Client Update

BioReference LABORATORIES | genpath | LABORATORIO Buena Salud

OPKO Health Companies

November 2019

Test Name	Test Code	Effective Date
Zinc Protoporphyrin, Child and Adult	**0407, 6289**	**October 7**

Reference ranges for **Zinc Protoporphyrin** have been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Reference Range	Zinc protoporphyrin, Child <35 mcg/dL Zinc protoporphyrin Adult <50 mcg/dL	18-36 ug/dL 18-36 ug/dL

REMINDER - 4Kscore® Test Requisition **N/A** **Immediately**

The **4Kscore® Test requisition form** has been modified to support updated coverage criteria from our Medicare carrier. A new proposed local coverage determination (LCD) was recently issued for the 4Kscore Test. This required a change to how we collect information from providers and patients prior to the 4Kscore Test being ordered. Summary of changes:

1. Documentation of shared decision making, including a detailed discussion about management options and patient preferences, is required prior to processing the test. **BOTH provider and patient signatures, legible names, and dates are required.**
2. **All questions** in the Prostate Cancer Risk Evaluation section **MUST BE COMPLETED**. This includes information related to the Medicare criteria for coverage and capturing clinical factors included in the 4Kscore Test algorithm.
3. A copy of the test requisition should be retained in the patient's medical record, as part of Medicare's requirement for documentation of Shared Decision Making prior to ordering the 4Kscore Test.

The updated 4Kscore Test requisition is now available for ordering. Going forward, this will be the only requisition form that can be used to place an order for the 4Kscore Test. **The supply order number for this new test requisition is 487**. Your Account Executive can provide you with additional details and information about the new test requisition. If you have any further questions, please call 4Kscore Customer Service at 833-4KSCORE (833-457-2673).

REMINDER - Comprehensive Respiratory Panel **L740** **Immediately**

We are pleased to announce that **The Comprehensive Respiratory Panel** is now available for testing. The panel provides comprehensive testing for upper respiratory infections, and simultaneously detects 17 viral and 4 bacterial infectious agents that present with similar symptoms. Please see below for test details.

	New Test Information
Primary Container	Swab-Viral Culturette
Turn Around Time*	2 Days
Transportation Temp	Refrigerate
Stability	3 Days
Methodology	Polymerase Chain Reaction
Collection Instructions	Nasopharyngeal Swab (NPS) collected according to standard technique and immediately placed in 1-3 mL of Viral transport media.
Profile Components	**Viral:** Adenovirus, Coronavirus HKU1, Coronavirus NL63, Coronavirus 229E, Coronavirus OC43, Human Metapneumovirus, Human Rhinovirus/Enterovirus, Influenza A, Influenza A/H1, Influenza A/H3, Influenza A/H1-2009, Influenza B, Parainfluenza Virus 1, Parainfluenza Virus 2, Parainfluenza Virus 3, Parainfluenza Virus 4, Respiratory Syncytial Virus. **Bacterial:** Bordetella parapertussis, Bordetella pertussis, Chlamydia pneumonia, Mycoplasma pneumoniae
CPT Code(s)**	87486x1, 87581x1, 87633x1, 87798x1
Clinical Utility	Assess for various viral and bacterial infectious agents associated with symptomatic upper respiratory infections.

NOTE: When ordering tests, providers should only order tests that are medically necessary for the diagnosis or treatment of a patient, generally not for screening. Only a few screening tests are covered by most government and third party payers for certain conditions at specific intervals.

Test Name	Test Code	Effective Date
REMINDER - QuantiFERON® TB Gold Plus (QFT)	**T814**	**October 14, 2019**

BioReference now provides special specimen bags (gold color) for the transportation of the lithium heparin (green-top) tube for QuantiFERON® TB Gold Plus (QFT) testing. The lithium heparin tube (6mL green top) will become the primary specimen for QFT testing (however the current 4 tube collection method will remain in place as an alternate specimen type). Unlike the 4 tube collection, the single green top does NOT require incubation but **must be** stored refrigerated from time of collection to time received at the lab. Instructions for collection and transport are included below, are printed on the gold bags, and are also available from the lab as needed.

The supply department has prepared a box containing a rack of tubes and a supply of gold bags to be used for QFT testing ONLY. Clients may order this 'kit' (for QFT testing only) by ordering supply speed number **169. Please refer to the table below for updated test information.**

	Previous Test Information	New Test Information
Specimen Requirements	QFT 4 tube collection	Lithium heparin 6 mL (green top)*
Minimum Volume	1 mL per tube	Fill tube
Transportation Temperature	Incubated OR shipped at Room Temperature within 16 hours	Must arrive at lab in less than 48 hours refrigerated
Stability	16 hours if not incubated on site at 37 degrees	Up to 48 hours
Collection Instructions	The 4 tube collection method requires immediate shipment to the lab OR on site incubation	Collect one 6 mL LITHIUM heparin (green top) tube. Allow tube to fill completely before removing. Gently mix by inverting the tube several times to dissolve the heparin. Label tube with two (2) patient identifiers and time of specimen collection. Place sample with completed requisition into a QuantiFERON® TB Gold Plus (QFT) specimen bag. Place one (1) sample per bag. Seal bag and place in a refrigerator or cooler maintained at 2-8 degrees C (Sample must be refrigerated within 3 hours of collection) Ship to laboratory as soon as possible. MUST REACH LAB within 48 hours from collection. KEEP REFRIGERATED AT ALL TIMES. DO NOT FREEZE.

***NOTE:** Green Top **Sodium** Heparin tubes are not acceptable and will be rejected.*

NOTES:

Client updates are also available to be received via email instead of fax. To subscribe to receive client updates via email, please visit http://bioreferencelabs.bioreference.com/go-green

** TAT is based upon receipt of the specimen at the laboratory.*

***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 coding to the payer being billed.*

481 Edward H Ross Drive | Elmwood Park NJ 07407 | tel 800 229 5227 | fax 201 791 1941 | www.bioreference.com