

Client Update

BioReference
LABORATORIES

genpath

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OPKO Health Companies

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Test Name	Test Code	Effective Date
Other – Insurance Coverage	N/A	Immediately
<p>BioReference is pleased to continue to be an in-network provider with major health plans and hundreds of regional plans, including:</p> <ul style="list-style-type: none"> • Humana • United Healthcare - <i>Now included in the UHC Preferred Laboratory Network effective July 1, 2019</i> • Aetna • Cigna • Anthem <p>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 https://www.bioreference.com/physicians/why-bioreference/insurance-coverage/</p>		
Other – ICD10 Code Search Tool	N/A	Immediately
<p>Medicare has published limited coverage policies for certain laboratory tests. Tests with limited coverage policies must meet medical necessity criteria in order to be covered by Medicare. Tests ordered without an appropriate ICD-10 code will not meet medical necessity and may not be covered by Medicare.</p> <p>We are pleased to announce a new tool to help you more easily find appropriate ICD-10 diagnosis codes to submit with your test order. By doing so, you can ensure your Medicare patients' lab tests are performed promptly and prevent disruptions to your office due additional information requests. This tool provides educational information regarding Medicare National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs) for certain laboratory services. To access this search function, visit https://www.bioreference.com/physicians/resources/icd10-search/</p> <p>Note: Any 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. The provision of this information as a customer service does not suggest and is not meant to suggest that any code should or should not be used on any given occasion. BioReference makes no recommendation regarding the use of any particular diagnosis code(s). Diagnosis information should be reflected in the patient's medical record.</p>		
Alkaline Phosphatase	0185 B168 A483	April 16
<p>After completion of an in-house study, new reference ranges for Alkaline Phosphatase for 0-6 month age have been identified.</p>		
	Previous Test Information	New Test Information
Reference Range	<402 U/L	<413 U/L

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Test Name	Test Code	Effective Date
Amoxapine and Metabolite, Serum/Plasma	1129	Immediately

Due to changes at our reference laboratory, test information for **Amoxapine and Metabolite, Serum/Plasma** has been updated. Please refer to the table below for details.

	Previous Test Information	New Test Information
Specimen Requirements	Serum or plasma (Lavender or Green Top)	Serum (Red Top) or plasma (Lavender or Pink Top)
Minimum Volume	2mL	1mL
Stability	Ambient: N/A Refrig: 14 Days Frozen: 180 Days	Ambient: 14 Days Refrig: 14 Days Frozen: 14 Days
Methodology	HPLC	LC-MS/MS
Reference Range	<p><u>Amoxapine</u> Serum Therapeutic Range Of Amoxapine Plus 8-Hydroxy Amoxapine (Active Metabolite)</p> <p><u>8-Hydroxy Amoxapine</u> Optimal serum therapeutic range (Amoxapine plus active metabolite): 200 - 400 ng/mL. Provided reference ranges and associated result flags for Toxicology and Metals test results are not intended for all patient scenarios. Variables including, but not limited to, dose, dosing schedule, age, gender, medical conditions and/or disease states should be taken into account when interpreting any result.</p>	<p><u>Amoxapine</u> Reported serum concentrations of amoxapine following stabilization with 300 mg daily for 3 weeks ranged from 17 - 93 ng/mL.</p> <p><u>8-Hydroxy Amoxapine</u> Reported serum concentrations of 8-hydroxyamoxapine following stabilization with 300 mg daily for 3 weeks ranged from 160 to 510 ng/mL.</p>

Glucose Testing	Multiple (See Below)	Immediately
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When submitting any chemistry profile that contains a glucose test, the standard specimen submitted will be the spun SST. The serum satisfies all testing in routine chemistry profiles, including glucose. If you submit a grey top tube with an SST, the default will be to use the serum and the grey top will be stored but **not** be tested. (Note: grey top tubes are **not** acceptable for basic chemistry profiles)

If you wish to use the grey top tube for glucose testing, e.g. glucose tolerance or fasting glucose testing, you must order the correct test code(s) associated with the various glucose tests that are available where plasma is an acceptable specimen type.

While both specimens are interchangeable for glucose testing, the stability of glucose in a grey top (fluoride) tube will exceed the stability in a serum (gel) tube.

Commonly used test codes where grey top may be preferred include:

- 0095 Fasting glucose
- 0097 3hr GTT
- 6794 3hr GTT (ACOG, gestational)
- P782 2hr GTT (ADA, gestational)
- A481 1hr post prandial (ACOG)

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Test Name	Test Code	Effective Date
Estrone Sulfate	0281	Immediately

Due to changes at our reference laboratory, test information for **Estrone Sulfate** has been updated. Please refer to the table below for details.

