, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Meprobamate	**LC-MS-MS**	**< 1000 ng/mL**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship at room temperature.
Schedule	Tuesday - Saturday
Report	Next day
CPT Code	83805
Regulatory Status	Laboratory Developed Test
Clinical Utility	Carisoprodol is a muscle relaxant commonly used in the treatment of back pain. It is rapidly and extensively metabolized to meprobamate as such in urine. There is some potential for abuse of carisoprodol. The analysis of meprobamate in urine is utilized to document the compliance with prescribed therapy.

4912U Alprazolam, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Alprazolam	**LC-MS-MS**	**< 50 ng/mL**
Hydroxyalprazolam	**LC-MS-MS**	**< 50 ng/mL**

Specimen/Stability	Urine 7.0 (2.0) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect random urine, no preservative. Ship ambient.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	80154
Regulatory Status	Laboratory Developed Test

4419U Buprenorphine, Quantitative, Urine (Available October 19)

Component	Method	Reference Range/Units
Buprenorphine	**LC-MS-MS**	**< 2 ng/mL**
Norbuprenorphine	**LC-MS-MS**	**< 2 ng/mL**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship at room temperature.
Schedule	Tuesday - Saturday
Report	Next day
CPT Code	83925
Regulatory Status	Laboratory Developed Test
Clinical Utility	Buprenorphine is a prescription medication used in the treatment of opiate addiction. The analysis of buprenorphine in urine is utilized to document the compliance with prescribed therapy.

New Tests (*Specialty*): (cont'd)

4424U Buprenorphine Screen w/Rfx Confirmation, Urine (Available October 19)

Component	Method	Reference Range/Units
Buprenorphine	**EIA**	**Negative**

Specimen/Stability	Urine 20 (10) mL: Ambient 7 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Collect 20 mL of random urine. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	80101
Regulatory Status	FDA Approved
Always Statement	Cut-off = 5 ng/mL
Notes	Also known as Subutex® and Suboxone®. Confirmation testing will automatically be performed on all Positive screen results for an additional charge (add CPT code 83925).
Clinical Utility	Buprenorphine is a semi-synthetic opioid analgesic derived from thebaine, a compound of opium. It resembles morphine structurally but has both antagonist and agonist properties. Buprenorphine has a longer duration of action than morphine and can be administered sublingually as an analgesic. Subutex®, a higher dose Buprenorphine formulation, is widely used in Europe and elsewhere as a substitution treatment for opiate addiction.

1762 Kappa/Lambda Light Chains, Free w/Rfx Immunofixation Serum (Available October 26)

Component	Method	Reference Range/Units
Kappa Free	**TURB**	**3.3 – 19.4 mg/L**
Lambda Free	**TURB**	**5.7 – 26.3 mg/L**
Kappa/Lambda Ratio	**CALC**	**0.3 – 1.7**

Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 6 days, Refrigerated 14 days, Frozen 2 months
Collection Instructions	Repeated freeze/thaw cycles should be avoided. Microbially contaminated samples, samples containing particulate matter and grossly lipemic or grossly hemolyzed samples should not be used.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83520x2
Regulatory Status	FDA Approved
Notes	If Kappa/Lambda Ratio is <0.8 or >1.9, Immunofixation will be performed for an additional fee (add CPT code 86334).
Clinical Utility	Immunoglobulin molecules consist of two identical heavy chains (α, δ, ε, γ, and μ) which define the immunoglobulin class and two identical light chains (κ and λ). Each light chain is covalently linked to a heavy chain and the two heavy chains are linked covalently at the hinge region. In healthy individuals, the majority of light chain in serum exists in this form, bound to heavy chain. However, low levels of free light chain (FLC) are found in serum of normal individuals due to the over-production and secretion of FLC by the plasma cells. While the molecular weight of both light chains is ≈22.5kD, in serum κ free light chain (κ – FLC) exists predominantly as monomer and λ free light chain (λ- FLC) as a covalently linked dimer with a molecular weight of ≈45kD. This will lead to a differential glomerular filtration rate for κ – FLC and λ- FLC and may explain the observed ratio of κ – FLC to λ- FLC of 0.625 in serum compared to the ratio of bound κ to λ of 2.0. Elevated serum levels of monoclonal FLC are associated with malignant plasma cell proliferation (e.g., multiple myeloma), AL amyloidosis and light chain deposition disease. Raised serum levels of polyclonal FLC may be associated with autoimmune diseases such as systemic lupus erythematosus.

New Tests (*Specialty*): (cont'd)

4266UR Collagen Cross-Linked N-Telopeptide (NTX), Urine (Available October 26)

Component	Method		Reference Range/Units
Creatinine Urine	**S**	0 – 6 Months:	2.0 - 32.0 mg/dL
		7 – 11 Months:	2.0 – 36.0
		1 – 2 Years:	2.0 – 128.0
		3 – 8 Years:	2.0 – 149.0
		9 – 12 Years:	2.0 – 183.0
		>12 Years (Male):	20.0 – 370.0
		>12 Years (Female):	20.0 – 320.0
N-Telopeptides/Creatinine	**CALC**	**Males:**	
		18 – 29 Years:	12-99 nmol BCE/mmol creat
		30 – 59 Years:	9-60
		Females:	
		Premenopausal:	4-64

Specimen/Stability	Urine 2.0 (1.0) mL: Ambient 72 hours, Refrigerated 5 days, Frozen 1 month
Collection Instructions	Collect sample without preservative.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	82523, 82570
Regulatory Status	FDA Approved
Clinical Utility	Collagen cross-linked N-Telopeptides are present in mature collagen of bone. Bone undergoes a natural process of renewal in which bone turned over by a process of osteoclast-mediated bone resorption and osteoblast-mediated bone formation. Under normal physiological conditions bone formation and bone resorption are equivalent so no bone is gained or lost. During the process of bone resorption, the collagen matrix is degraded by an enzyme, collagenase. Cross-linked N-Telopeptides are released as by products into the circulation and are finally excreted in the urine. Measuring urinary concentration of collagen cross-linked N-Telopeptide permits an estimate of the amount of bone turnover occurring, in the metabolic bone disorders, such as Paget's disease and other bone related disorders, such as osteoporosis, the rate of bone turnover is affected and bone resorption occurs at an increased rate relative to bone formation. In these instances, cross-linked N-Telopeptide concentration in the urine increases and can be used as an indicator of the bone disease. Urinary cross-linked N-Telopeptides can also be used to measure the efficacy of therapy following treatment to reduce bone resorption; urinary cross-linked N-Telopeptides will typically decrease within a period of three to seven months.

