



Test Bulletin

Effective August 20, 2014

The Importance of Diagnosis Codes

Most health plans, including Medicare, have required the use of ICD-9-CM and its official coding and reporting guidelines since October 2002. The ICD-9 codes provided with an order for laboratory testing not only help determine whether the laboratory will be paid for the testing, but also by whom and how frequently. To ensure ICD-9 codes on laboratory claims accurately reflect the reason you are ordering lab tests, collaborate with the documentation in the patient chart, and are paid according to health plan policy, **ACL requests all diagnosis information be provided in the form of an ICD-9-CM code rather than as narrative text.**

ICD-9 codes are powerful pieces of information that:

- Indicate medical necessity for diagnostic testing. An ICD-9 code of 272.1 along with an order for a Lipid Panel communicates to the patient's health plan that the patient has been diagnosed with hypertriglyceridemia. Adding a V58.69 to the order communicates you are monitoring the progress of the patient's pharmacologic therapy for the treatment of elevated triglycerides.
- Indicate when testing is being done to detect disease before symptoms are exhibited. An ICD-9 code of V81.2 with the Lipid Panel indicates the desire to assess the patient's risk of developing cardiovascular disease prior to symptoms developing.
- Indicate when Medicare patients need to be made aware of their financial liability for testing. Screening ICD-9 codes, such as V72.62 (lab tests ordered as part of a routine exam) or V72.63 (lab tests ordered prior to a procedure) are not covered by the Medicare program. In these instances the patient should be informed via the Advance Beneficiary Notice (ABN) that the cost of testing will be their financial responsibility.

Providing ICD-9-CM codes now will also assist with the upcoming transition to ICD-10-CM codes. More information regarding ICD-10 coding can be found at: <http://cms.gov/Medicare/Coding/ICD10/index.html>

Tube Type Change for (1-3)-Beta-D-Glucan (Test Code BDGLUC)

Specimens collected for (1-3)-Beta-D-Glucan testing also known as Fungitell® (Test Code BDGLUC) should no longer be aliquotted.

- Collect blood in a serum separator gel tube.
- Centrifuge specimen within 2 hours.
- Transport serum gel tube.

Specimens received in aliquot tubes will not be rejected; however, best practice for patient care is to send the primary tube. The serum can be decanted into a suitable container that is free of interfering levels of (1.3)-Beta-D-Glucan; however, the use of pour-off tubes is **not recommended** due to the potential for environmental contamination of the sample that can lead to false positive results.

Alternate Tube type Change for Tiagabine (Test Code TIAGR)

A lavender top tube will no longer be an acceptable alternate sample type for Tiagabine, Serum or Plasma (Test Code TIAGR). Green sodium or lithium heparin will be added as acceptable alternate samples. The primary sample type will remain a plain red top tube.

Deactivation of Collagen Profile (Test Code COLPMX) and Liver Immune Profile (Test Code LIPRMX)

Effective Wednesday, August 20, 2014, Collagen Profile (Test Code COLPMX) and Liver Immune Profile (Test Code LIPRMX) will be deactivated. Listed below are the tests that had been included in each of the profiles and will now need to be ordered as individual tests.

Collagen Profile included the following tests:	Test Code COLPMX
Protein Electrophoresis, Serum	SPEMX
ASO Titer	ASO
C-Reactive Protein	CRP
Rheumatoid Factor	RAL
CH50 Total Complement Activity	CH50
ANA Screen without Reflex	ANAWO

Liver Immune Profile included the following tests:	Test Code LIPRMX
Protein Electrophoresis, Serum	SPEMX
Immunoglobulins, Quantitative	QIGS
Mitochondrial Antibody	AMITO
Liver-Kidney Microsome Antibody	LKM
Smooth Muscle Antibody	SMA
ANA Screen without Reflex	ANAWO

Test Code Changes for Intact PTH

Effective Wednesday, August 20, 2014, ACL Laboratories will change the test codes for Intact PTH. There will no longer be a combination test code that includes both PTH and calcium. When both tests are required, separate test codes should be ordered.

