

Client Update

BioReference® | GenPath®

November 2023

Page 1 of 5

Test Name	Test Code	Effective Date
4th Generation HIV Test Results	B688	October 23, 2023

Please be advised that **4th Generation HIV Test Results** have been updated, and will appear differently on reports.

Previously the Elecsys Duo HIV Ag/Ab test result was reported as Reactive or Non-Reactive. The Elecsys Duo HIV Ag/Ab now includes **HIV Ag/Ab test result Reactive or Non/ Reactive**, as well as the individual test components for **HIV-1 p24 (the antigen) and HIV 1/2 (the antibodies) as Reactive or Non- Reactive**. HIV-1 p24 antigen and HIV 1/2 antibodies results will appear under the final HIV Ag/Ab result.

This format of reporting is mandated by the NYS Department of Health. Providing the individual results as well as the final interpretation will allow healthcare providers to know if the sample represents an early HIV infection. (HIV-1 p24 reactive and confirmed on the Qualitative HIV-1 Aptima TMA).

Please see sample report below, and contact your dedicated Account Executive or call Customer Service if you have any questions.

MISCELLANEOUS					
Test	Result	Abnormal	Reference	Units	Rpt Date
HIV Ag/Ab	Non-Reactive		Non-Reactive		10/24/23
Assay Information: Assay for the detection of HIV-1 p24 antigen and antibodies to Human Immunodeficiency Virus, HIV-1 (groups M and O) and HIV-2					
Method: Electrochemiluminescence Elecsys Duo					
HIV-1 p24 Ag	Non-Reactive		Non-Reactive		10/24/23
HIV 1 +2 Ab	Non-Reactive		Non-Reactive		10/24/23
Final Report					

Test Name	Test Code	Effective Date
Activated Protein C Resistance	5704	October 17, 2023

Please be advised that **APC Resistance (Test code 5704)** was retired. **APC Resistance-modified (Test code 5705)** can be ordered as an alternative test for APC resistance, which is more indicative of Factor V Leiden mutation when positive.

Test Name	Test Code	Effective Date
ACTH	0507	October 2023

Due to a change in instrumentation, test information for **ACTH (Test Code 0507)** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Methodology	Chemiluminescence	Electrochemiluminescence immunoassay
Reference Range	<46pg/mL	7.2-63.3 pg/mL

Test Name	Test Code	Effective Date
Antinuclear Ab (ANA) W/ Reflex	0038, A233	November 1, 2023

Turn Around Time* for Antinuclear Ab (ANA) W/ Reflex has been updated (Test Codes 0038 and A233). Please refer to the table below for details.

	Previous Test Information	New Test Information
Turn Around Time*	2 days	2-4 days

* 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.

***Healthcare providers should only order panels if each test in the panel is medically necessary.

Client Update

BioReference® | GenPath®

November 2023

Page 2 of 5

Test Name	Test Code	Effective Date
Anti-CCP	3747	November 2023

Due to a change in instrumentation, test information for **Anti-CCP (Test Code 3747)** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Methodology	Chemiluminescence	Electrochemiluminescence immunoassay
Reference Range	<4.0U/mL	< 17 U/mL

Cortisol	Multiple, see below	October 2023
----------	---------------------	--------------

Due to a change in instrumentation, test information for **Cortisol (Test Codes 0066, 0067, 0374, 0900, 1495, 1496, 1851, 3314, and 3315)** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Stability	7 days, 90 days frozen	4 days refrigerated, 12 months frozen
Methodology	Chemiluminescence	Electrochemiluminescence immunoassay
Reference Range	AM: 5-25ug/dL PM: 2.5-12.5 ug/dL Random: 2.5-25.0ug/dL	Morning Hours 6 am – 10am 4.9 – 19.5 ug/dL Afternoon Hours 4pm – 8pm 2.5 – 11.9 ug/dL Random 2.5 – 19.5 ug/dL Cortisol 10 min Not Established Cortisol 30min Not Established Cortisol 60min Not Established #2 Not Established #3 Not Established

ER/ PR/ DNA/ KI-67/ HER2 - Reflex to HER2 by FISH	5408	Immediately
---	------	-------------

Please be advised that **ER/ PR/ DNA/ KI-67/ HER2 - Reflex to HER2 by FISH (Test code 5408)** will be retired. **ER/ PR/ KI-67/ HER2 - Reflex to HER2 by FISH. (Test Code 5407)** can be ordered as an alternative test.

