

| Test Method GA Workpar / SQ Code CPT Code(s) | Specimen Requirements | Reference Ranges | Comments Effective Date |
|--|--|---|---|
| B12 ASSAY B12 / B12 | | Deficient Indeterminate Normal LT 212 pg/mL 212-246 247-911 | Effective 6-5-01. |
| B12 / FOLATE B12/FOL / B12 FOL | | B12 Deficient Indeterminate Normal LT 212 pg/mL 212-246 247-911 Folate Deficient Indeterminate Normal 0.0-1.1 ng/mL 1.2-3.1 3.2-20.0 | Effective 6-5-01. |
| BACTERIAL ANTIGEN DETECTION BAGP / BAGP 86403×5 | | | CPT code change only. Effective immediately. |
| BILE ACIDS, FRACTIONATED LCTMS BILEAF / BILEAF 83789 | 1 mL serum (red top tube). Separate serum from cells ASAP and put in separate plastic tube. Store and transport refrigerated. Overnight fasting is preferred. | Cholic Acid Deoxycholic Acid Chenodeoxycholic Acid Total Bile Acids 5.4 or less μmol/L 4.2 or less μmol/L 3.7 or less μmol/L 11.1 or less μmol/L | NEW PROCEDURE Min. amt: 0.5 mL. Stability: 1 week at room temperature, 2 weeks refrigerated, 1 month frozen. Effective immediately. |
| BILE ACIDS, FRACTIONATED BILEF / BILEFR | This workpar is being discontinued. Use the workpar BILEAF to order this test. | | Effective immediately. |
| CRYOFIBRINOGEN CRF | 2 mL citrated plasma (blue top tube). Immediately centrifuge at room temperature for 5 minutes, separate plasma from cells, and place in separate plastic tube. Store and transport at room temperature. | | Effective immediately. |
| DIC SCREEN DICA / DIC | | Thrombin Time Patient Thrombin Time Control Thrombin Time PT/CT Mix Thrombin Time PT/SO4 Mix 15.6-20.0 sec 15.6-20.0 sec (sec) (sec) | RR for Thrombin time only. All other fields remain unchanged. Effective 7-3-01. |
| HEPATITIS C VIRUS GENOTYPING BY PCR & PROBE HCVGNT / HCVGNT 99998 | | | Change to shell workpar. Effective 6-4-01. |
| HCV BY PCR, QUALITATIVE HCVPAR / HCVPAR | This workpar is being discontinued. Use the workpar HCVLPC to order this test. | | Effective 7-3-01. |
| HCV GENOTYPING BY PCR & SEQ [ARUP] HCVGAR / HCVGAR | This workpar is being discontinued. Use the workpar HCVGNT to order this test. | | Effective 7-3-01. |

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| HCV RNA QUANT EVAL BY BDNA HCVBDNA / HCVQBD | | HCV RNA Quant by bDNA 3.0 Lowest detectable range is 520 IU/mL. All results falling below this level will be reported as not detected. Reportable range is 520-8,000,000 IU/mL. (Equivalent to 2,500-40,000,000 copies/mL.) This test is useful to establish baseline viral load, predict therapeutic response, and guide duration of therapy. Quantitative HCV RNA tests are recommended only if active HCV infection has been confirmed and should not be used to diagnose HCV infection. A negative result does not exclude low-level viremia. This assay is for research use only. | Effective 6-5-01. |
| HCV RNA QUANT BY BDNA (UW) HCQBD / HCQBD | This workpar is being discontinued. Use the in-house workpars HCVBDNA or HCVTPC to order this test. | | Effective 7-3-01. |
| HERPES I & II, IGG, PAIRED HERPPAIRED / HSVG2 86695×2, 86696×2 | | | CPT code change only. Effective immediately. |
| HIV-1 GENOTYPE PLUS [ARUP] HIVGRS / HIVGRS 87901 | | | CPT code change only. Effective immediately. |
| HIV-1 ULTRASENSITIVE RNA QUANT BY BDNA HIVBDNA / HIVRBD | | Not detected. (copies/mL) Lowest detectable range is 50 copies/mL, and all results falling below this level will be reported as not detected. Reportable range: 50-500,000 copies/mL This test is intended for use in conjunction with clinical presentation and other laboratory markers as a prognostic indicator for patients with HIV-1 infection. Plasma HIV-1 RNA assays may also be used to monitor patients on antiretroviral therapies. Increasing viral load levels have been shown to correlate with progression of HIV disease. A sustained three-fold or 0.5 Log ₁₀ increase or decrease in HIV-1 RNA levels generally reflects a biologically relevant change in viral replication. This test is not intended to be used as a screening test for HIV or as a diagnostic test to confirm or rule out HIV infection. For research use only. | Effective 6-5-01. |
| HYPERCOAGULATION PANEL (REFLEX) HYPERC / HYPERC 85307, 85303, 83306, 85300, 85301, 85610, 85730, 85670, 80500 | | | CPT code changes only. Effective immediately. |

