Test Name	Test Code	Effective Date
Direct Bilirubin	**0044-8**	**Immediately**

The laboratory has updated the reference range for test code 0044-8 Direct Bilirubin. The new reference range is effective immediately.

	Previous Test Information	New Test Information
Reference Range	<0.4 mg/dL	<0.2 mg/dL

Test Name	Test Code	Effective Date
Gliadin IgG, ABS	**3822-4**	**Immediately**

All Gliadin IgG, ABS results from 10.1-12.9 will reflex to add test code 5869-3 Transglutaminase IgG ABS.

Test Name	Test Code	Effective Date
Sequential Screen Part 1	**8602-5**	**1/1/2025**
Combined First Plus	**8622-3**	
Combined First	**6246-3**	
Integrated Part 1	**6375-0**	

To all sonographers who submit nuchal translucency measurements:

In April 2023, we sent an announcement to all clients, explaining that in December 2023, the Perinatal Quality Foundation and the NTQR program would cease to exist. We noted: **"Sonographers who have heretofore been credentialed through NTQR no longer will have a quality maintenance program unless they register with the FMF program."** In the announcement, we stated that we would continue to report risk results for NTQR-certified sonographers for a calendar year after the closure of NTQR.

As of January 1st, 2025, we can no longer use NT data from sonographers who have not been certified through the FMF program. Therefore, we urge all uncertified sonographers to obtain their FMF certification ASAP. You can begin the process using the link below:

https:fetalmedicine.org/nuchal-translucency-scan

Test Name	Test Code	Effective Date
Triglyceride/HDL Ratio	**TQ99- 6**	**Immediately**

Test code TQ99-6 is not orderable and is included when cholesterol, triglycerides, and HDL are resulted.

	New Test Information
Primary Container	SST
Minimum Volume	1.0mL
Turn Around Time*	1 day
Transportation Temp	Refrigerate
Stability	7 days
Methodology	Calculated
Reference Range	Male : <2.76 Female: <1.66
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
CPT Code(s)**	N/A
Clinical Utility	Used to determine an individual's risk for developing cardiovascular disease

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Test Name	Test Code	Effective Date
Mercury, Whole Blood	**0474-7**	**1/6/2025**

Test code 0474-7 Mercury, Whole Blood will be retired on 1/6/2025 due to state restrictions. Please refer to the new test codes listed below. There will be no changes with pricing, CPT code, specimen collection, or reference ranges.

TR42-4 Mercury, Blood (Non-NY)
TR43-2 Mercury, Blood (NY)

Test Name	Test Code	Effective Date
Ketamine and Metabolite Screen, Urine	**2478-6**	**Immediately**

Updated acceptable specimens for test code 2478-6 Ketamine and Metabolite Screen.

	Previous Test Information	New Test Information
Acceptable Specimens	USC - Urine Cup, ALQE - Aliquot Plasma-EDTA-Lavender Top, ALQRD - Aliquot Serum- Red Top, ALQS - Aliquot Tube-Serum, LAV - Lavender top-EDTA, PEDL - Pediatric Lavender, PEDR - Microtainer - Pediatric Red, PINK - Pink Tube-EDTA, RED - Red Top, UAR - Urine tube without preservative	USC - Urine Cup, UAR - Urine tube without preservative

Test Name	Test Code	Effective Date
Ketamine and Metabolite Screen, Serum/Plasma	**TR56-4**	**12/3/2024**

We are pleased to offer this new test, TR56-4 Ketamine and Metabolite Screen, Serum/Plasma.

	New Test Information
Primary Container	Red top
Minimum Volume	1mL
Turn Around Time*	6-10 days
Transportation Temp	Refrigerate
Stability	14 days ambient or refrigerated; 270 days frozen
Methodology	LC/MS Liquid Chromatography Tandem Mass Spectrometry
Reference Range	None Detected. If the reporting limit is >10 ng/mL, confirmation will be performed at an additional charge
Collection Instructions	Promptly centrifuge and separate Serum or Plasma into a plastic screw-capped vial
Profile Components	Norketamine and Ketamine
CPT Code(s)**	80307

Test Name	Test Code	Effective Date
Pneumocystis Jirovecii	**1145-2**	**12/2/2024**

Test code 1145-2 Pneumocystis Jirovecii will be retired on 12/2/2024.
- New test code available due to referral lab change TR41-6 Pneumocystis jirovecii (P. carinii), DFA
- No changes in reference values, specimen collection, TAT, or pricing
- CPT changes listed below

	Previous Test Information	New Test Information
CPT Code(s)**	87015, 87281	87281

Test Name	Test Code	Effective Date
Selenium, Blood	**TN08-3**	**12/2/2024**

Test code TN08-3 Selenium, Blood will be retired on 12/2/2024.
- New test code available due to referral lab change TR40-8 Selenium, Blood
- No changes in reference values, CPT, specimen collection, TAT, or pricing

Test Name	Test Code	Effective Date
Citric Acid, Urine with Creatinine	**2276-4**	**12/2/2024**

Test code 2276-4 Citric Acid, Urine with Creatinine will be retired on 12/2/2024.
- New test code available due to referral lab change TR44-0 Citric Acid, Urine with Creatinine
- No changes in reference values, CPT, specimen collection, TAT, or pricing

Test Name	Test Code	Effective Date
Kappa/Lambda Light Chains, Serum	**3425-6**	**12/30/2024**

As part of our ongoing initiatives to improve our services, we are pleased to offer an internal test for Kappa Free Light Chain + Lambda Free Light Chain (serum) test code 3893-5. With this internal offering, we will be retiring the test send-out 3425-6.

