Test Name	Test Code	Effective Date
CPT code changes for 2025	**Various**	**1/1/2025**

All test codes listed below are for Send-out tests. There are no price changes for the Send-out Tests. There are no unit of service multipliers applicable for the 2025 CPT code changes. The below CPT for 2025 will report with a single (x1) unit of service.

BioReference Test Code	Test Name	Current CPT	2025 CPT
TN29-9	ADmark® Phospho-Tau/Total-Tau/A Beta 42, Interp, CSF	83520 (x3)	84393, 82234, 84394
T932-3	Mycobacterium Tuberculosis Complex and Rifampin Resist, PCR Reflex	87801	87564
J951-5	Mycobacterium Tuberculosis Complex, Rifampicin Resistance	87801, 87116, 87206	87564, 87116, 87206
J048-0	Pneumococcal Antibody Panel (23 Serotype)	86317 (x23)	86581
1250-0	Pneumococcal Antibody Panel (14 Serotype)	86317 (x14)	86581
2446-3	S.PNEUMONIAE IGG AB.PAN	86317 (x14)	86581
M463-8*	Roche HPV High Risk (16/18, other types)		87626

*M463 is in the validation process and will replace test code A531. Clients will be notified when M463 is ready for ordering.

Test Name	Test Code	Effective Date
HCV Genotype Testing	**2161-8**	**1/13/2025**

Currently, the HCV Genotype assay is performed on a line probe assay (LiPA), which identifies HCV genotypes 1, 1a, 1b, and 2 – 6. We will be replacing this assay with the FDA-approved Abbott RealTime HCV Genotyping assay for serum or plasma. This assay identifies HCV genotypes 1, 1a, 1b, and 2 – 5. This assay does not detect type 6, which is found in <1% of infected individuals. The Abbott RealTime HCV Genotype II assay is for the therapeutic treatment indicated for the above types and is not approved for screening of donor HCV testing for blood, plasma, serum, or tissue.

B125-6 Hepatitis C Antibody w/ Reflex Viral Load: Current NYSDOH and CDC guidance recommends a two-step testing sequence for diagnosing hepatitis C infection. Testing is initiated with a hepatitis C antibody test. When this test is reactive, a hepatitis C RNA test is performed to confirm the diagnosis of current infection and determine the Hepatitis C viral load.

For clinical follow-up, the Profile M432-3 HCV Viral Load w/ Reflex to HCV Genotype can be ordered, which will first run a viral load and, if >500 IU/mL, will reflex to HCV Genotype.

Due to these requirements, a second Plasma or SST tube should be sent in order to have sufficient volume to perform all of these assays.

Test Name	Test Code	Effective Date
Potassium, Serum	**0129-7**	**Immediately**

With the arrival of colder weather, handling blood specimens to avoid any adverse effects associated with exposure to cold temperatures is once again a concern that could affect patient care.

Serum potassium is one test that is highly sensitive to extremes in temperature. Spurious elevations in serum potassium will be seen when RBCs rupture due to exposure to cold temperatures. An increase in serum potassium above the normal range of 5.5 mmol/L can easily occur when RBCs, which contain almost 20 times the amount of potassium found in serum, rupture when exposed to severe drops in the ambient temperature.

Proper blood specimen collection is essential for the accurate assessment of various analytes in serum, plasma, and whole blood. In particular, serum separator tubes (SSTs) must be allowed to clot thoroughly, followed by adequate centrifugation.

Test Name	Test Code	Effective Date
Women's Health Tests	**Various**	**Immediately**

Here, we provide consensus-based guidance regarding the appropriate sample collection types for various women's health tests.

PAP & HPV TESTING:

- ThinPrep vial should be used for collecting PAP smears, HPV (DNA or mRNA), and CINtec Plus.
- Surepath vial should be used for collecting PAP smears and HPV (DNA or mRNA). No CINtec Plus is offered.
- Note: If a PAP and/or HPV is not being ordered, ThinPrep can be used as an alternate collection device for STI testing. However, the Aptima collection device is the preferred method for STI collection.

STI TESTING: APTIMA METHOD (CT/GC/Trichomonas/M. genitalium)

- Aptima urine or swab tube should be used for collecting the following: CT and/or GC and/or Trichomonas and/or M. genitalium

STI TESTING: ROCHE METHOD (CT/GC/Trichomonas/M. genitalium)

- Roche urine or swab tube should be used for collecting the following: CT and/or GC and/or Trichomonas and/or M. genitalium

VAGINITIS/VAGINOSIS TESTING (BV/CV/Trichomonas)

- Aptima tube should be used for collecting the following: BV and/or CV and/or Trichomonas

CERVICITIS TESTING: (CT/GC/Trichomonas/M. genitalium) + HSV I & II

- One Aptima tube (or ThinPrep) should be used for collecting the following: CT/GC/Trichomonas/M. genitalium
- A second Aptima tube should be used for collecting HSV I & HSV II. THINPREP IS NOT ACCEPTABLE FOR HSV TESTING

BD AFFIRM VAGINITIS/VAGINOSIS TESTING consisting of G. vaginalis, Trichomonas, & Candida

- BD Affirm tube is the only collection device available for the above BD Affirm tests.