Summary of Changes:

Current State	Current Test Code	Future State	NEW Test Code(s)
IPTH, Intact with Calcium	IPTH	No longer available as one order code	INTAC (PTH, intact) plus CA (calcium)
IPTH, Intact without Calcium	INTAC	No Change	INTAC

Cleveland Clinic Test Codes effective August 20, 2014

Old Test Code(s)	ACL Test Code for Cleveland Clinic CCL	Test Name	Specimen Type	CCL Required Volume	CCL Min. volume	Collection Tube	CCL Transport	Comments
BROCCR	BROCCI	ALLERGEN, FOOD, BROCCOLI IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
GRFRTR	GRAFRU	ALLERGEN, FOOD, GRAPEFRUIT IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
LEMONR	LEMON	ALLERGEN, FOOD, LEMON IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
LIMER	LIME	ALLERGEN, FOOD, LIME IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
MAKRLR	MACKEL	ALLERGEN, FOOD, MACKEREL IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
NO CODE	PENCLS	ALLERGEN, PENICILLIN G AND V IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
PENGR	PENG	ALLERGEN, PENICILLIN G IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
PENVR	PENV	ALLERGEN, PENICILLIN V IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
NO CODE	REDDYE	ALLERGEN, RED DYE / CARMINE (RED 4) IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated	
NO CODE	BARPCR	BARTONELLA PCR	Whole Blood	3.0 ml	0.5 ml	Lavender	Refrigerated	
UBUPM	UBUPRC	BUPRENORPHINE AND METABOLITES, URINE	Urine	2.0 ml	1.0 ml	Red Gel or Lt. Green	Refrigerated	
CAFEN	CAFF	CAFFEINE	Serum	1.0 ml	0.5 ml (pediatric 0.2 ml)	RED	Refrigerated	
NO CODE	HNZSTN	HEINZ BODY STAIN	Whole Blood	4.0 ml	1.0 ml	Lavender	Ambient	Collect Monday – Wednesday only.
NO CODE	NMDAG	NMDA RECEPTOR AB IGG WITH REFLEX TO TITER	Serum	1.0 ml	0.2 ml	Gold	Refrigerated	
NO CODE	OXLATE	OXALATE, SERUM OR PLASMA	Serum or Plasma	3.0 ml	1.2 ml	RED	Refrigerated	
NO CODE	WHIPWB	TROPHYRYMA WHIPPLEI PCR, BLOOD	Whole Blood	3.0 ml	0.5 ml	Lavender	Refrigerated	DO NOT ALIQUOT. Send specimen in original tube.

ACL Transitioning Allergy Testing to Cleveland Clinic-ImmunoCAP Method

Beginning Wednesday, August 20, 2014, ACL Laboratories will begin transitioning a series of allergen tests from the Immulite platform to Cleveland Clinic for testing performed by the ImmunoCAP method. Over the coming months, we will continue to convert all allergens from the Immulite method to the ImmunoCAP method performed by Cleveland Clinic. We will communicate the changes and new test codes each month in our Test Bulletin. All allergens are still available during this transition; please refer to our Directory of Services at acllaboratories.com/test-catalog/.

The move from the Immulite methodology is in direct response to our allergy providers' request to utilize the ImmunoCAP methodology which includes documented predictive values for food challenges. Compliance with this request demonstrates ACL's commitment to the highest degree of patient safety. The ImmunoCAP method is considered the standard of care for allergy testing.

Please update your Allergen test codes with the new Test Codes for Allergens moving to Cleveland Clinic:

Old Test Code(s)	ACL Test Code for Cleveland Clinic CCL	Test Name	Specimen Type	CCL Required Volume	CCL Min. volume	Collection Tube	CCL Transport
BANAR/ BANANA	BNANA	ALLERGEN, FOOD, BANANA IGE IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
PINER/ PINEAP	PINAPP	ALLERGEN, FOOD, PINEAPPLE IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
STRAWR/ STRAWB	STRBRY	ALLERGEN, FOOD, STRAWBERRY IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
INSCTR/ INSCTP	INSCT	ALLERGEN, INSECT PANEL IGE, IMMUNOCAP	Serum or Plasma	0.5 ml	0.5 ml	Red Gel or Lt. Green	Refrigerated
HNBEER/ HNYBEE	HONBEE	ALLERGEN, INSECT, HONEY BEE IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
PWASPR/ PWASP	PAWASP	ALLERGEN, INSECT, PAPER WASP IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
WFHNTR/ WFHRNT	WHORNT	ALLERGEN, INSECT, WHITE FACED HORNET IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
YFHNTR/ YFHORN	YLHORN	ALLERGEN, INSECT, YELLOW FACED HORNET IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated
YJACKR/ YJACT	YELJAK	ALLERGEN, INSECT, YELLOW JACKET IGE, IMMUNOCAP	Serum or Plasma	0.1 ml	0.1 ml	Red Gel or Lt. Green	Refrigerated