4882 Chromium Serum (Available October 26)

Component	Method	Reference Range/Units
Chromium	**AS**	**<1.5 mcg/L**

Specimen/Stability	Serum Trace Metal 2.0 (1.0) mL: Ambient 24 hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Draw one vacutainer tube of blood and discard. Draw second vacutainer and allow blood to clot in an upright position. Centrifuge and pour (do not pipette) the serum into a metal-free tube. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	82495
Regulatory Status	Laboratory Developed Test
Clinical Utility	Occupational exposure and exposure to environmental contamination of chromium may lead to toxicity. The need for chromium supplements is clinically unproven. Supplements taken in excess can lead to toxicity.

New Tests (*Specialty*): (cont'd)

4882P Chromium Plasma (Available October 26)

Component	Method	Reference Range/Units
Chromium	**AS**	**<3.6 mcg/L**

Specimen/Stability	Plasma EDTA Trace Metal 2.0 (1.0) mL: Ambient 24 hours, Refrigerated 7 days, Frozen 14 days
Alt Specimen	Plasma Heparin Trace Metal 2.0 (1.0) mL: Ambient 24 hours, Refrigerated 7 days, Frozen 14 days
Collection Instructions	Use the royal blue-topped "Trace Metal" evacuated tube with EDTA or heparin. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	82495
Regulatory Status	Laboratory Developed Test
Clinical Utility	Occupational exposure and exposure to environmental contamination of chromium may lead to toxicity. The need for chromium supplements is clinically unproven. Supplements taken in excess can lead to toxicity.

4882UR Chromium Random Urine (Available October 26)

Component	Method		Reference Range/Units
Chromium	**AS**		**<2.0 mcg/L**
Creatinine	**S**	**0 – 6 Months:**	**2.0 - 32.0 mg/dL**
		7 – 11 Months:	**2.0 – 36.0**
		1 – 2 Years:	**2.0 – 128.0**
		3 – 8 Years:	**2.0 – 149.0**
		9 – 12 Years:	**2.0 – 183.0**
		>12 Years (Male):	**20.0 – 370.0**
		>12 Years (Female):	**20.0 – 320.0**
Chromium/Creatinine Ratio			**<5.0 mcg/g creat**

Specimen/Stability	Urine 5.0 (3.0) mL: Ambient 4 days, Refrigerated 14 days, Frozen 30 days	
Collection Instructions	Collect urine in an acid-washed plastic container. Send aliquot in a transfer tube. Ship refrigerated.	
Schedule	Tuesday, Thursday, Saturday	
Report	Next day	
CPT Code	82495, 82570	
Regulatory Status	Laboratory Developed Test	
Always Statement	ACGIH Biological Exposure Index	
	Increase during shift:	<10 mcg/g creatinine
	End of shift at end of week:	<30 mcg/g creatinine
Clinical Utility	Occupational exposure and exposure to environmental contamination of chromium may lead to toxicity. The need for chromium supplements is clinically unproven. Supplements taken in excess can lead to toxicity.	

4884W Cobalt Whole Blood (Available October 26)

Component	Method	Reference Range/Units
Cobalt	**ICP/MS**	**<1.9 mcg/L**

Specimen/Stability	Whole Blood EDTA Trace Metal 4.0 (2.0) mL: Ambient 24 hours, Refrigerated 5 days
Alt Specimen	Whole Blood NaHep Trace Metal 4.0 (2.0) mL: Ambient 24 hours, Refrigerated 5 days
Collection Instructions	Carefully clean skin prior to venipucture. Avoid worksite collection. Collect whole blood EDTA trace metal royal blue top or whole blood NaHep trace metal blue top. Ship refrigerated. Frozen specimens are unacceptable.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83018
Regulatory Status	Laboratory Developed Test

New Tests (*Specialty*): (cont'd)

4884U Cobalt 24hr Urine (Available October 26)

Component	Method	Reference Range/Units
Cobalt	**ICP/MS**	**<2.1 mcg/L**

Specimen/Stability	Urine 24 hour 5.0 (3.0) mL: Ambient 48 hours, Refrigerated 5 days, Frozen 14 days
Collection Instructions	Collect urine in an acid-washed plastic container. Acidify with hydrochloric or nitric acid (1 mL of concentrated acid for each 100 mL urine). Avoid worksite collection. Send aliquot in a transfer tube. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83018
Regulatory Status	Laboratory Developed Test
Always Statement	Biological Exposure Index End of shift at end of week: <16 mcg/L

4884UR Cobalt Random Urine (Available October 26)

Component	Method	Reference Range/Units
Cobalt	**ICP/MS**	**<2.9 mcg/L**

Specimen/Stability	Urine 5.0 (3.0) mL: Ambient 48 hours, Refrigerated 5 days, Frozen 14 days
Collection Instructions	Collect urine in an acid-washed plastic container. Acidify with hydrochloric or nitric acid (1 mL of concentrated acid for each 100 mL urine). Avoid worksite collection. Send aliquot in a transfer tube. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83018
Regulatory Status	Laboratory Developed Test

4886W Thallium Whole Blood (Available October 26)

Component	Method	Reference Range/Units
Thallium	**ICP/MS**	**Adults: <5.0 mcg/L**