LESION TESTING:

- Aptima tube should be used for collecting HSV I & HSV II ONLY
- M4 (viral culturette) tube should be used for collecting HSV I & HSV II and/or VZV

Test Name	Test Code	Collection Type
Chlamydia trachomatis	3852-1	APT, TP, SP
Gonorrhea	3853-9	APT, TP, SP
Trichomonas	TL76-4	APT, TP, SP
Mycoplasma genitalium	TL75-6	APT, TP
Chlamydia, Gonorrhea	3851-3	APT, TP, SP
Chlamydia, Gonorrhea, Trichomonas	6116-8	APT, TP, SP
Chlamydia, Gonorrhea, Trichomonas, Mycoplasma genitalium	L048-8	APT (2 tubes), TP
HSV 1 and HSV 2	M255-8 H760-2 L009-0 - reflex to VZV	APT Swab, Viral culturette (M4) Swab, Viral culturette (M4)
VZV	J839-2	Swab, Viral culturette (M4)

Candida Vulvovaginitis (CV)	M403-4 M434-9	APT TP, SP	***NEW*** Candida Vulvovaginitis • Candida species (C. albicans, C. tropicalis, C. parapsilosis, C. dubliniensis)* • Candida glabrata
Bacterial Vaginosis	TL79-8 TR16-8	APT TP, SP	***NEW*** Bacterial Vaginosis (Lactobacillus species, Gardnerella vaginalis, Atopobium vaginae)*
Vaginitis/Vaginosis	M417-4 M441-4	APT TP, SP	• ***NEW*** Bacterial Vaginosis • ***NEW*** Candida Vulvovaginitis • Trichomonas
Cervicitis	M440-6	APT (2 tubes) TP	• Chlamydia • Gonorrhea • Trichomonas • M. genitalium • HSV 1 and 2 (separate tube)
PID/Infertility/Pregnancy Loss	M418-2 M443-0	APT (2 tubes) TP, SP	• ***NEW*** Bacterial Vaginosis • Chlamydia • Gonorrhea • Trichomonas • M. genitalium (Ureaplasma test code 2523-9 can be performed by culture)
BD Affirm	5093-0	BD Affirm Tube	

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Test Name	Test Code	Effective Date
JCV Ab w/ Index w/ RFX	**B542-2**	**2/10/2025**

Test code B542 JCV Ab w/ Index w/ RFX will be retired on 02/10/2025. The new test code will be TR60-6 Stratify JCV Antibody (with Index) with Reflex to Inhibition.

If the Index Value is between 0.20-0.40 (inclusive), then STRATIFY JCV® DxSelect™ Antibody Inhibition Assay will be performed at an additional charge (CPT code: 86711).

	Previous Test Information	New Test Information
Primary Container	Serum	Serum
Minimum Volume	0.5mL	0.5mL
Turn Around Time*	16 days	8 days
Transportation Temp	Refrigerate	Refrigerate
Stability		7 days ambient, 14 days refrigerate, 90 days frozen
Methodology	Immunoassay	Immunoassay
Reference Range	Index Value: <0.20 negative, 0.20-0.40 indeterminate, >0.40 positive JCV Antibody: Negative	Index Value: <0.20 negative, 0.20-0.40 indeterminate, >0.40 positive JCV Antibody: 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	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	Index Value JCV Antibody	Index Value JCV Antibody
CPT Code(s)**	86711	86711
Clinical Utility	Samples with low level reactivity in the detection assay are retested in a confirmation (inhibition) assay to confirm presence or absence of JCV-specific antibodies.	The JC Virus (JCV) is associated with progressive multifocal leukoencephalopathy (PML). Detection of antibodies to JCV in serum or plasma is a reliable indicator of exposure to JCV. The analytical performance characteristics were determined for multiple sclerosis patients

Test Name	Test Code	Effective Date
Mercury, Blood (Non-NY) and Mercury, Blood NY	**TR42-4 and TR43-2**	**1/20/2025**

Test codes TR42 and TR43 will be retired on 1/20/2025. The new test code will be TQ62-4 Mercury, Whole Blood.

	Previous Test Information	New Test Information
Primary Container	RBP - Blue-Royal Blue Top K2 EDTA Plasma(*LAVENDER LINE)	RBP - Blue-Royal Blue Top K2 EDTA Plasma(*LAVENDER LINE)
Minimum Volume	2mL	2mL
Turn Around Time*	10 days	3 days
Transportation Temp	Refrigerate	Refrigerate
Stability	5 days ambient, 7 days refrigerate	7 days refrigerate
Methodology	Inductively Coupled Plasma Mass Spectrometry	Inductively Coupled Plasma Mass Spectrometry
Reference Range	≤10 mcg/L	<10 ug/L
Collection Instructions	RBP: Fill tube, invert gently 5-6 times, label with patient name	RBP: Fill tube, invert gently 5-6 times, label with patient name
Profile Components	N/A	N/A
CPT Code(s)**	83825	83825

Clinical Utility	Mercury, a highly toxic metal, is present in select industrial environments and in contaminated ocean fish.	Mercury, Whole Blood is a highly toxic metal that is present in select industrial environments and contaminated ocean fish.