

Client Communication: Urine Trichomonas Test Update

Changes in Orderable Unit Codes – Urine Trichomonas Test Update

Issue Date: December 18, 2020

Effective Date: IMMEDIATE

Due to supply shortages of select reagent for our in-house instrumentation, ProMedica Pathology Laboratories (ProMedica PathLabs) has an immediate need to send testing for **Urine Trichomonas** to a Sonic Healthcare USA, Inc. affiliate, Clinical Pathology Laboratories (CPL), for testing. Many **Urine Trichomonas** specimens are also submitted with test requests for Chlamydia and Gonorrhea, so the entire panel will be performed timely by CPL for reporting efficiencies.

ACTIVATED:

To match the test builds to those offered at CPL, we have established four (4) NEW test codes based on GENDER: 2001, 2002, 2003, and 2004. The chart on pages 2 and 3 provides a complete description of our new offering.

DEACTIVATED:

As a result of this change, the following test codes will be deactivated effective December 20, 2020: 88201 and 1995. Further details are provided on pages 2 and 3.

SUPPLY CHANGES:

Associated with these changes, please note the following:

- The Urine XPERT tube is NO longer an acceptable specimen.
- Only one YELLOW Top Urine Aptima Tube is preferred (*single device*) for the Chlamydia, Gonorrhea and Trichomonas specimen.
- Sterile Container (*cup*) is acceptable.

All new codes are effective immediately, and your adoption of these changes as soon as possible is preferred. Database changes are provided on the following pages to share with EMR vendors.

ProMedica PathLabs is reviewing options for validation of the Urine Trichomonas on other instrumentation to bring this testing back in-house in early 2021.

If you have any questions, please contact our Customer Service Department at 419-291-4414 / 833-960-0241 or your Account Executive. Thank you.

Thank you for supporting ProMedica Pathology Laboratories.

2130 W. Central Ave., Suite 300 Toledo, Ohio 43606 419-291-4414 / 833-960-0241

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ProMedica Pathology Laboratories (ProMedica PathLabs/PPL) will be making updates and modifications to our database, as more fully described in this disclosure. Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Customer Service Department at 419-291-4414 / 833-960-0241 or your Account Executive.

Orderable Code	Test Name	Retired Test Codes	Replacement Code	Replacement Test Codes	Revised Result Field	Specimen Requirements Handling Instructions	Expected Turn Around	Reference Ranges	CPT Change	Other
88201	TRICHOMONAS PCR, URINE	X		2001 Or 2002			1 DAY			PPL
1995	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, AMPLIFIED PROBE (UR)	X		2003 Or 2004			2-3 DAY			PPL
2001	TRICHOMONAS, URINE FEMALE		X			Tube Type- See *NOTE* below	2-3 DAY			CPL, FEMALE ONLY
2002	TRICHOMONAS, MALE		X			Tube Type- See *NOTE* below	4-5 DAY			CPL, MALE ONLY
2003	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, AMPLIFIED PROBE FEMALE (UR)		X			Tube Type- See *NOTE* below	2-3 DAY			CPL, FEMALE ONLY
2004	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, AMPLIFIED PROBE MALE (UR)		X			Tube Type- See *NOTE* below	4-5 DAY			CPL, MALE ONLY
NOTE						ROOM TEMPERATURE: Submit Yellow Top Urine Aptima Tube. Alternate specimen Sterile Container (cup). Store and transport at Room Temperature. XPRT tube is NOT an acceptable specimen.				

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Replacement Test Codes								
Orderable Code	Test Name	EMR Interface Mapping		Other				
		Result Code	Result Name (Test Components)	AOE	Reportable	LOINC	UOM	CPT
2001	TRICHOMONAS, URINE FEMALE	200101	TRICHOMONAS, TMA, URINE	N	Y	46154-1		87661
2002	TRICHOMONAS, MALE	200201	TRICHOMONAS, MALE	N	Y	46154-1		87661
		200202	SOURCE	N	Y	31208-2		
2003	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, AMPLIFIED PROBE FEMALE (UR)	200004	CHLAMYDIA, TMA, URINE	N	Y	42931-6		87491
		200003	GONORRHEA, TMA, URINE	N	Y	60256-5		87591
		200101	TRICHOMONAS, TMA, URINE	N	Y	46154-1		87661
2004	CHLAMYDIA/N. GONORRHEA/T. VAGINALIS, AMPLIFIED PROBE MALE (UR)	200004	CHLAMYDIA, TMA, URINE	N	Y	42931-6		87491
		200003	GONORRHEA, TMA, URINE	N	Y	60256-5		87591
		200201	TRICHOMONAS, MALE	N	Y	46154-1		87661
		200202	SOURCE	N	Y	31208-2		

Note: CPT codes are provided for information only and are based on ProMedica PathLabs' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of Physicians Current Procedural Terminology 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. ProMedica PathLabs cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.

Our on-line Test Directory will be updated for these changes beginning December 18, 2020.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Customer Service Department at 419-291-4414 / 833-960-0241 or your Account Executive.

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