Specimen/Stability	Whole Blood EDTA Trace Metal 4.0 (2.0) mL: Ambient 48 hours, Refrigerated 5 days
Alt Specimen	Whole Blood NaHep Trace Metal 4.0 (2.0) mL: Ambient 24 hours, Refrigerated 5 days
Collection Instructions	Carefully clean skin prior to venipucture. Avoid worksite collection. Collect whole blood EDTA trace metal royal blue top or whole blood NaHep trace metal blue top. Ship refrigerated. Frozen specimens are unacceptable.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83018
Regulatory Status	Laboratory Developed Test
Always Statement	Toxic range: >80.0 mcg/L

New Tests (*Specialty*): (cont'd)

4886U Thallium 24hr Urine (Available October 26)

Component	Method	Reference Range/Units
Thallium	**ICP/MS**	**<2.1 mcg/L**

Specimen/Stability	Urine 24 hour 5.0 (3.0) mL: Ambient 48 hours, Refrigerated 5 days, Frozen 14 days
Collection Instructions	Avoid worksite collection. Collect urine in an acid-washed plastic container. Acidify with hydrochloric, acetic or nitric acid (1 mL of concentrated acid for each 100 mL urine). Send aliquot in a transfer tube. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	83018
Regulatory Status	Laboratory Developed Test
Always Statement	Toxic range: >200.0 mcg/L

4886UR Thallium Random Urine (Available October 26)

Component	Method		Reference Range/Units
Creatinine	**S**	**0 – 6 Months:**	**2.0 - 32.0 mg/dL**
		7 – 11 Months:	**2.0 – 36.0**
		1 – 2 Years:	**2.0 – 128.0**
		3 – 8 Years:	**2.0 – 149.0**
		9 – 12 Years:	**2.0 – 183.0**
		>12 Years (Male):	**20.0 – 370.0**
		>12 Years (Female):	**20.0 – 320.0**
Thallium/Creatinine Ratio	**ICP/MS**		**<0.5 mcg/g creat**

Specimen/Stability	Urine 5.0 (3.0) mL: Ambient 48 hours, Refrigerated 5 days, Frozen 14 days
Collection Instructions	Avoid worksite collection. Collect urine in an acid-washed plastic container. Acidify with hydrochloric acetic or nitric acid (1 mL of concentrated acid for each 100 mL urine). Send aliquot in a transfer tube. Ship refrigerated.
Schedule	Tuesday, Thursday, Saturday
Report	Next day
CPT Code	82570, 83018
Regulatory Status	Laboratory Developed Test

New Tests (*Specialty*): (cont'd)

4075UR Heavy Metals Random Urine with Cadmium (Available October 26)

Component	Method		Reference Range/Units
Arsenic	**ICP/MS**		**<51 mcg/g creat**
Lead	**ICP/MS**		**<10 mcg/g creat**
Mercury	**ICP/MS**		**<5 mcg/g creat**
Cadmium	**ICP/MS**		**<3.1 mcg/g creat**
Creatinine	**S**	**0 – 6 Months**	**2–32 mg/dL**
		7 – 11 Months	**2–36 mg/dL**
		1 -2 Years	**2-128 mg/dL**
		3 – 8 Years	**2-149 mg/dL**
		9 – 12 Years	**2-183 mg/dL**
		>12 Years (Male)	**20-370 mg/dL**
		>12 Years (Female)	**20-320 mg/dL**

Specimen/Stability	Urine 10 (5) mL: Ambient 5 days, Refrigerated 14 days, Frozen 30 days
Collection Instructions	Avoid worksite collection. Collect urine in an acid-washed container. Acidify with hydrochloric, acetic or nitric acid (1 mL of concentrated acid for each 100 mL urine). Send aliquot in a Specialty transfer tube. Ship refrigerated.
Schedule	Monday, Wednesday, Friday
Report	Next day
CPT Code	82175, 83655, 83825, 82300, 82570
Regulatory Status	Laboratory Developed Test
Always Statement	Arsenic: Biological Exposure Index (end of shift/work week): Less than or equal to 50 mcg/g creatinine Mercury: Biological Exposure Index (preshift): Less than or equal to 35 mcg/g creatinine Cadmium: For non-exposed adults: less than or equal to 1.2 mcg/g creatinine OSHA Reference Range for Industrial Exposure: Less than or equal to 3.0 mcg/g creatinine
Clinical Utility	Excessive exposure to Heavy Metals can cause acute chronic toxicity. Heavy Metals panel is intended to evaluate and monitor exposure to heavy metals and evaluate the process of detoxification. Excessive cadmium exposure can damage lungs, kidneys and the digestive tract.

4060U Comprehensive Toxic Metal Panel, 24 Hour Urine (Available October 26)

Component	Method	Reference Range/Units
Arsenic	**ICP/MS**	**<81 mcg/L**
Lead	**ICP/MS**	**<81 mcg/L**
Mercury	**ICP/MS**	**<21 mcg/L**
Cadmium	**ICP/MS**	**<5.1 mcg/L**
Cobalt	**ICP/MS**	**<2.1 mcg/L**
Thallium	**ICP/MS**	**<2.1 mcg/L**

Specimen/Stability	Urine 7.0 (3.5) mL: Ambient 48 hours, Refrigerated 5 days, Frozen 14 days
Collection Instructions	Collect urine in an acid-washed container. Avoid worksite collection.
Schedule	Tuesday, Thursday, Saturday
Report	Within 2 days
CPT Code	82175, 83655, 83825, 82300, 83018x2
Regulatory Status	Laboratory Developed Test
Always Statement	Mercury Toxic Level: Greater than or equal to 150 mcg/L Cobalt: Biological Exposure Index (end of shift at end of work week): Less than 16 mcg/L Thallium Toxic Level: Greater than 200 mcg/L

Test Changes:

4420U Buprenorphine

Effective	Immediately
Name	Buprenorphine Screen **(NEW)**

4831 Calcium, Ionized

Effective	Immediately
Specimen/Stability	Serum Separator Tube 3.0 (0.8): Ambient 7 days, Refrigerated 7 days **Note: Increased ambient and refrigerated stability.**
Also Affected	DOS Codes 3208, 3213, 3944 (SST specimen)

3206 Prolactin

Effective	Immediately
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months **Note: Ambient specimens now accepted; increased refrigerated stability.**

