Client Update

BioReference LABORATORIES | genpath | LABORATORIO Buena Salud

OPKO Health Companies

APRIL 2019

Test Name	Test Code	Effective Date
Other - Insurance Coverage	**N/A**	**Immediately**

BioReference is pleased to continue to be an in-network provider with major health plans and hundreds of regional plans, including:

- Humana – NEW
- United Healthcare
- Aetna
- Cigna
- Anthem

While some national plans have made changes in their network, these changes DO NOT AFFECT BioReference and its specialty labs, GenPath and GeneDx. BioReference looks forward to providing you and your patients with quality diagnostic services throughout 2019.

For a complete list of health plans contracted with BioReference, please visit www.bioreference.com

Aerobic Vaginitis	**R732**	**March 18**
Aerobic Vaginitis and Bacterial Vaginosis	**L571**	
Bacterial Vaginosis when Negative, reflex to Aerobic Vaginitis	**L570**	

BioReference and GenPath are now offering test options for aerobic vaginitis (AV) in areas outside of New York state. These offerings are based on real-time polymerase chain reaction (RT-PCR) technology. Test information is as follows:

	New Test Information
Specimen Requirements	Aptima Swab (APT), ThinPrep (TP), SurePath (SP)
Minimum Volume	N/A
Turn Around Time*	7 Days
Transportation Temperature	Room Temperature
Stability	21 Days
Methodology	Real-time polymerase chain reaction
Collection Instructions	APT: Collect specimen-break swab shaft into transport tube, then label with name and source. TP: Collect specimen, swish in Thin prep vial, label with pt name. Discard collection device. SP: Collect specimen, break broom in SurePath vial, label with pt name.
Profile Components	Eschericia coli, Staphylococcus aureus, Enterococcus faecalis, Group A Streptococcus, Group B Streptococcus, Lactobacillus spp., Lactobacillus Reuteri/ Lactobacillus Rhamnosis
CPT Code(s)**	87640, 87653, 87651, 87798x3, 87799

AV is caused by an increased presence of aerobic bacteria and displacement of healthy vaginal Lactobacillus species. Clinical signs and symptoms of aerobic vaginitis include vaginal inflammation, burning or itching, dyspareunia, yellowish green discharge with a foul odor (without the fishy amine odor associated with BV), increased vaginal pH (>6.0), inflammation with infiltration of leukocytes and parabasal cells (immature epithelial cells). Common organisms associated with aerobic vaginitis include: Escherichia coli, Staphylococcus aureus, Enterococcus faecalis, Group A Streptococcus, Group B Streptococcus (Not for the diagnosis of Group B Strep in pregnant women).

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Test Name	Test Code	Effective Date

-Aerobic Vaginitis and Bacterial Vaginosis Continued-

Treatments proven beneficial for aerobic vaginitis and bacterial vaginosis include antibiotics to clear aerobic and/or anaerobic bacteria and probiotics to promote healthy Lactobacilli growth. If you choose to bring your patient back for molecular re-evaluation three to five weeks after treatment, you can perform a diagnosis-specific test. If Lactobacillus is negative, consider an additional assay that looks at two further species of Lactobacilli: L. rhamnosus and L. Reuteri (J964)

References:

- Donders, GGG., Vereecken, A., Bosmans, E., Dekeersmaecker, A., et al. Definition of a type of abnormal vaginal flora that is distinct from bacterial vaginosis: aerobic vaginitis. Br J Obstet Gynecol. 2002. 109: 34-43.
- Abad, CL., Safdar, N. The Role of Lactobacillus Probiotics in the Treatment or Prevention of Urogenital Infections – A Systematic Review. J Chemother. 2009 Jun;21(3):243-52.
- Martinez, RC., Franceschini, SA., Patta, MC., Quintana, SM. et al. Improved cure of bacterial vaginosis with single dose of tinidazole (2 g), Lactobacillus rhamnosus GR-1, and Lactobacillus reuteri RC-14: a randomized, double-blind, placebocontrolled trial. Can J Microbiol. 2009 Feb;55(2):133-8. doi: 10.1139/w08-102.

Hepatitis C antibody with reflex to RNA by RT/PCR **B125** **Immediately**

In January 2014, the NYS Hepatitis C Testing Law went into effect requiring the offer of HCV (hepatitis C virus) screening for all persons born between 1945 and 1965. The law also required the availability for follow up testing with an HCV RNA assay for those patients whose results were reactive on a screening test.

In October 2017, the New York City Health department amended their testing requirements mandating the above practice be applied on all New York City residents for whom hepatitis C antibody testing is requested.

BioReference offers **Hepatitis C antibody with reflex to RNA by RT/PCR (test code B125),** which meets this requirement. ALL NYC specimens producing a reactive result on the initial screening test will automatically reflex to a hepatitis C RNA assay, at an additional cost, per this regulation.

Accordingly, all requests submitted to BioReference for hepatitis C antibody testing from NYC residents should be submitted with a request for test code B125. Please DO NOT request both hepatitis C antibody AND hepatitis RNA (using two separate test codes) on the same date of service for patients being screened for hepatitis C. Test code B125 will automatically add the RNA test IF APPROPRIATE.

BioReference is committed to compliance with the NYC regulations on hepatitis C testing and accordingly will soon reject requests submitted on NYC residents where hepatitis C antibody is ordered as a standalone test.

Hepatitis C RNA (viral load) testing can be requested separately for those patients previously diagnosed with an HCV infection but HCV viral load testing should NOT be used to screen patients for HCV infection.

For further information on test codes and specimen requirements please contact your sales representative or our customer service department.

Lipase, Urine **1131** **April 22**

Due to changes at our reference laboratory, test information for **Lipase, Urine** has been updated. Please refer to table below for changes.

	Previous Test Information	New Test Information
Stability	Ambient – N/A Refrig – 7 days Frozen – N/A	Ambient – 5 days Refrig – 5 days Frozen – 21 days
Methodology	Enzyme Immunoassay	Spectrophotometry

Test Name	Test Code	Effective Date
Mycoplasma Culture	**0454**	**Immediately**
Ureaplasma Culture	**1137**	

All requests for individual test codes for Ureaplasma culture (1137) and Mycoplasma culture (0454) will now be tested under the **Mycoplasma/Ureaplasma panel (2523).**

As both tests are run together, we will no longer offer these tests individually. If individual tests codes ordered, they will automatically receive both results at no additional charge. Turnaround time and specimen requirements will also remain the same.

PD-L1 (SP142) for Triple-Negative Breast Cancer **TG18-7** **March 26**

GenPath is pleased to announce PD-L1 SP142 IHC clone for Triple-Negative Breast Cancer (TNBC) is now available for testing. Test information is as follows:

- Assess for PD-L1 expression on tumor-infiltrating immune cells in TNBC, for possible therapy with atezolizumab (Tecentriq)
- Currently, only PD-L1 SP142 IHC clone is FDA- approved as a companion diagnostic for TNBC

	New Test Information
Specimen Requirements	Formalin-fixed Paraffin-Embedded Tissue
Turn Around Time*	5 days
Transportation Temperature	Ship with cold pack in warm weather
Methodology	Immunohistochemistry (IHC)
Collection Instructions	This comes in block form from client with surgical number imprint
CPT Code(s)**	88360x1

NOTES:
Client updates are also available to be received via email instead of fax. To subscribe to receive client updates via email, please visit http://bit.ly/BRLIGoGreen

** TAT is based upon receipt of the specimen at the laboratory*
***CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*

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