ICD-10 Reminder	All	October 1, 2023
-----------------	-----	-----------------

As we continue through the Fall season, please remember to review the ICD-10 diagnosis code updates effective October 1. This update included additions, deletions, and revisions. Most recently, we have seen removal of “unspecified” diagnosis codes with addition of more specific diagnosis codes which require 4th or 5th digit specificity. Since incorrect or outdated diagnosis coding can affect payment as much as incorrect procedure coding, it’s important to update your code files and references for diagnosis codes your practice uses most often.

Please download the ICD-10 guide from the CDC here: <https://www.cdc.gov/nchs/icd/Comprehensive-Listing-of-ICD-10-CM-Files.htm>, or refer to the on-line browser tool to search diagnosis codes here: https://www.cdc.gov/nchs/icd/icd10cm_browser_tool.htm

Interferon-Alpha, EIA	3997	November 2023
-----------------------	------	---------------

Please be advised that **Interferon-Alpha, EIA (Test code 3997)** was retired by our referral lab, with no alternate test recommended.

Interferon-Beta, IgG	3541	November 2023
----------------------	------	---------------

Please be advised that **Interferon-Beta, IgG (Test code 3541)** was retired by our referral lab, with no alternate test recommended.

* 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.

***Healthcare providers should only order panels if each test in the panel is medically necessary.

GenPath® is a division of BioReference® | © 2023 BioReference Health, LLC All rights reserved.
481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

This fax transmission is only intended for current customers of BioReference and its business units and divisions. If you have received this message in error or have other service related questions, please call 1-800-229-5227. If you would like to receive these clinical updates via email rather than fax, please email clientupdate@bioreference.com.

Client Update

BioReference® | GenPath®

November 2023

Page 3 of 5

Test Name	Test Code	Effective Date
MI-2 Antibodies	6328	November 2023

Please be advised that **MI-2 Antibodies (Test code 6328)** was retired by our referral lab, with no alternate test recommended.

Test Name	Test Code	Effective Date
MYOSITIS ASSESSR + J0-1	2676	November 2023

Please be advised that **MYOSITIS ASSESSR + J0-1 (Test code 2676)** will be retired. **Extended Myositis Panel (Test code TQ33)** can be ordered as an alternative test. Please see alternate test information on next page.

Previous Test Information	Alternate Test Information
Primary Container	SST - SST Tube
Minimum Volume	2 ml
Turn Around Time*	15 Days
Transportation Temp	Refrigerate
Stability	7 Days
Methodology	Immunoassay
Reference Range	Smith/RNP (ENA) Ab, IgG - 19 Units or less SSA-52 (Ro52) (ENA) Antibody, IgG - 40 AU/mL or less Jo-1 (Histidyl-tRNA Synthetase) Ab, IgG - 40 AU/mL or less PM/Scl 100 Antibody, IgG - Negative Mi-2 (nuclear helicase protein) Antibody - Negative PL-7 (threonyl-tRNA synthetase) Antibody - Negative PL-12 (alanyl-tRNA synthetase) Antibody - Negative P155/140 Antibody - Negative EJ (glycyl-tRNA synthetase) Antibody - Negative Ku Antibody - Negative SRP (Signal Recognition Particle) Ab - Negative OJ (isoleucyl-tRNA synthetase) Antibody - Negative SSA-60 (Ro60) (ENA) Antibody, IgG - 40 AU/mL or less Fibrillarin (U3 RNP) Ab, IgG - Negative SAE1 (SUMO activating enzyme) Ab - Negative MDA5 (CADM-140) Ab - Negative NXP2 (Nuclear matrix protein-2) Ab - Negative TIF-1 gamma (155 kDa) Ab - Negative
Collection Instructions	SST: Fill tube, invert gently 5 times, label with patient name, let stand for minimum of 30 minutes, maximum of 1 hr, spin for 10-15 minutes Separate from cells ASAP or within 2 hours of collection. Transfer three 1 mL serum aliquots to Standard Transport Tubes.
Profile Components	SSA-52 (Ro52) (ENA) Antibody, IgG SSA-60 (Ro60) (ENA) Antibody, IgG Smith/RNP (ENA) Antibody, IgG Jo-1 Antibody, IgG
CPT Code(s)**	83516x5, 86235x3
List Price	\$630.00
Clinical Utility (If applicable)	May be useful for differential evaluation of polymyositis, dermatomyositis, necrotizing autoimmune myopathy, or overlap syndromes associated with connective tissue disease