3504 Vitamin B12

Effective	Immediately
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months **Note: Ambient specimens now accepted; increased refrigerated stability.**

3020 Vitamin B12 & Folate

Effective	Immediately
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 24 hours, Refrigerated 7 days, Frozen 2 months **Note: Increased refrigerated stability.**

4988 Myoglobin

Effective	Immediately
Specimen/Stability	Serum 1.0 (0.5) mL: Refrigerated 8 days, Frozen 2 months Plasma Heparin 1.0 (0.5) mL: Refrigerated 8 days, Frozen 2 months **Note: Increased refrigerated stability.**

1535 C-Reactive Protein (CRP) (Inflammation)

Effective	Immediately
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 30 days Plasma EDTA 1.0 (0.5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 30 days Plasma Heparin 1.0 (0.5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 30 days Plasma Citrate 1.0 (0.5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 30 days Plasma Fluoridated/Oxalate 1.0 (0.5) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 30 days **Note: Increased refrigerated stability**

Test Changes: (cont'd)

3155 Estradiol

Effective	Immediately
Specimen/Stability	Serum 1.0 (0.4) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months **Note: Increased ambient and refrigerated stability.**

3166 Estrogens, Fractionated Serum

Effective	Immediately
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 48 hours, Refrigerated 7 days, Frozen 2 months **Note: Increased ambient stability.**

3119 CA 15-3

Effective	Immediately
Specimen/Stability	Serum 2.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months Plasma EDTA 2.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months Plasma Heparin 2.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months Plasma ACD 2.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months **Note: Increased ambient and refrigerated stability**
Also Affected	DOS Code 3119SR

3134 CA27.29

Effective	Immediately
Specimen/Stability	Serum 2.0 (0.5) mL: Ambient 7 days, Refrigerated 7 days, Frozen 2 months **Note: Ambient specimens now accepted; increased refrigerated stability.**
Also Affected	DOS Code 3134SR

3128 Cortisol

Effective	Immediately
Specimen/Stability	Serum 3.0 (0.8) mL: Ambient 2 days, Refrigerated 7 days, Frozen 2 months Plasma EDTA 3.0 (0.8) mL: Ambient 2 days, Refrigerated 7 days, Frozen 2 months **Note: Ambient specimens now accepted; increased refrigerated stability.**

4100 Acetaminophen

Effective	Immediately
Methodology	Enzymatic **(NEW)**

Test Changes: (cont'd)

2351 Antideoxyribonuclease-B Antibodies

Effective	Immediately
Methodology	Nephelometry **(NEW)**

9474C Herpes Simplex Virus DNA UltraRapid® CSF

Effective	Immediately
Specimen/Stability	CSF 2.0 (0.5) mL: Ambient 48 hours, Refrigerated 7 days, Frozen 2 months **Note: Increased ambient and refrigerated stability.**

7581 Herpes Simplex Virus DNA DetectR™

Effective	Immediately
Specimen/Stability	Whole Blood ACD 10 (5) mL: Ambient 4 days Whole Blood EDTA 10 (5) mL: Ambient 4 days CSF 2.0 (0.5) mL: Ambient 48 hours, Refrigerated 7 days, Frozen 2 months Culturette/Swab: Ambient 24 hours M4 Transport Media/Swab 2.0 (1.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days Plasma EDTA 2.0 (1.0) mL: Frozen 2 months Tissue 0.2 (0.1) g: Frozen 2 months TriPath CytoRich Solution 1.5 (0.5) mL: Ambient 21 days, Refrigerated 21 days ThinPrep Vial 1.5 (0.5) mL: Ambient 21 days, Refrigerated 21 days SurePath Vial 1.5 (0.5) mL: Ambient 28 days, Refrigerated 28 days Viral Transport Media 2.0 (1.0) mL: Ambient 7 days, Refrigerated 7 days, Frozen 30 days **Note: Increased CSF ambient and refrigerated stability.**
Also Affected	DOS Code 9496

9885 HIV-1 DNA DetectR™

Effective	Immediately
Specimen/Stability	Whole Blood ACD 10 (3) mL: Ambient 6 days, Refrigerated 6 days Whole Blood EDTA 10 (3) mL: Ambient 6 days, Refrigerated 6 days Whole Blood EDTA Bullets: Ambient 6 days, Refrigerated 6 days
Collection Instructions	Do not freeze whole blood. Ship within 24 hours of collection by overnight courier. **Note: Increased ambient stability; refrigerated specimens now accepted.**

Test Changes: (cont'd)

6110 QuantiFERON®-TB Gold (Incubated)

Effective	Immediately
Collection Instructions	1. For each patient, collect 1 mL of blood by venipuncture directly into each of the three (3) unique QuantiFERON®-TB Gold IT blood collection tubes (Nil, TB Antigen, Mitogen). Under or overfilling of the tubes may lead to erroneous results. 2. Mix the tubes by shaking vigorously for 5 seconds and label tubes appropriately. 3. Incubate the three (3) tubes upright at 36-38 degrees C for 16 to 24 hours. **(NEW)** 4. Following incubation either: A. Immediately transport the three (3) transport tubes to Specialty Laboratories between 2 and 27 degrees C. Samples will be stable for 72 hours at 2-27 degrees C (room temperature or refrigerated). OR B. Centrifuge each of the three (3) incubated collection tubes for 15 minutes at 2000 to 3000 RCF (g). Label with patient name, identification number and date of collection. Deliver to Specialty Laboratories at 2-8 degrees C. Samples will be stable for 28 days at 2-8 degrees C (refrigerated). 5. Transport incubated tubes to Specialty between 2-27 degrees C. 6. Frozen samples are not acceptable. **(NEW)**

3244 Testosterone, Total

Effective	October 26
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 3 days, Refrigerated 2 weeks, Frozen 1 year **Note: Increased refrigerated and frozen stability; ambient specimens now accepted.**
Also Affected	DOS Codes 3248

