



May 30, 2013

### **CULTURE DONOR MILK (REFLEX)**

**Test Code CBMLK** 

**Billing Code CBMLK** 

7/2/2013

**Synonyms Breast Milk Donor Culture; Colony Count** 

Sterile leakproof container **Container Type** 

Supply Item Number 1387

Store and Transport Refrigerated

**Specimen Type** Donor breast milk

Preferred Volume 5 mL

Minimum Volume 1 mL

**Room Temp** 2 hours

Refrigerated 1 day

Unacceptable Condition Samples stored and transported at room temperature for more than 2 hours.

Department **PSHMC Microbiology** 

Reference Laboratory

**PSHMC** 

**CPT Codes** 87071

**Test Schedule Daily** 

**Turnaround Time** 2 days

**Reflex Testing** 

Method Culture

**Test Includes** Source; Culture, Donor Breast Milk Colony Count; Status

Colony count Reference Ranges GT X CFU/mL

LT X CFU/mL

**Reflex Condition Reflex Test Name Reflex CPT codes Reflex Billing Codes** 

Organism identification Aerobe identification -87077 (for each organism, up ORGB1, ORGB2, ORGB3

definitive to 3)

New **New Test** 

This test may reflex to additional tests depending upon the results of this test. An additional fee will be added if the Reflex

reflex test is necessary.





May 30, 2013

### **CULTURE H. PYLORI (REFLEX)**

**Test Code** CHP

**Billing Code CHP** 

> **Effective** 7/2/2013

**Synonyms** Helicobacter pylori Culture

Container Type **Enteric transport media (liquid Cary Blair)** 

Supply Item Number

Refrigerated

1237

Store and Transport **Specimen Type Gastric tissue biopsy** 

Preferred Volume 3 mm

Minimum Volume 1 mm

**Collection Procedure** 

Biopsy specimens for culture must be taken before specimens for histological examination to eliminate the risk of transferring small amounts of fixative to the container for biopsy specimens to be used for culture. H. pylori is a fragile organism. It must be protected from desiccation and contact with oxygen. It is important not to expose the biopsy specimens to air for any length of time and to place them either in a sterile saline solution for short-term transport (4 hour maximum) or in a bacterial transport medium for up to 1 day.

Required Patient

Specimen source

**Room Temp** Unacceptable

1 day Refrigerated

Frozen -20c Unacceptable

Frozen -70c Unacceptable

Unacceptable Condition

Swabs, dry tissue, frozen tissue, or formalinized tissue specimens

Alternate Specimens

Biopsies may be submitted in sterile saline only if the transport time will be less than 4 hours.

**PSHMC Microbiology** Department

Reference Laboratory

**PSHMC** 

**CPT Codes** 87205, 87176, 87070

**Test Schedule** Daily

**Turnaround Time** 1-2 weeks

Method

**Culture with Antibiotic Gradient** 

**Test Includes** 

Culture with reflex to susceptibility to Amoxicillin, Clarithromycin, and Tetracycline

Reference Ranges

Gram Stain Negative

Helicobacter pylori Culture with Reflex to Susceptibility

Helicobacter pylori Culture with Reflex to Susceptibility, Status

Notes

CLSI has published interpretive MIC breakpoints for Clarithromycin, but not for Amoxicillin or Tetracycline. Clarithromycin susceptibility results will be reported with interpretation. Amoxicillin and Tetracycline will only be reported as MIC values.

**Reflex Testing** 

Reflex CPT codes **Reflex Condition** Reflex Test Name **Reflex Billing Codes** MICB1, MICB2, MICB3 Antimicrobial susceptibility MIC - antibiotic gradient 87181 for each antimicrobial testing by MIC agent (x3)

Nev

**New Test** 

Reflex

This test may reflex to additional tests depending upon the results of this test. An additional fee will be added if the reflex test is necessary.





May 30, 2013

#### **CULTURE, WOUND (REFLEX)**

**CWD Test Code** 

**Billing Code CWD** 

**Effective** 

7/2/2013

**Synonyms** 

Wound Culture; Abscess; Culture; Aerobic; Anaerobic; Deep Wound; Superficial Wound

Container Type

Culture swab with Amies or Liquid Stuart transport media or a sterile leakproof container for aspirates

Supply Item Number

5486 for swabs or 1387 for aspirates

Store and Transport

Ambient (room temperature)

Specimen Type

Patient Prep

Aspirate transferred to a sterile leakproof container or purulent material collected on a culture swab.