In-house testing greatly improves patient care by decreasing the turnaround time to 2 days.

	Previous Test Information	New Test Information
Primary Container	SST tube	SST tube
Minimum Volume	1 mL	1 mL
Turn Around Time*	10 days	2 days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days	7 days
Methodology	Nephelometry	Immunoturbidimetric
Reference Range	Kappa 176-443 mg/dL Lambda 91-240 mg/dL Kappa/Lambda Ratio 1.29-2.55	Kappa Free Light Chain 3.30-19.40 mg/L Lambda Free Light Chain 5.71-26.30 mg/L Kappa/Lambda Ratio 0.26-1.65
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	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
Profile Components	Lambda Free Light Chain Kappa Free Light Chain Kappa/Lambda Ratio	Lambda Free Light Chain Kappa Free Light Chain Kappa/Lambda Ratio
CPT Code(s)**	83521 x2	83521 x2

Test Name	Test Code	Effective Date
Fibr- 4 Index	**M439-8**	**Immediately**

New calculation profile.

	New Test Information
Primary Container	SST and Lavender top- EDTA
Turn Around Time*	1 day
Transportation Temp	Refrigerate

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Stability	7 days
Methodology	Calculated
Reference Range	<2.68
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 LAV: Fill lavender-top (EDTA) tube completely, invert 8-10 times. DO NOT SHAKE TUBE
Profile Components	Platelet count (0128-9) Fib4- Index calculation (TR32-5) AST (0146-1) ALT (0147-9)
CPT Code(s)**	84460x1, 84450x1, 85049x1
Clinical Utility	Evaluation for progression or stabilization of a patient with liver fibrosis

Test Name	Test Code	Effective Date
Monkeypox (Orthopoxvirus), DNA, PCR (Retired)	**TN82-8**	**12/3/2024**

Test code TN82-8 Monkeypox (Orthopoxvirus), DNA, PCR will be retired. Recommended alternate is new test code TR33-3 Monkeypox PCR.

	Previous Test Information	New Test Information
Primary Container	SV - Swab-Viral Culturette	UVT - BD Universal Transport Medium
Turn Around Time*	8 days	5 days
Transportation Temp	Refrigerate	Refrigerate
Stability	7 days refrigerate, 30 days frozen	6 days Refrigerate
Methodology	Polymerase Chain Reaction	Polymerase Chain Reaction
Reference Range	Not Detected	Not Detected
Collection Instructions	SV: Collect sample, place in holder, label with patient name. Not to be used for bacterial transport	UVT: Collect lesion specimens according to standard collection technique using synthetic swabs and immediately place in 3ml of BD Universal Transport Medium
CPT Code(s)**	87593	87593
Clinical Utility	Vesicular specimens collected from persons infected with a non-variola Orthopoxvirus (such as vaccinia, monkeypox, or cowpox) are expected to produce a positive result with this assay. Although this assay does not differentiate vaccinia or monkeypox virus from cowpox, camelpox, ectomelia or gerbilpox virus, a positive result with this assay in the United States is most likely due to monkeypox virus or vaccinia virus; however, potential exposure to other Orthopoxviruses should be considered.	For the detection of Monkeypox virus.

Test Name	Test Code	Effective Date
Monkeypox by PCR Monkeypox by PCR with Reflex	**TR33-3** **TR37-4**	**12/2/2024**

Monkeypox Testing General Information:

TR33-3 Monkeypox PCR: This is a is a real-time PCR EUA assay for the qualitative detection of DNA from Monkeypox virus (MPXV, clade 1/11) in human lesion swab specimens (i.e., swabs of acute pustular or vesicular rash) from individuals suspected of monkeypox infection by their healthcare provider. Samples are to be collected in either Copan Universal

Transport Medium System (UTM) or BD™ Universal Viral Transport System (UVT).

TR37-4 Monkeypox with Reflex to HSV 1/11 / VZV: This is a is a real-time PCR EUA assay for the qualitative detection of DNA from Monkeypox virus (MPXV, clade 1/11) in human lesion swab specimens (i.e., swabs of acute pustular or vesicular rash) from individuals suspected of monkeypox infection by their healthcare provider. Samples are to be collected in either Copan Universal Transport Medium System (UTM) or BD™ Universal Viral Transport System (UVT). Negative cases will then be reflexed to Herpes 1/11 molecular testing. If those results are negative, the sample will then be reflexed to Varicella Zoster molecular testing.

Note: The Monkeypox assay does not specify the clade that was detected. Any positive monkeypox cases will be sent to NYCDOH, NYSDOH, or CDC for confirmation depending on where these samples were received from.

Questions? Please contact your Account Executive or Customer Service directly.

**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.*

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