4266U N-Telopeptides w/Creatinine

Effective	October 26
Name	Collagen Cross-Linked N-Telopeptide (NTX), 24 Hour Urine **(NEW)**
Specimen/Stability	Urine 24 hour 2.0 (1.0) mL: Ambient 72 hours, Refrigerated 5 days, Frozen 1 month
Collection Instructions	Discard the first morning void. Collect voids during the next 24 hour period, including the first voidof the next morning. Mix well and submit aliquot in a transport tube.
Reference Range	N-Telopeptide: Male: 18-29 Years: 5-88 nmol BCE/mmol creat **(NEW)** 30-39 Years: 7-51 nmol BCE/mmol creat **(NEW)** 40-49 Years: 5-47 nmol BCE/mmol creat **(NEW)** 50-60 Years: 6-43 nmol BCE/mmol creat **(NEW)** Creatinine: 3-8 Years: 0.11-0.68 g/24 hrs **(NEW)** 9-12 Years: 0.17-1.41 g/24 hrs **(NEW)** 13-17 Years: 0.29-1.87 g/24 hrs **(NEW)** >17 Years: 0.63-2.50 g/24 hrs **(NEW)**
Always Statement	Premenopausal female reference range: 5-79 nmol BCE/mmol creat Results are primarily used for monitoring the response to therapy. A value within the premenopausal reference range does not rule out osteoporosis nor the need for therapy.

Test Changes: (cont'd)

1760 Myeloma EvaluatR™ (Serum Free Light Chains)

Effective	October 26
Name	Kappa/Lambda Light Chains, Free w/Ratio, Serum **(NEW)**
Specimen/Stability	Serum 1.0 (0.5) mL: Ambient 6 days, Refrigerated 21 days, Frozen 2 months **Note: Increased ambient and refrigerated stability.**
CPT Code	83520x2 **(NEW)**
Methodology	Turbidometry **(NEW)**
Component	Kappa Free
Reference Range	3.3 – 19.4 mg/L **(NEW)**
Component	Lambda Free
Reference Range	5.7 – 26.3 mg/L **(NEW)**
Component	Kappa/Lambda Ratio
Reference Range	0.3 – 1.7 mg/L **(NEW)**
Also Affected	Reflex of DOS Code 1584

2452 Hepatitis B Core Antibody, Total

Effective	October 26
Specimen/Stability	Serum 1.5 (1.0) mL: Ambient 5 days, Refrigerated 14 days, Frozen 30 days Plasma Heparin 1.5 (1.0) mL: Ambient 5 days, Refrigerated 14 days, Frozen 30 days Plasma EDTA 1.5 (1.0) mL: Ambient 5 days, Refrigerated 14 days, Frozen 30 days **Note: Decreased frozen stability.**
Also Affected	DOS Codes 2461, 2463, 2464, 2476, 7758

3123R Cholinesterase RBC

Effective	October 26
Specimen/Stability	Whole Blood EDTA 2.0 (1.0) mL: Ambient 48 hours, Refrigerated 4 days **Note: Increased ambient and decreased refrigerated stability.**

2473 Giardia/Cryptosporidium Ag Detection [DFA]

Effective	October 26
Specimen/Stability	Stool Formalin 1.0 (0.5) mL: Ambient 60 days, Refrigerated 60 days Stool SAF Fixative 1.0 (0.5) mL: Ambient 60 days, Refrigerated 60 days Stool EcoFix Fixative 1.0 (0.5) mL: Ambient 60 days, Refrigerated 60 days **Note: Increased ambient stability; frozen specimens no longer Accepted; EcoFix fixative now accepted.**
Collection Instructions	1. Submit stools collected only in 10% formalin, SAF or ECOFIX. 2. Unacceptable specimens: Unpreserved stools, swabs in Cary Blair and frozen stool. 3. Ship ambient.

Test Changes: (cont'd)

8137 Hepatitis B Virus DNA UltraQuant®

Effective	October 26
Specimen/Stability	Serum 2.0 (1.0) mL: Ambient 7 days, Refrigerated 14 days, Frozen 2 months Plasma ACD 2.0 (1.0) mL: Ambient 7 days, Refrigerated 14 days, Frozen 2 months Plasma EDTA 2.0 (1.0) mL: Ambient 7 days, Refrigerated 14 days, Frozen 2 months Plasma PPT Tube 2.0 (1.0) mL: Ambient 72 hours, Refrigerated 7 days, Frozen 6 weeks **Note: Increased Plasma PPT ambient and refrigerated stability; decreased frozen stability.**

3941 PTH, Intact

Effective	October 26	
Specimen/Stability	Serum 1.5 (1.0) mL: Frozen 2 months **Note: Plasma heparin no longer accepted.**	
Reference Range	0 – 5 years:	Not established
	6 – 9 years:	9 – 59 pg/mL **(NEW)**
	10 – 13 years:	11 – 74 pg/mL **(NEW)**
	14 – 17 years:	9 – 69 pg/mL **(NEW)**
	> 17 years:	10 – 65 pg/mL **(NEW)**
Also Affected	DOS Codes 3213, 3942, 3943, 3943SR, 3944	

The CPT Codes provided are based on AMA Guidelines and are for informational purposes only. CPT Coding is the sole responsibility of the billing party. Please direct any questions regarding CPT Coding to the payer being billed.

New Referral Tests:

The following tests are now available from Quest Diagnostics and may be referred through Specialty Laboratories.

S52230 - Ethyl Glucuronide, Pain Management
Test performed by Quest Diagnostics, Norristown

S52293 - Lung Cancer Mutation Panel (EGFR, KRAS, ALK) [16461]
Test performed by Quest Diagnostics, San Juan Capistrano

Please call client relations at 800-421-4449 or visit our website at www.specialtylabs.com for ordering information.