	Previous Test Information	New/Alternate Test Information
Specimen Requirements	Serum	Serum or plasma (Lavender Top)
Minimum Volume	1 mL	0.5 mL
Turn Around Time*	15 days	8 days
Stability	Ambient: 2 Days Refrig: 2 Days Frozen: 730 Days	Ambient: 5 Days Refrig: 21 Days Frozen: 30 Days
Methodology	HPLC	Chromatography/Mass Spectrometry
Reference Range	Male <10-138 ng/dL Female Early Follicular (days 0-6) <10-154 ng/dL Late Follicular (days 7-luteal) 15-390 ng/dL Luteal Post Menopausal <10-69 ng/dL	Male 231-2125 pg/mL Female Premenopausal, Follicular Phase 192-2950 pg/mL Premenopausal, Luteal phase 282-5049 pg/mL Postmenopausal 42-846 pg/mL

Test Name	Test Code	Effective Date
Flecainide, Serum/Plasma	0797	Immediately

Due to changes at our reference laboratory, test information for **Flecainide, Serum/Plasma** has been updated. Please refer to the table below for details.

	Previous Test Information	New/Alternate Test Information
Methodology	HPLC	LC-MS/MS

Test Name	Test Code	Effective Date
Omeprazole (Prilosec)	5084	Immediately

Due to changes at our reference laboratory, test information **Omeprazole (Prilosec)** has been updated. Please refer to the table below for details.

	Previous Test Information	New/Alternate Test Information
Specimen Requirements	Serum or plasma (Lavender or Green Top)	Serum (Red Top) or plasma (Lavender or Pink Top)
Minimum Volume	4mL	1mL
Stability	Strict Frozen	Ambient: N/A Refrig: 14 Days Frozen: 14 Days
Methodology	HPLC	LC-MS/MS
Reference Range	Peak plasma levels at 3 to 4 hours following a single 40 mg dose: 0.24 - 0.52 mcg/mL. Specimens must be protected from light and kept frozen. Analysis by High Performance Liquid Chromatography (HPLC). Provided reference ranges and associated result flags for Toxicology and Metals test results are not intended for all patient scenarios. Variables including, but not limited to, dose, dosing schedule, age, gender, medical conditions and/or disease states should be taken into account when interpreting any result.	Peak plasma concentrations at 0.4 hours following a single 20 mg dose of esomeprazole: 0.58 mcg/mL and 1.9 hours following a single 20 mg dose of omeprazole: 0.21 mcg/mL. This test is not chiral specific and cannot distinguish between omeprazole and esomeprazole.

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Test Name	Test Code	Effective Date
Warfarin, Serum/Plasma	0280	Immediately

Due to changes at our reference laboratory, test information for **Warfarin, Serum/Plasma** has been updated. Please refer to the table below for details.

	Previous Test Information	New/Alternate Test Information
Methodology	HPLC	LC-MS/MS
Reference Range	Usual therapeutic range: 2 - 8 mcg/mL. Analysis by High Performance Liquid Chromatography (HPLC). Provided reference ranges and associated result flags for Toxicology and Metals test results are not intended for all patient scenarios. Variables including, but not limited to, dose, dosing schedule, age, gender, medical conditions and/or disease states should be taken into account when interpreting any result.	The dosage of warfarin is best adjusted based on the International Normalized Ratio (INR) for prothrombin time. Peak plasma concentrations following single 10 mg doses averaged 0.6 mcg/mL for both R-warfarin and S-warfarin (combined concentration 1.2 mcg/mL). This test is not chiral specific and does not distinguish between the R and S enantiomers of warfarin.

Multiple – When test completed in Campbell, CA **N/A** **April 15, 2019**

Based on new guidelines, reference ranges for various tests have been updated when testing is performed at the **Campbell, CA** laboratory location. Please see table below for impacted tests and updated reference ranges.

Test Name	Test Code	Old Reference Range	New Reference Range
Albumin	0033	3.2-4.8 g/dL	0-13 yrs 2.8-5.4 g/dL 14-17 yrs 4.1-5.2 g/dL >17 yrs 3.5-5.2 g/dL
Alk. Phos.	0185	0-6 months <402 U/L	0-6 Months <413 U/L 7-11 Months <390 1-3Y <342 4-6Y <330 7-12Y <375 13-17Y <352 >17Y 40-156
ALT (SGPT)	0147	10-49 U/L	Male <41 U/L Female <33 U/L
Amylase	0036	30-118 U/L	28-100 U/L
AST (SGOT)	0146	<34 U/L	Male <40 U/L Female <32 U/L
Bilirubin, Infant, Dir	1901	<0.7 mg/dL	<0.4 mg/dL
BUN	0049	9-23 mg/dL	0-11 mo 4-19 mg/dL 1-17 yrs 5-18 mg/dL 18-60 yrs 6-20 mg/dL >60 yrs 8-23 mg/dL