Cleanse skin or mucosal surfaces. For closed wounds, disinfect with antiseptic and alcohol prior to aspiration. For open wounds, debride, if appropriate, and thoroughly rinse with sterile saline prior to collection.

**Collection Procedure** 

Sample infected tissue, rather than superficial debris. Avoid swab collection if aspirate or biopsy samples can be obtained. Samples collected by using a syringe and needle should be placed in a sterile container. Do not submit syringe with needle attached. If the volume of aspirate is small, the sample should be tranferred to a swab and placed in bacterial transport media to prevent dessication.

**Room Temp** 

1 day

Refrigerated Unacceptable

Frozen -20c

Unacceptable

Frozen -70c

Unacceptable

Unacceptable Condition

Syringes with needle attached and dry swabs

Department

**PSHMC Microbiology** 

Reference Laboratory

**PSHMC** 

**CPT Codes** 

87070, 87075, 87205

**Test Schedule** 

Daily

**Turnaround Time** 

2-10 days

Method

Culture

**Test Includes** 

Specimen source, Gram Stain, Culture and Status

Reference Ranges

Title	Ranges
Gram Stain	Negative
Culture, Wound	
Culture, Wound, Status	

**Reflex Testing** 

Reflex Condition	Reflex Test Name	Reflex CPT codes	Reflex Billing Codes
Organism identification	Aerobe identification - definitive	87077 (for each organism, up to 3)	ORGB1, ORGB2, ORGB3
Organism identification	Anaerobe identification - presumptive	87075 (for each additional organism, up to 2)	ANPB2, ANPB3
Organism identification	Anaerobe identification - definitive	87076 (for each organism, up to 3)	ANB1, ANB2, ANB3
Organism identification	Yeast identification - definitive	87106 (each organism, up to 3)	YB1, YB2, YB3
Antimicrobial susceptibility testing by disk diffusion	Disk Diffusion	87184 (for each organism, up to 3)	KBB1, KBB2, KBB3
Antimicrobial susceptibility testing by MIC	MIC - automated panel	87186 (for each organism, up to 3)	ASB1, ASB2, ASB3
Antimicrobial susceptibility testing by MIC	MIC - antibiotic gradient	87181 (for each antimicrobial agent)	MICB1, MICB2, MICB3

Nev

**New Test** 

CWD will replaces order codes CWND and CWNDD.

Reflex

This test may reflex to additional tests depending upon the results of this test. An additional fee will be added if the reflex test is necessary.





May 30, 2013

### CULTURE. WOUND (REFLEXIVE)

**CWND Test Code Billing Code** WOUND **Effective** 7/2/2013

> Delete This test is being discontinued. Use the ordercode CWD to order this test.

> > CULTURE, WOUND, DEEP (REFLEXIVE)

**Test Code CWNDD Billing Code CWNDD** 

**Effective** 7/2/2013

This test is being discontinued. Use the ordercode CWD to order this test.

#### **FUNGUS STAIN**

**Test Code FSM** 

**Billing Code FSM** 

**Effective** 

7/2/2013

**Synonyms** 

**KOH Prep** 

**Container Type** Sterile plastic container

Supply Item Number

1387

Store and Transport

Ambient (room temperature)

Specimen Type

Hair, skin, nails, respiratory secretions, tissue, body fluids

Collection Procedure

Collect samples in a sterile container. Do not put hair, skin scrapings, or nail clipings in bacterial transport medium with a culture swab. Swabs are generally not recommended for the collection of material from open wounds or draining lesions because these sites are frequently contaminated with environmental microorganisms.

**Room Temp** 

3 days

Refrigerated

3 days

Frozen -20c

Unacceptable

Frozen -70c

Unacceptable

Unacceptable Condition

Do not submit specimens in gauze.

Department

**PSHMC Microbiology** 

Reference Laboratory

**PSHMC** 

**CPT Codes** 

87206

**Test Schedule** 

Daily

**Turnaround Time** 

1-2 days

Method

Microscopy

**Test Includes** 

Source; Result; Status

Reference Ranges

No fungal elements seen Budding yeast seen

Budding yeast with pseudohyphae seen

Hyphal elements seen

Reference Ranges

New

**New Test** 

If testing is performed at PSC use the workpar KOH or Flexi ordercode KOHPRP. If testing is done at PSHMC use the workpar FSM.

**Please Note** 

This test is included when ordering Culture, Fungus (CFC) and Culture, Fungus Skin, Hair, and Nails (CFS), and does not need to be ordered separately.