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| HYPERCOAGULATION EXTENDED PANEL (REFLEX) HYPERP / HYPERP 85307, 85303, 85306, 85300, 85301, 85610, 85730, 85670, 80500, 83090, 86147×2, 83890, 83894, 83901×2, 83912 | <p>Read thoroughly and follow all the following directions carefully. Patient should be fasting. Draw 2 blue-top tubes, 1 red-top tube, and 2 lavender-top tubes.</p> <p>1. 6 1-mL aliquots of frozen citrated plasma (blue-top tubes). Follow standard coagulation processing instructions. Store and transport frozen.</p> <p>2. 2 mL frozen serum (red-top tube). Separate, store and transport frozen.</p> <p>3. 5 mL EDTA whole blood (lavender-top tube), submitted untouched in original tube at room temperature. If delayed more than 72 hours, refrigerate.</p> <p>4. 1 mL EDTA plasma. Put on ice immediately after drawing and separate within 1 hour of drawing and refrigerate.</p> | Homocysteine, Cardiac Risk 4.0-12.0 μ mol/L For research use only. Negative PT 20210 by PCR Interp Comment Comment Cardioliipin Ab (IgG) LT 23 GPL Cardioliipin Ab (IgM) LT 11 MPL APC Resistance GT 1.9 Protein C Activity 70-145 % Protein S Activity 65-140 % Anti-Thrombin III Activity 85-126 % Anti-Thrombin III Antigen 25-41 mg/dL PT, Patient 0-1 mo 13.0-20.0 sec 2+ mo 11.9-15.0 sec PT, PT/CL Mix Thrombin T, Pt 15.6-20.0 sec TT, Pt/Ps Mix sec aPTT, Patient 0-1 mo 40-50 sec 2 mo - 4 yr 25-40 5+ yrs 22-35 aPTT, Control aPTT PT/CT Mix PNP 0.0-7.0 dRVVT 30.6-42.0 sec dRVVT mx ratio LT 1.2 cRVVT confirm ratio LT 1.2 dRVVT confirm mix ratio LT 1.2 Hypercoag Consult, basic interp Hypercoagulation reviewed by | NEW PROCEDURE Min. amount and stability: See individual components. This test may reflex to additional tests depending on the results of the tests. An additional fee may be added. Effective 7-3-01. |
| IMMUNOELECTROPHORESIS IEP / IEP IMMUNOELECTROPHORESIS, SERUM & URINE IEPSU / IEPSUQ IMMUNOELECTROPHORESIS, SERUM & URINE, RANDOM IEPSU-R / IEPSUR | | Total Protein 0-12 mo 4.3-6.9 g/dL 1-3 yrs 5.2-7.4 3-6 yrs 5.6-7.7 6-10 yrs 6.5-8.3 10-18 yrs 6.1-8.0 18-60 yrs 6.3-8.0 60+ yrs 6.1-7.8 Albumin 0-2 days 2.4-4.8 g/dL 3-60 days 3.0-4.5 2-36 mo 3.0-4.7 37-60 mo 3.4-5.0 5+ yrs 3.5-5.0 Alpha-1 0.1-0.3 g/dL Alpha-2 0.5-1.1 g/dL Beta-1 0.5-0.8 g/dL Beta-2 0.2-0.5 g/dL Gamma 0.6-1.5 g/dL Albumin 45.0-80.0 % Alpha-1 1.0-5.0 % Alpha-2 6.0-17.0 % Beta-1 6.0-13.0 % Beta-2 2.0-8.0 % Gamma 7.5-24.0 % Interpretation Monoclonal Peak Immunofixation Interp | Effective 6-5-01. |

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| LUPUS ANTICOAGULANT (REFLEX) LUPUS / LUPUS Also HYPERC / HYPERC | | PT, Patient 0-1 mo 13.0-20.0 sec 2+ mo 11.9-15.0 sec PT, PT/CL Mix Thrombin T, Pt 15.6-20.0 sec TT, Pt/Ps Mix sec aPTT, Patient 0-1 mo 40-50 sec 2 mo - 4 yr 25-40 5+ yrs 22-35 aPTT, Control aPTT PT/CT Mix PNP 0.0-7.0 dRWV 30.6-42.0 sec dRWV mx ratio LT 1.2 cRWV confirm ratio LT 1.2 dRWV confirm mix ratio LT 1.2 | Effective 7-3-01. |
| PAROXYSMAL NOCTURNAL HEMOGLOBINURIA PNH / PNH 88180x5 | | | CPT code change only. Effective immediately. |
| PRENATAL RISK QUAD SCREEN MEIA, RIA, ELISA PRS4 / PRS4 82105, 84702, 82677, 83520 | 2 mL frozen serum (red top tube) drawn at 15-20 weeks gestation. The optimal gestational age is 16 weeks. Separate serum from cells, put in separate plastic tube, and freeze. Store and transport frozen. The following information is required for risk calculation: maternal birthdate, maternal weight, gestational age in weeks and days as determined by LMP or ultrasound (identify method), maternal insulin-dependent diabetic status, maternal race, family history of previous Down syndrome or neural tube defects (NTS), and the number of fetuses. | "See separate report." | NEW PROCEDURE Min. amt: 1 mL. Unacceptable conditions: grossly hemolyzed or lipemic samples. Stability: 24 hours refrigerated, 1 year frozen. Effective 7-9-01. |
| PROTEIN ELECTROPHORESIS ELP / PELP | | Total Protein 0-12 mo 4.3-6.9 g/dL 1-3 yrs 5.2-7.4 3-6 yrs 5.6-7.7 6-10 yrs 6.5-8.3 10-18 yrs 6.1-8.0 18-60 yrs 6.3-8.0 60+ yrs 6.1-7.8 Albumin 0-2 days 2.4-4.8 g/dL 3-60 days 3.0-4.5 2-36 mo 3.0-4.7 37-60 mo 3.4-5.0 5+ yrs 3.5-5.0 Alpha-1 0.1-0.3 g/dL Alpha-2 0.5-1.1 g/dL Beta-1 0.5-0.8 g/dL Beta-2 0.2-0.5 g/dL Gamma 0.6-1.5 g/dL Albumin 45.0-80.0 % Alpha-1 1.0-5.0 % Alpha-2 6.0-17.0 % Beta-1 6.0-13.0 % Beta-2 2.0-8.0 % Gamma 7.5-24.0 % Interpretation Monoclonal Peak | Effective 6-5-01. |