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Test Name	Test Code	Old Reference Range	New Reference Range
Calcium	0050	8.3-10.6 mg/dL	0-10D 8.3-10.3 mg/dL 11D- 1yr 8.6-10.6 mg/dL 2yr-11yr 8.9-10.4 mg/dL 12yr-17yr 8.8-10.3 mg/dL >17 yrs 8.6-10.4 mg/dL
Chloride	0057	99-109 mmol/L	98-107 mmol/L
CO2	0052	20-31 mmol/L	22-29 mmol/L
CPK	0068	Male 32-294 U/L Female 33-211 U/L	Male 39-308 U/L Female 26-192 U/L
Creatinine	0070	Male 0.70-1.30 mg/dL Female 0.50-1.10 mg/dL	<u>Male</u> 0-11 mo 0.20-0.39 mg/dL 1-10 yrs 0.26-0.65 mg/dL 11-17 yrs 0.45-1.08 mg/dL 18-90 yrs 0.67-1.31 mg/dL >90 yrs 0.64-1.90 mg/dL <u>Female</u> 0-11 mo 0.20-0.34 mg/dL 1-10 yrs 0.20-0.63 mg/dL 11-17 yrs 0.44-0.87 mg/dL 18-90 yrs 0.49-1.02 mg/dL >90 yrs 0.51-1.51 mg/dL
CRP	0069	<1.0 mg/dL	<0.5 mg/dL
G.T.T	Profiles 0097, 0098, 0099, 0100	0788 G.T.T ½ Hour <200 0790 G.T.T. 1 Hour <200 0791 G.T.T. 2 Hour <140 0792 G.T.T.3 Hour 70-115 0793 G.T.T. 4 Hour 70-115 0794 G.T.T. 5 Hour 70-115 1391 G.T.T. 6 Hour 70-115	<230 97-233 74-203 47-165 <150 <150 <150
G.T.T.1 hr (preg/100gm)	1011	<191 mg/dL	<190 mg/dL
G-GTP	0093	Male <73 U/L Female <38 U/L	Male 10-71 U/L Female 6-42 U/L
Glucose, 1 HR PP	0171	<140 mg/dL	<200 mg/dL
Glucose, 4PM	0370	70-99 mg/dL	65-105 mg/dL
Glucose, Non-Fasting	0223	60-125 mg/dL	65-105 mg/dL
Iron	0114	Male 65-175 ug/dL Female 50-170 ug/dL	Male 59-158 ug/dL Female 37-145 ug/dL
LDH	0117	120-246 U/L	Male 135-225 U/L Female 135-214 U/L
Lipase	0521	12-53 U/L	13-60 U/L
Magnesium	0120	1.3-2.7 mg/dL	<5 years 1.9-2.6 mg/dL 5-11 years 1.7-2.5 mg/dL 12-17 years 1.7-2.4 mg/dL > 17 years 1.6-2.4 mg/dL

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Test Name	Test Code	Old Reference Range	New Reference Range
Phosphorus	0127	2.4-5.1 mg/dL	<u>Male</u> 0-30D 3.9-6.9 mg/dL 31-364D 3.5-6.6 mg/dL 1-3Y 3.1-6.0 mg/dL 4-6Y 3.3-5.6 mg/dL 7-9Y 3.0-5.4 mg/dL 10-12Y 3.2-5.7 mg/dL 13-15Y 2.9-5.1 mg/dL 16-18Y 2.7-4.9 mg/dL >18Y 2.5-4.5 mg/dL <u>Female</u> 0-30D 4.3-7.7 mg/dL 31-364D 3.7-6.5 mg/dL 1-3Y 3.4-6.0 mg/dL 4-6Y 3.2-5.5 mg/dL 7-9Y 3.1-5.5 mg/dL 10-12Y 3.3-5.3 mg/dL 13-15Y 2.8-4.8 mg/dL 16-18Y 2.5-4.8 mg/dL >18Y 2.5-4.5 mg/dL
Sodium	0148	132-146 mmol/L	136-145 mmol/L
TIBC	1889	250-450 ug/dL	228-428 ug/dL
Total Bilirubin	0043	0.3-1.2 mg/dL	<1.2 mg/dL
Infant Total Bilirubin	1900	<10.0 mg/dL	0-2 Days Old 1.4-11.5 mg/dL 3-5 Days Old 1.5-12.0 mg/dL >5 Days Old <1.2 mg/dL
Total Protein	0135	5.7-8.2 g/dL	6.6-8.7 g/dL
Uric Acid	0157	Male 3.7-9.2 mg/dL Female 3.1-7.8 mg/dL	Male 3.4-8.5 mg/dL Female 2.5-7.9 mg/dL

* TAT is based upon receipt of the specimen at the laboratory

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>