Test Name	Test Code	Effective Date
Parainfluenza Ab types 1-3	0946	November 2023

Please be advised that **Parainfluenza Ab types 1-3 (Test code 0946)** was retired by our referral lab, with no alternate test recommended.

* 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.

***Healthcare providers should only order panels if each test in the panel is medically necessary.

Client Update

BioReference® | GenPath®

November 2023

Page 4 of 5

Test Name	Test Code	Effective Date
Natural Killer Cells, Functional	TN20	November 2023

Please be advised that **Natural Killer Cells, Functional (Test code TN20)** was retired by our referral lab, with no alternate test recommended.

Test Name	Test Code	Effective Date
Neutrophil Cytoplasmic AB/ ANCA	0636	November 1, 2023

Turn Around Time* for **Neutrophil Cytoplasmic AB/ ANCA (Test Code 0636)** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Turn Around Time*	3 days	4 days

Test Name	Test Code	Effective Date
Phosphatidylcholine (G,A,M), Non-NY	3114	November 2023

Please be advised that **Phosphatidylcholine (G,A,M), Non-NY (Test code 3114)** was retired by our referral lab, with no alternate test recommended.

Test Name	Test Code	Effective Date
Thyroglobulin, Serum	0577	November 2023

Due to a change in test instrumentation, test information for **Thyroglobulin, Serum (Test Code 0577)** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Turn Around Time*	2 days (MON,TUE,WED,THUR,FRI,SAT,SUN)	3 days (MON,TUE,WED,THUR,FRI)
Stability	3 days, 2 months frozen	2 days, 7 days frozen
Reference Range	<55.0 ng/mL	1.59 – 50.03 ng/mL

Test Name	Test Code	Effective Date
Unconjugated Estriol	3116	November 2023

Due to a change in test instrumentation, test information for **Unconjugated Estriol (Test Code 3116)** has been updated. Please refer to the table below for details.

	Previous Test Information		New Test Information	
Turn Around Time*	2 days (MON,TUE,WED,THUR,FRI,SAT,SUN)		3 days (MON,TUE,WED,THUR,FRI)	
Reference Range	Gestational Week	Range (ng/mL)	Gestation Week	Expected Range (ng/mL)
	27	2.3-6.4	12	0.30-1.00
	28	2.3-7.0	14	0.40-1.60
	29	2.3-7.7	16	1.40-6.50
	30	2.4-8.6	18	1.60-8.50
	31	2.6-9.9	20	2.10-13.00
	32	2.8-11.4	22	2.70-16.00
	33	3.0-> 12.0	26	3.00-18.00
	34	3.3-> 12.0	32	4.60-23.00
	35	3.9-> 12.0	36	7.20-29.00
	36	4.7-> 12.0	40	8.00-39.00
	37	5.6-> 12.0	Male/Non-Pregnant Female	<2.0
	38	6.6-> 12.0		
	39	7.3-> 12.0		
	40	7.6-> 12.0		
	Male/Non-Pregnant Female	<2.0		

* 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.