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| 6MP METABOLITES METPRO / METPRO | This workpar is restricted to patients who have Group Health insurance only. | | Effective immediately. |
| ACID HEMOLYSIS HAMM / HAM 85475, 86940 | | | CPT code change only. Effective immediately. |
| HEPATITIS C HEP-C / HCVAB | This test no longer automatically reflexes to confirmation. To order automatic confirmation, use HEPCCN. | | Effective immediately. |
| LUPUS COMPREHENSIVE PANEL ANALZ2 / ANALZ2 86038, 86235×6, 86255×7, 86376, 86160×2, 86431, 83520 | | | CPT code change only. Effective immediately. |
| MENINGOENCEPHALITIS COMP PANEL MENPAN / MENPAN 86727×2, 86765×2, 86735×2, 86644, 86645, 86652×2, 86651×2, 86653×2, 86654×2, 86603, 86171×2, 86658×17, 86171, 86696, 86694, 86695 | | | CPT code change only. Effective immediately. |
| PARVOVIRUS (B19) AB PANEL B19PAN / B19PAN 86747×2, 87798 | | | CPT code change only. Effective immediately. |
| SILICONE IMPLANT PANEL SILICONE:PANEL | This workpar has been deleted. | | Effective immediately. |
| THROMBIN TIME (REFLEX) THROMBIN TIME / TT | | Thrombin Time Patient 15.6-20.0 sec Thrombin Time Control 15.6-20.0 sec Thrombin Time PT/CT Mix sec Thrombin Time PT/SO4 Mix sec | Effective 7-3-01. |
| BILL ONLY Codes | | | |
| AFB SENSI (RAPID GROWTH) FOR MICRO AFRB / AFRB 87118×8 | | | CPT code change only. For Micro. Effective immediately. |
| DNA PROBE BILL ONLY DNAPB / DNAPB 87149 | | | CPT code change only. For Micro. Effective immediately. |
| HCVGNT AMP NUC ACID BILL ONLY BAMP / BAMP 83898 | | | NEW PROCEDURE For HCVGNT. Effective 6-4-01. |
| HCVGNT DOT/SLOT BLOT BILL ONLY BBLOT / BBLOT 83893 | | | NEW PROCEDURE For HCVGNT. Effective 6-4-01. |
| HCVGNT INTERP & REPORT BILL ONLY BINTRP / BINTRP 83912 | | | NEW PROCEDURE For HCVGNT. Effective 6-4-01. |
| HCVGNT ISO/EXT BILL ONLY BISO / BISO 83890 | | | NEW PROCEDURE For HCVGNT. Effective 6-4-01. |
| HCVGNT NUCLEIC ACID PROBE BILL ONLY BNAPRB / BNAPRB 83896×20 | | | NEW PROCEDURE For HCVGNT. Effective 6-4-01. |
| KINYOUN STAIN BILL ONLY KINB / KINB 87206 | | | CPT code change only. For Micro. Effective immediately. |

The following tests have had the word "REFLEX" added to their descriptions to indicate that BILL ONLY codes — and thus charges — may be added depending on the test results.

| GA Workpar SQ Code | Description | Effective Date |
|-------------------------------|---|-----------------------|
| HYPERC HYPERC | HYPERCOAGULATION PANEL (REFLEX) | Immediately |
| HEPCCN HEPCCN | HEPATITIS C (REFLEX) | Immediately |
| LUPUS ACTLUP | LUPUS ANTICOAGULANT (REFLEX) | Immediately |
| PLTAGG PLTAGG | PLATELET AGGREGATION (REFLEX) | Immediately |
| THROMBIN TIME TT | THROMBIN TIME (REFLEX) | Immediately |
| HGB.THAL.PANEL HGTHAL | HEMOGLOBINOPATHY/THALASSEMIA PANEL (REFLEX) | Immediately |