Discontinued Tests:

Effective Immediately:

S49733 Salicylates [4137SP]
Recommended replacement is S52170-Salicylate, Serum/Plasma [4137SP]
Test performed by National Medical Services

S42195NY Alpha-Fetoprotein Amniotic Fluid [2428] [NY]
No replacement

S47085 Silver Stain
No replacement

S48642 HDL GGE
No replacement

S50423 Uniparental Disomy for Chromosome 15
No replacement

S50491 SV-40 (Simian Virus) [3000]
No replacement

S50557 Uniparent Disomy for Chromosome 6
No replacement

S50641 Uniparent Disomy for Chromosome 7
No replacement

S50941 BCKD Assay for Maple Syrup Urine Disease
No replacement

S50947 Thymadine Phosphorylase
No replacement

S50976 Retinoblastoma DNA, Familial Mutation
No replacement

S51005 FRAXE Syndrome
No replacement

S51014 BMPR1A
No replacement

S51025 Glutaric Acid, Quant Urine
No replacement

S51049 Methylmalonyl COA Mutase DEF
No replacement

S51115 Sulfocysteine Urine
No replacement

Discontinued Tests: (cont'd)

Effective Immediately: (cont'd)

S51131 **Pyruvate Dehydrogenase Complex**
No replacement

S51154 **Pyruvate Carboxylase**
No replacement

S49482 **Leukocyte Alkaline Phosphatase (LAP) Score [9699]**
No replacement

S50571 **Leflunomide [2526SP]**
Recommended replacement is 4191 – Leflunomide Metabolite
Test performed by Specialty Laboratories

S51048 **Pregabalin (Lyrica) [3795SP]**
Recommended replacement is 4304 – Pregabalin
Test performed by Specialty Laboratories

Effective October 19:

7462 ***Mycobacterium avium* Complex Differentiation DNA DetectR™**
Recommended replacement: S52093 – *Mycobacterium avium-intracellulare* DNA, Qual PCR [16064X]
Test performed at Quest Diagnostics San Juan Capistrano

7465 ***Mycobacterium tuberculosis/avium* Complexes DNA DetectR™**
Recommended replacement: No replacement

S49037 **Tramadol & Metabolite Quantitation, Urine [4533U]**
Recommended replacement is 4251U – Tramadol, Quantitative, Urine
Test performed by Specialty Laboratories

S48678 **Carisoprodol & Metabolite Screen Urine [9129]**
Recommended replacement is 3365U – Carisoprodol Metabolite, Quantitative, Urine
Test performed by Specialty Laboratories

S50808 **Alprazolam & Metabolite Urine [90186]**
Recommended replacement is 4912U – Alprazolam, Quantitative, Urine
Test performed by Specialty Laboratories

S52054 **Buprenorphine and Metabolite - Total, Urine [0801U]**
Recommended replacement is 4419U – Buprenorphine, Quantitative, Urine
Test performed by Specialty Laboratories

S51191 **Buprenorphine Screen, Urine [0802U]**
Recommended replacement is 4424U – Buprenorphine Screen w/Confirmation, Urine
Test performed by Specialty Laboratories

Discontinued Tests: (cont'd)

Effective October 26:

S51790 Collagen Cross-Linked N-Telopeptide (NTX), 24-Hr Ur [36421]
Recommended replacement is 4266U – Collagen Cross-Linked N-Telopeptide (NTX), 24 Hr Urine
Test performed by Specialty Laboratories

S51425 Chromium, Serum [5248X]
Recommended replacement is 4882 – Chromium Serum
Test performed by Specialty Laboratories

S40315 Chromium Urine [1261U]
Recommended replacement is 4882UR – Chromium Random Urine
Test performed by Specialty Laboratories

S50819 Cobalt Urine [3090]
Recommended replacement is 4884UR – Cobalt Random Urine
Test performed by Specialty Laboratories

S48506 Thallium Blood [57430P]
Recommended replacement is 4886W – Thallium Whole Blood
Test performed by Specialty Laboratories

S51398 Thallium, Random Urine [8835X]
Recommended replacement is 4886UR – Thallium Random Urine
Test performed by Specialty Laboratories

SPECIALTY LABORATORIES

September 28, 2010

Dear Valued Client:

As part of the Health Insurance Portability and Accountability Act (HIPAA), the ICD-9-CM code set was adopted as the national standard for reporting diagnoses. HIPAA further requires that physicians, practitioners and suppliers use ICD-9-CM codes that are valid at the time of service. The ICD-9-CM 2011 Manual is your source for reporting diagnosis codes on laboratory orders, effective October 1, 2010.

Prior to 2004, the Medicare program and most private insurers provided a 90-day grace period for physicians, practitioners and suppliers to adopt annual ICD-9-CM code updates. This is no longer the case. **Diagnosis codes reported on laboratory orders to Specialty Laboratories after September 30, 2010 must be taken from the ICD-9-CM 2011 Manual.**

To assist you with diagnosis code updates included in the ICD-9-CM 2011 Manual, Specialty Laboratories is providing the enclosed *Client Alert*. The *Alert* identifies 2011 changes to the most frequently used ICD-9-CM codes. Please note that diagnoses must always be documented in the patient's medical record, and the ultimate responsibility for correct coding belongs to the ordering physician.

As a reminder, all diagnosis codes included on orders to Specialty Laboratories should be reported at the highest specificity. ICD-9-CM codes are comprised of 3, 4 or 5 digits. The Centers for Medicare and Medicaid (CMS) and most other private insurers consider that an ICD-9-CM code is valid and suitable for claim submission only if it has been coded to the full number of digits available for the code. When listed in the ICD-9-CM Manual, the $\surd 4^{th}$ or $\surd 5^{th}$ symbol indicates the ICD-9-CM code requires a 4^{th} or 5^{th} digit.

We hope that you will find this information helpful in preparing orders for laboratory services from Specialty Laboratories. We thank you for choosing Specialty and look forward to your continued support. For additional information, please visit our Web site at www.speicaltylabs.com or contact Client Relations at 800-421-4449.