***Healthcare providers should only order panels if each test in the panel is medically necessary.

GenPath® is a division of BioReference® | © 2023 BioReference Health, LLC All rights reserved.
481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

This fax transmission is only intended for current customers of BioReference and its business units and divisions. If you have received this message in error or have other service related questions, please call 1-800-229-5227. If you would like to receive these clinical updates via email rather than fax, please email clientupdate@bioreference.com.

Client Update

BioReference® | GenPath®

November 2023

Page 5 of 5

Test Name **Test Code** **Effective Date**

REMINDERS

Obstetric Panels **Multiple** **November 1, 2023**

BioReference® and GenPath® strive to ensure that you have the most up to date and guideline driven testing options. Coming in November, we will be making updates to our **Obstetric/Prenatal Panel (Test Code 0008)**, **Obstetric AMA Panel (test code 0010)**, and **Obstetric Panel (Test Code 7307)** to reflect current ACOG and CDC recommendations. Please see the tables below for the anticipated test names changes and test components updates.

Test Code 0008 - Previous Test Information		Test Code 0008 - New Test Information	
Test Name	Obstetric/Prenatal I	Obstetric ACOG Panel w/HIV	
Test Components	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG B688 HIV B125 HEP C ANTIBODY W/RFX RT PCR 0080 URINE CULTURE HEP B SURF AG W/CONF, IF POS, RFX to DNA, QUANT, TP85 PRENATAL	

Test Code 0010 - Previous Test Information		Test Code 0010 - New Test Information	
Test Name	Obstetric AMA Panel	Obstetric ACOG Panel w/HIV/CT/GC/Trich	
Test Components	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG 0106 HEP B SURFACE ANTIGEN	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG HEP B SURF AG W/CONF, IF POS, RFX to DNA, QUANT, TP85 † PRENATAL B688 HIV B125 HEP C ANTIBODY W/RFX RT PCR 0080 †† URINE CULTURE A861 †† TRICH (URINE, RNA) 6368 †† CT (URINE, RNA) 6369 †† GC (URINE RNA)	

Test Code 7307 - Previous Test Information		Test Code 7307- New Test Information	
Test Name	Obstetric/Prenatal I	Obstetric ACOG Panel w/out HIV	
Test Components	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG 0080 URINE CULTURE 0106 HEP B SURFACE ANTIGEN	0039 ANTIBODY SCREEN 0053 CBC WITH DIFF 0142 RPR 0156 ABO/Rh BLOOD TYPE 0973 RUBELLA, IGG 0080 URINE CULTURE HEP B SURF AG W/CONF, IF POS, RFX to DNA, QUANT, TP85 † PRENATAL B125 HEP C ANTIBODY W/RFX RT PCR	

†Hepatitis B Surface Antigen (with confirmation), if positive, reflex to DNA, Quant for prenatal patients (Test code: TP85-7) will replace 0106- Hepatitis B Surface Antigen in the standard OB Panels to align with the [Centers for Disease Control and Prevention \(CDC\)](#) recommendation that all HBsAg-positive pregnant women should be tested for HBV DNA to guide the use of maternal antiviral therapy during pregnancy for the reduction of HBV transmission to the newborn.

††When collecting urine culture, please pour off urine into GenProbe Aptima urine tube for CT, GC, Trich

Please refer to the test compendium or online test search for specimen requirements, collection instructions and CPT codes. If you have a favorites or profile currently created within your EMR, test components will need to be updated in November accordingly, in order to avoid test not performed (TNP's) due to duplicate orders. If you have any additional questions or need more information, please contact customer service or reach out to your dedicated sales representative.

* 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.

***Healthcare providers should only order panels if each test in the panel is medically necessary.

GenPath® is a division of BioReference® | © 2023 BioReference Health, LLC All rights reserved.
481 Edward H. Ross Drive, Elmwood Park, NJ 07407 | tel 800.229.5227 | fax 201.791.1941 | www.bioreference.com

This fax transmission is only intended for current customers of BioReference and its business units and divisions. If you have received this message in error or have other service related questions, please call 1-800-229-5227. If you would like to receive these clinical updates via email rather than fax, please email clientupdate@bioreference.com.