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#### DIRECT EXAM. MISC

Test Code **MISCDE Billing Code MISCDE Effective** 7/2/2013

This test is being discontinued and replaced with new order codes: OBLDSH, FSM, and WMSH.

OCCULT BLOOD, STOOL

**Test Code OBLDSH** 

**Billing Code OBLDSH** 

> **Effective** 7/2/2013

Hemoccult; Guaiac **Synonyms** 

**Container Type** Leakproof plastic container or Hemoccult Sensa packet

Supply Item Number 1387 or 7147

Store and Transport

Hemoccult SENSA: ambient (room temperature). If stool is submitted, it must be refrigerated.

**Specimen Type** Random stool

Preferred Volume 5 mL (when submitting stool)

**Minimum Volume** 1 mL (when submitting stool)

Drug Guidelines

For 1 week before and during the stool collection period, avoid NSAIDs such as ibuprofen, naproxen or aspirin. Acetaminophen can be taken as needed. For 3 days before and during the stool collection period, avoid vitamin C Patient Prep in excess of 250 mg a day from supplements, and citrus fruits and juices.

Diet Guidelines

For 3 days before and during stool collection period, avoid red meats (beef, lamb and liver). Eat a well balanced diet including fiber such as bran cereals, fruits and vegetables.

Collection Procedure

The Hemoccult SENSA test requires only a small fecal specimen. The specimen is applied to the guaiac paper of the Hemoccult SENSA slide as a THIN SMEAR using an applicator stick. Fecal specimens should be collected from bowel movements over 3 days and used for 3 separate tests. To further increase the probability of detecting occult blood, separate samples should be taken from two different sections of each fecal specimen. One of the samples

should be used for a smear in Box A of the slide and the other sample for a smear in Box B.

Specimen Processing

Make sure the slides are labeled with patient information before submitting to the lab.

Required Patient Info

Specimen source

**Room Temp** Hemoccult SENSA: 2 weeks; Stool: unacceptable

Refrigerated Stool: 1 day Frozen -20c Unacceptable Frozen -70c Unacceptable

Unacceptable Condition Specimens that have been frozen or placed in preservative.

**PSHMC Microbiology** Department

Reference Laboratory **PSHMC** 

**CPT Codes** 82270 **Test Schedule** Daily **Turnaround Time** 1-2 days

> Method Colorimetric

**Test Includes** Source, OCCULT BLOOD, Status

Reference Ranges Negative Positive **New Test** 

If testing is performed at PSC use the workpar OC.BLD or the Flexi order code OCBLD. If testing is done at PSHMC **Please Note** use the workpar OBLDSH.





May 30, 2013

#### WET MOUNT, VAGINAL PREP

**Test Code WMSH** 

**Billing Code WMSH** 

> Effective 7/2/2013

**Synonyms** Vaginal Wet Mount; Clue Cells; Yeast; Trichomonas

Culture swab with Amies or Liquid Stuart transport media **Container Type** 

Supply Item Number 5486

Store and Transport Ambient (room temperature)

**Specimen Type** 

Vaginal secretions

Collection Procedure

Collect vaginal exudate with culture swab.

Place swab in bacterial transport media.

Required Patient Info

Specimen source

**Room Temp** Trichomonas: 1 hour; Yeast and Clue Cells: 1 day

Refrigerated Unacceptable

Unacceptable

Frozen -70c Unacceptable

Unacceptable Condition Refrigerated, frozen, or dry swabs.

Department **PSHMC Microbiology** 

Reference Laboratory

**PSHMC** 

87210

**Test Schedule** Daily

**Turnaround Time** Test is resulted within 1 hour of specimen receipt in Microbiology.

Method

Microscopy

**Test Includes** Source; Trichomonas; Yeast; Clue Cells, Status

Reference Ranges

No Trichomonas or Trichomonas seen

No Yeast or Yeast seen No Clue Cells or Clue Cells seen

New

If testing is performed at PSC use the workpar WET-MNT or Flexi ordercode WM. If testing done at PSHMC use the

workpar WMSH.

Please Note

A delay of more than 1 hour from time of specimen collection until performance of a wet mount exam for trichomonas leads to false negative results. Alternative testing should be utilized if Trichomoniasis is suspected. See tests VAGINAL PATHOGENS DNA DIRECT PROBE (VPDNAP) or TRICHOMONAS VAGINALIS BY AMPLIFIED **DETECTION (APTTV).** 

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