



# LAB - LINK

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**Health Network Laboratories**  
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*As your laboratory partner,*

*Health Network Laboratories is*

*pleased to keep you*

*connected to new and updated*

*laboratory testing information.*

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CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. Physicians who consider Reflex testing unnecessary may order an initial test without the Reflexed test. Reflex or confirmation tests are performed at an additional charge.

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**NEW TESTS**

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**TEST CHANGES**

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## **NEW TEST ANNOUNCEMENT**

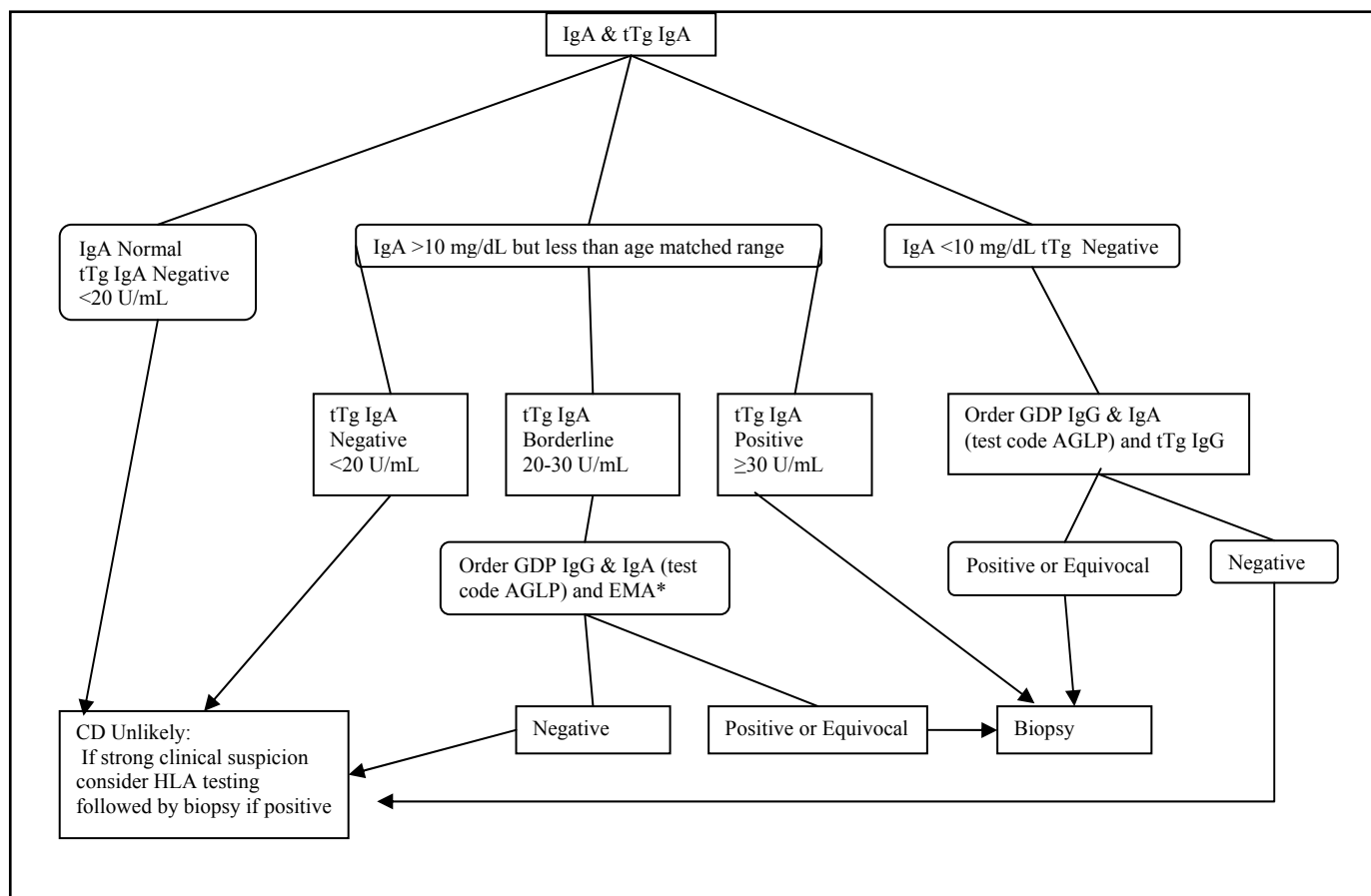
HNL is pleased to expand our testing menu to include the following test.

<b>Celiac Disease Screen with reflex</b>	
<b>Effective Date:</b>	12/01/2009
<b>Test Code:</b>	CDSWR (replacing CELDP, Celiac Disease Profile)
<b>CPT Code:</b>	83516, 82784 reflex when necessary 86256, 83516 (up to x 3)
<b>Includes:</b>	<ul style="list-style-type: none"><li>• Tissue Transglutaminase IgA (TTGAB)</li><li>• Immunoglobulin A (IGA)</li><li>• Reflexed, if necessary:<ul style="list-style-type: none"><li>• Anti-endomysial antibodies (AEND)</li><li>• Deaminated Gliadin IgG and IgA autoantibodies (AGLP)</li><li>• Tissue transglutaminase IgG (TTIGG)</li></ul></li></ul>
<b>Alternate Name:</b>	Celiac Disease Screen
<b>Methodology:</b>	see individual test listings
<b>Testing Schedule:</b>	Routine, 2 times per week
<b>Report Available:</b>	5-7 days, may be delayed if reflex testing is required
<b>Specimen Requirements:</b>	Minimum Volume: 4 mL serum Container: 2 SST tubes
<b>Special Instructions:</b>	Refrigerate Do not freeze
<b>Reference Range:</b>	See individual test listing
<b>Critical Values:</b>	See individual test listing
<b>Clinical Utility:</b>	Useful as a first-order screening test for celiac disease. Identifying individuals that should have a biopsy for celiac disease. Monitoring adherence to gluten-free diet in patients with dermatitis herpetiformis and celiac disease. Evaluating children with failure to thrive.

