

Client Communication

Test Updates

Effective August 21, 2023

Pathology Laboratories, Inc. (PathLabs) is in the process of making updates to approximately eight (8) tests, which will be completed by Monday, August 21, 2023. These tests are performed by our reference laboratory partners; namely, Associated Regional University Pathologists (ARUP) of Salt Lake City, UT, National Medical Services (NMS) Labs of Horsham, PA, and Warde Medical Laboratory (Warde) of Ann Arbor, MI. Test updates relate to database changes made by these partners for the specified analytes.

Full disclosure of the test updates is shown in the chart provided herein.

The test updates include changes for certain tests in the following areas:

- EMR Mapping (including revisions to LOINC codes)
- Methodology
- Reference Ranges
- Revised Result Fields
- Specimen Requirements (New Collection Tube Types)

The enclosed chart, presented in numerical order by Orderable Code, contains specific information as to the modifications. All changes in the chart are marked as **bright blue**. Reference range changes, inactivated test codes and removal of certain result codes and result names within analytes are shown in **bright red** for prominence.



AUGUST

2023

Client Communication

| Orderable Code | Test Name | EMR Interface Mapping | | | Other | | | |
|-------------------------|---|---|----------------------------------|-------------|---|--|--------------------------|------|
| | | Result Code | Result Name (Test Components) | LOINC | Specimen | Method | Performing Laboratory | СРТ |
| 36575 | NIACIN | 365751 | NICOTINIC ACID | 18244-4 | | | | |
| See repo | rt for reference | 365752 | NICOTINAMIDE | 56961-6 | | | ARUP to | |
| | new Result Code. | 365753 | NICOTINURIC ACID | 72306-4 | | | NMS LABS | |
| 37339 | LEISHMANIA ANTIBODY IgG | | | | SERUM. SST. FROZEN. PREFERRED VOLUME 0.5 ML. ALLOW SST TO CLOT IN AN UPRIGHT POSITION FOR AT LEAST 30 MINUTES, THEN CEN- TRIFUGE SAMPLE AND TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE WITHIN 2 HOURS OF COLLEC- TION. WHEN MULTIPLE TESTS ARE ORDERED, SUBMIT SEPARATE TUBE FOR THIS TEST. | | ARUP | |
| 38052 | CURRY, IgE | Inactivate O.C. 38052. There is no replacement code at this time. | | | | | | |
| 38784 | TAPENTADOL, URINE, QUANT | 387844 | TAPENTADOL | | | | | |
| Remove Re | sult Code/Name | 387841 | TAPENTADOL GLUCURONIDE | | | | | |
| Remove Result Code/Name | | 387842 | TAPENTADOL- O-SULFATE | | | | ARUP | |
| Remove Re | sult Code/Name | 387843 | N-DESMETHYL- TAPENTADOL | | | | | |
| 39223 | PLATELET ANTIGEN GENOTYPING | Inactiva | te O.C. 39223. There is | no replacem | ent code at this time. | | | |
| 39423 | KREBS VON DEN LUNGEN - 6 (FORMERLY INTERSTITIAL LUNG DISEASE BIOMARKER) | 394232 | KREBS VON DEN LUNGEN - 6 | 93369-7 | | QUANTITA- TIVE IMMU- NOTURBIDIM- ETRY | ARUP | 8352 |
| Remove Result Code/Name | | | HUMAN | | | | | |
| New Refe 0 - | erence Range: 500 U/mL | 394231 | SURFACTANT PROTEIN D | | | | | |
| | COMPLEMENT, ALT PATH, FUNCTION erence Range: ≥ 31% | | | 74520-8 | SERUM. RED TOP TUBE. **CRITICAL FROZEN**. PREFERRED VOLUME 1 ML. ALLOW SAMPLE TO CLOT IN AN UPRIGHT POSITION FOR AT LEAST 60 MINUTES, THEN CENTRIFUGE SAMPLE AND TRANSFER SERUM TO A PLASTIC TRANSPORT TUBE WITHIN 2 HOURS OF COLLECTION. CLEAR- LY LABEL TUBE AS SERUM FROM A PLAIN RED TOP TUBE. WHEN MULTI- PLAIN RED TOP TUBE. WHEN MULTI- PLE TESTS ARE ORDERED, SUBMIT | ENZYME- LINKED IMMU- NOSORBENT ASSAY (ELISA) | WARDE to ARUP | |
| 75602 | PNEUMOCCO- CAL ABS (14 SERO- TYPES) | | | | SEPARATE TUBE FOR THIS TEST. | Quantitative Multiplex Che- miluminescent Immunoassay (CLIA) | ARUP | |



Client Communication

Our online test directory will be updated to reflect this information on August 21, 2023.

This Client Communication has also been posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Client Service Department at 419.255.4601/800.281.8804 or your account executive. Thank you.

NOTE: CPT codes are provided for information only, and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physicians' current procedural terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.



ABORATORIES