Respectfully Yours,

Basel Kashlan

Basel Kashlan, MD, FCAP
Laboratory Director

SPECIALTY LABORATORIES

2011 ICD-9-CM CODING UPDATES
Effective October 1, 2010

DIAGNOSIS CODES NOW REQUIRING ADDITIONAL DIGITS

INVALID CODE	DESCRIPTION	NEW CODE(S)	DESCRIPTION
275.0	Disorders of iron metabolism	275.01	Hereditary hemochromatosis
		275.02	Hemochromatosis due to repeated red blood cell transfusions
		275.03	Other hemochromatosis
		275.09	Other disorders of iron metabolism
276.6	Fluid overload	276.61	Transfusion associated circulatory overload
		276.69	Other fluid overload
287.4	Secondary thrombocytopenia	287.41	Posttransfusion purpura
		287.49	Other secondary thrombocytopenia
488.0	Influenza due to identified avian influenza virus	488.01	Influenza due to identified avian influenza virus with pneumonia
		488.02	Influenza due to identified avian influenza virus with other respiratory manifestations
		488.09	Influenza due to identified avian influenza virus with other manifestations
488.1	Influenza due to identified novel H1N1 influenza virus	488.11	Influenza due to identified novel H1N1 influenza virus with pneumonia
		488.12	Influenza due to identified novel H1N1 influenza virus with other respiratory manifestations
		488.19	Influenza due to identified novel H1N1 influenza virus with other manifestations
752.3	Other anomalies of uterus	752.31	Agenesis of uterus
		752.32	Hypoplasia of uterus
		752.33	Unicornuate uterus
		752.34	Bicornuate uterus
		752.35	Septate uterus
		752.36	Arcuate uterus
		752.39	Other anomalies of uterus
786.3	Hemoptysis	786.30	Hemoptysis, unspecified
		786.31	Acute idiopathic pulmonary hemorrhage in infants [AIPHI]
		786.39	Other hemoptysis

INVALID CODE	DESCRIPTION	NEW CODE(S)	DESCRIPTION
787.6	Incontinence of feces	**787.60**	Full incontinence of feces
		787.61	Incomplete defecation
		787.62	Fecal smearing
		787.63	Fecal urgency
970.8	Poisoning by other specified central nervous system stimulants	**970.81**	Poisoning by cocaine
		970.89	Poisoning by other central nervous system stimulants
999.6	ABO incompatibility reaction due to transfusion of blood or blood products	**999.60**	ABO incompatibility reaction, unspecified
		999.61	ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
		999.62	ABO incompatibility with acute hemolytic transfusion reaction
		999.63	ABO incompatibility with delayed hemolytic transfusion reaction
		999.69	Other ABO incompatibility reaction
999.7	Rh and other non-ABO incompatibility reaction due to transfusion of blood or blood products	**999.70**	Rh incompatibility reaction, unspecified
		999.71	Rh incompatibility with hemolytic transfusion reaction not specified as acute or delayed
		999.72	Rh incompatibility with acute hemolytic transfusion reaction
		999.73	Rh incompatibility with delayed hemolytic transfusion reaction
		999.74	Other Rh incompatibility reaction
		999.75	Non-ABO incompatibility reaction, unspecified
		999.76	Non-ABO incompatibility with hemolytic transfusion reaction not specified as acute or delayed
		999.77	Non-ABO incompatibility with acute hemolytic transfusion reaction
		999.78	Non-ABO incompatibility with delayed hemolytic transfusion reaction
		999.79	Other non-ABO incompatibility reaction
V25.1	Encounter for insertion of intrauterine contraceptive device	**V25.11**	Encounter for insertion of intrauterine contraceptive device
		V25.12	Encounter for removal of intrauterine contraceptive device
		V25.13	Encounter for removal and reinsertion of intrauterine contraceptive device
V85.4	Body mass index 40 and over, adult	**V85.41**	Body mass index, 40.0-44.9, adult
		V85.42	Body mass index, 45.0-49.9, adult
		V85.43	Body mass index, 50.0-59.9, adult
		V85.44	Body mass index, 60.0-69.9, adult
		V85.45	Body mass index, 70 and over, adult

NEW DIAGNOSIS CODES

Diagnosis Code	Description
237.73	Schwannomatosis
237.79	Other neurofibromatous
278.03	Obesity hypoventilation syndrome
315.35	Childhood onset fluency disorder
447.70	Aortic ectasia, unspecified site
447.71	Thoracic aortic ectasia
447.72	Abdominal aortic ectasia
447.73	Thoracoabdominal aortic ectasia
560.32	Fecal impaction
724.03	Spinal stenosis, lumbar region, with neurogenic claudication
752.43	Cervial agenesis
752.44	Cervical duplication
752.45	Vaginal agenesis
752.46	Transverse vaginal septum
752.47	Longitudinal vaginal septum
780.33	Post traumatic seizures
780.66	Febrile nonhemolytic transfusion reaction
784.52	Fluency disorder in conditions classified elsewhere
784.92	Jaw Pain
799.51	Attention or concentration deficit
799.52	Cognitive communication deficit
799.53	Visuospatial deficit
799.54	Psychomotor deficit
799.55	Frontal lobe and executive function deficit
799.59	Other signs and symptoms involving cognition
999.80	Transfusion reaction, unspecified
999.83	Hemolytic transfusion reaction, incompatibility, unspecified
999.84	Acute hemolytic transfusion reaction, incompatibility unspecified
999.85	Delayed hemolytic transfusion reaction, incompatibility unspecified
E000.2	Volunteer activity
V11.4	Personal history of combat and operational stress reaction
V13.23	Personal history of vaginal dysplasia
V13.24	Personal history of vulvar dysplasia
V13.62	Personal history of other (corrected) congenital malformations of genitourinary system
V13.63	Personal history of (corrected) congenital malformations of nervous system
V13.64	Personal history of (corrected) congenital malformations of eye, ear, face and neck
V13.65	Personal history of (corrected) congenital malformations of heart and circulatory system
V13.66	Personal history of (corrected) congenital malformations of respiratory system
V13.67	Personal history of (corrected) congenital malformations of digestive system
V13.68	Personal history of (corrected) congenital malformations of integument, limbs, and musculoskeletal systems
V15.53	Personal history of retained foreign body fully removed
V49.86	Do not resuscitate status
V49.87	Physical restraints status
V62.85	Homicidal ideation
V88.11	Acquired total absence of pancreas
V88.12	Acquired partial absence of pancreas

NEW DIAGNOSIS CODES (cont'd)