**For more information, please contact Kim Pacella at 877-402-4221.**

**(OVER)**

## Recommendations for Celiac Disease Testing



\* Endomysial Antibody testing is no longer recommended as a screening test.

### References:

1. American Gastroenterological Association (AGA) Institute Medical Position Statement on the Diagnosis and Management of Celiac Disease.
2. North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (NASPGHAN) Clinical Practice Guideline Summary on Diagnosis and Treatment of Celiac Disease in Children.
3. National Institute of Health (NIH) Consensus Statement on Celiac Disease.

**TEST CHANGES:**

The following test changes will be effective on the dates indicated below. Please note that the changes are listed in ***bold, italicized*** type. Additional information regarding the change will be provided where applicable.

<b>Prothrombin Time with INR, Plasma</b>	
<b>Description of Change:</b>	Change to reference range and critical value.
<b>Effective Date:</b>	10/15/2009
<b>Test Code:</b>	PTP
<b>Includes:</b>	<ul style="list-style-type: none"> <li>• Prothrombin Time (PT) INR (international normalized ratio)</li> <li>• INR (International Normalized Ratio)</li> </ul>
<b>CPT Code:</b>	85610
<b>Alternate Name:</b>	ProTime; PT
<b>Methodology:</b>	Mechanical Clot Detection
<b>Testing Schedule:</b>	Routine, STAT testing available
<b>Report Available:</b>	1 day
<b>Specimen Requirements:</b>	Minimum Volume: 1 mL citrated plasma Container: Full blue top (sodium citrate) tube Collection: See special handling instructions for "Coagulation Studies", listed under Specimen Collection, Preparation, and Handling Section
<b>Special Instructions:</b>	<ul style="list-style-type: none"> <li>• Unopened (capped) tubes, uncentrifuged, or centrifuged, stored at 18-24.C (room temperature) and tested within 24 hours are acceptable.</li> <li>• If testing cannot be performed within 24 hours of collection, centrifuge the specimen at 3000 rpm for 15 minutes (5000 rpm for 5 minutes if using a hettich centrifuge), and transfer the plasma to a plastic aliquot tube and freeze. Once frozen, transport the specimen submerged in dry ice.</li> <li>• If plasma is not separated and frozen, testing cannot be added on to existing orders if it is more than 24 hours past the specimen draw time. If plasma is frozen, testing can be added.</li> </ul>
<b>Reference Range:</b>	<i><b>*Range/value varies with reagent lot.</b></i> <b><i>HNL</i></b> <b><i>12.0 - 14.2 seconds*</i></b> <b><i>HNL-Turnersville</i></b> <b><i>10.9 - 13.0 seconds*</i></b>
<b>Critical Values:</b>	<i><b>* Range varies with reagent lot</b></i> <b><i>HNL</i></b> <b><i>PT: &gt;49.1 seconds*</i></b> <b><i>INR: 4.9</i></b> <b><i>HNL-Turnersville</i></b> <b><i>PT: &gt; 27.3 seconds*</i></b> <b><i>INR: &gt; 4.9</i></b> <b><i>Clinical Condition: INR</i></b> <b><i>Ambulatory Surgery: &lt; 1.5</i></b> <b><i>Coumadinized Patients</i></b> <b><i>DVT, PE, MI, or A. Fib.: 2.0 - 3.0</i></b> <b><i>Mechanical Heart Valve: 2.5 - 3.5</i></b> <b><i>Cardiogenic Embolus: 2.5 - 3.5</i></b>
<b>Clinical Utility:</b>	Used in the evaluation of the extrinsic coagulation system and in coagulation disorders / deficiencies. Also used in monitoring warfarin Coumadin® therapy.

**For more information, please contact Diane Raber at 877-402-4221.**

**ADDITIONAL INFORMATION:**

**Interpretation Services Available at All HNL Patient Service Centers**  
**Effective: December 1, 2009**

All HNL Patients Services Centers are now able to provide patients with interpretation services in over 150 languages. Specially trained medical interpreters will interact with your patients with limited English proficiency to facilitate better phlebotomy-to-patient communication. Providing complete and accurate interpretation, as well as complete confidentiality can improve your patients' accessibility to our diagnostic testing services and in the quality of service HNL provides.

If you have any questions, please contact HNL Customer Care at (877) 402-4221.

**ADDITIONAL INFORMATION:**

**Rapid RSV Screening Now Available**

**RSV (Respiratory Syncytial virus) rapid screening, (DRSV, RSV direct Ag screen, Rapid)**

We have begun Rapid screening for RSV and are now seeing several positive RSV a day. RSV rapid screens are not reflexed to culture unless requested.

If you have any questions, please contact Georgia Colasante at (877) 402-4221.