Diagnosis Code	Description
V90.01	Retained depleted uranium fragments
V90.09	Other retained radioactive fragments
V90.10	Retained metal fragments , unspecified
V90.11	Retained magnetic metal fragments
V90.12	Retained nonmagnetic metal fragments
V90.2	Retained plastic fragments
V90.31	Retained animal quills or spines
V90.32	Retained tooth
V90.33	Retained wood fragments
V90.39	Other retained organic fragments
V90.81	Retained glass fragments
V90.83	Retained stone or crystalline fragments
V90.89	Other specified retained foreign body
V90.9	Retained foreign body, unspecified material
V91.00	Twin gestation, unspecified number of placenta, unspecified number of amniotic sacs
V91.01	Twin gestation, monochorionic/monoamniotic (one placenta, one amniotic sac)
V91.02	Twin gestation, monochorionic/diamniotic (one placenta, two amniotic sacs)
V91.03	Twin gestation, dichorionic/diamniotic (two placentae, two amniotic sacs)
V91.09	Twin gestation, unable to determine number of placenta and number of amniotic sacs
V91.10	Triplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
V91.11	Triplet gestation, with two or more monochorionic fetuses
V91.12	Triplet gestation, with two or more monoamniotic fetuses
V91.19	Triplet gestation, unable to determine number of placenta and number of amniotic sacs
V91.20	Quadruplet gestation, unspecified number of placenta and unspecified number of amniotic sacs
V91.21	Quadruplet gestation, with two or more monochorionic fetuses
V91.22	Quadruplet gestation, with two or more monoamniotic fetuses
V91.29	Quadruplet gestation, unable to determine number of placenta and number of amniotic sacs
V91.90	Other specified multiple gestation, unspecified number of placenta and unspecified number of amniotic sacs
V91.91	Other specified multiple gestation, with two or more monochorionic fetuses
V91.92	Other specified multiple gestation, with two or more monoamniotic fetuses
V91.99	Other specified multiple gestation, unable to determine number of placenta and number of amniotic sacs

REVISED DIAGNOSIS CODE TITLES

Diagnosis Code	New Description	Former Description
307.0	Adult onset fluency disorder	Stuttering
629.81	Recurrent pregnancy loss without current pregnancy	Habitual aborter without current pregnancy
646.30	Recurrent pregnancy loss, unspecified as to episode of care or not applicable	Habitual aborter unspecified as to episode of care
646.31	Recurrent pregnancy loss, delivered, with or without mention of antepartum condition	Habitual aborter with or without mention of antepartum condition
646.33	Recurrent pregnancy loss, antepartum condition or complication	Habitual aborter, antepartum condition or complication
724.02	Spinal stenosis, lumbar region, without neurogenic claudication	Spinal stenosis of lumbar region
E017.0	Roller coaster riding	Activities involving roller coaster riding
V07.51	Use of selective estrogen receptor modulators (SERMs)	Prophylactic use of selective estrogen receptor modulators (SERMs)
V07.52	Use of aromatase inhibitors	Prophylactic use of aromatase inhibitors
V07.59	Use of other agents affecting estrogen receptors and estrogen levels	Prophylactic use of other agents affecting estrogen receptors and estrogen levels
V07.8	Other specified prophylactic or treatment measure	Need for other specified prophylactic measure
V07.9	Unspecified prophylactic or treatment measure	Need for unspecified prophylactic measure
V13.61	Personal history of (corrected) hypospadias	Personal history of hypospadias
V13.69	Personal history of other (corrected) congenital malformations	Personal history of other congenital malformations
V26.35	Encounter for testing of male partner of female with recurrent pregnancy loss	Encounter for testing of male partner of habitual aborter

Source: ICD-9-CM Coding Manual, 2011 edition

SPECIALTY LABORATORIES

Client Alert
2011 Changes to ICD-9-CM Codes
Effective October 1, 2010

Effective Date	The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires the use of national medical code sets that are valid at the time that the service is provided. The ICD-9-CM is a national medical code set. **Effective for dates of service on or after October 1, 2010, ICD-9-CM 2011 changes go into effect. There is no 90-day grace period for the annual ICD-9-CM update.** Physicians, practitioners and suppliers must bill using diagnosis codes that are valid for that date of service.
ICD-9-CM 2011	Due to changes in the ICD-9-CM 2009 Manual, specificity requirements for certain ICD-9-CM codes have changed. Examples of these changes are listed below. Consult the most current ICD-9-CM manual for a comprehensive list of changes. o 488.1 – Influenza due to identified novel H1N1 influenza virus – **requires an additional digit in order to be coded correctly**. **488.11 –** Influenza due to identified novel H1N1 influenza virus with pneumonia **488.12** – Influenza due to identified novel H1N1 influenza virus with other respiratory manifestations **488.19 –** Influenza due to identified novel H1N1 influenza virus with other manifestations o 275.0 – Disorders of iron metabolism – **requires an additional digit in order to be coded correctly.** **275.01 –** Hereditary hemochromatosis **275.02 –** Hemochromatosis due to repeated red blood cell transfusions **275.03** – Other hemochromatosis **275.09** – Other disorders of iron metabolism o 276.6 – Fluid overload – **requires an additional digit in order to be coded correctly.** **276.61** – Transfusion associated circulatory overload **276.69 –** Other fluid overload
Other 2011 additions	Effective October 1, 2010 there are over 170 ICD-9 code additions and revisions to the ICD-9-CM book. The following codes are a sample of the more commonly used diagnoses. Consult the most current ICD-9-CM manual for a comprehensive list of new codes o **784.92 –** Jaw pain o **V13.23** – Personal history of vaginal dysplasia o **V13.24** – Personal history of vulvar dysplasia *******************Consult the 2011 edition of the ICD-9-CM manual for a comprehensive list of changes. ******************

Note: Diagnoses must always be documented in the patient's medical record. The ultimate responsibility for correct coding belongs to the ordering physician.

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Source: 2011 AMA ICD-9-CM Coding Manual
CMS Manual System Transmittal 95 2/6/2004