

**ACLA 2010 CLFS Recommendations
July 14, 2009**

2010 CPT	New Code Description	Rationale	ACLA crosswalk recommendation	Proposed NLA
8678X	Antibody; Treponema pallidum	ACLA recommends a crosswalk to an existing similar test, Treponema pallidum, CPT 86781.	86781	\$19.34
8874X1	Hemoglobin (Hgb), quantitative, transcutaneous	ACLA recommends a crosswalk to another CPT in the recently created In Vivo Laboratory Procedures section, CPT 88740, Hemoglobin, quantitative, transcutaneous, per day; carboxyhemoglobin.	88740	\$7.33
8414X	Procalcitonin (PCT)	PCT has been identified as a biomarker for infection ranging from mild to the more severe cases of sepsis. The devices used to detect PCT utilize different immunoassay technologies to obtain the result. The resources/cost of performing immunoassay procedures vary due to the complexity of the reagents and instrumentation required. Therefore, based on the resources necessary to obtain a PCT result, ACLA supports a cross walk to 83880 with an NLA of \$49.56.	83880	\$49.56
8630X	Human epididymis protein 4 (HE4)	ACLA is proposing a crosswalk to CPT 86316 due to the testing methodology and clinical use of HE4.	86316	\$30.38
8443X	Thromboxane metabolite(s), including thromboxane if performed, urine	ACLA recommends a crosswalk to 83520, Immunoassay, analyte, quantitative; not otherwise specified.	83520	\$18.91
86XXX	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker, (eg, ATP)	ACLA supports a crosswalk to 86353 plus 82397 as being the most appropriate, based on current technology.	86353 + 82397	\$71.58 + \$20.63 = \$92.21
868XX1	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution	To simplify the cross walk recommendation, ACLA is providing code 87536 as a single CPT to represent the value of resources needed to perform the initial crossmatch.	87536	\$124.24
+868XX2	Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution	ACLA suggests cross walk to 86361 based on the resources needed to perform the additional procedure.	86361	\$39.09

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8715X1	Culture, typing; identification by nucleic acid (DNA or RNA) probe, amplified probe technique, per culture or isolate, each organism probed	ACLA is proposing a crosswalk to CPT 87798, Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism.	87798	\$51.25
8715X	Culture typing; identification by nucleic acid sequencing method, each isolate (eg, sequencing of the 16S rRNA gene)	Because the new CPT represents testing for infectious agent identification based on nucleic acid sequence information (genotyping), ACLA recommends a crosswalk to the genotype CPT 87902. The resources required for the new code are very similar to those of 87902, justifying the recommendation.	87902	\$375.88
8749X	Infectious agent detection by nucleic acid (DNA or RNA); Clostridium difficile, toxin gene(s), amplified probe technique	ACLA is proposing a crosswalk to CPT 87798, Infectious agent detection by nucleic acid (DNA or RNA), not otherwise specified; amplified probe technique, each organism.	87798	\$51.25
89399	Unlisted reproductive medicine laboratory procedure	NLAs are not assigned to "unlisted" codes.	N/A	N/A
8398X	pH; exhaled breath condensate	The new CPT is intended to represent only the laboratory portion of the Exhaled Breath Condensate pH determination process. It does not include the patient instructions, collection device nor the reactions that occur within such device. The laboratory portion includes a separate gas-standardization procedure plus a pH determination via a low ionic-strength pH instrument (not the routine pH meter). The gas-standardization can be appropriately represented by CPT 87015 and the pH by CPT 82800. Therefore, ACLA's proposal is 82800 + 87015 x1.	82800 + 87015 x1	\$12.37 + \$9.75 = \$22.12

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83876	2009 MPO reconsideration request	<p>ACLA is resubmitting our 2009 proposal as support to the reconsideration request: MPO is a quantitative cardiac marker for ischemic heart disease that occurs prior to a heart attack event without evidence of MI necrosis. In conjunction with clinical history and electrocardiogram, MPO provides different information than either BNP or troponin and, therefore, can identify patients with chest pain who are at risk of MI but have neither a positive troponin level or EKG changes. Other than ischemia modified albumin, the other cardiac measurement assays/CPT codes do not represent the same type of measurement as MPO. Therefore, our organization's CLFS crosswalk recommendation is to the ischemia modified albumin CPT code, 82045.</p>	82045	\$49.56
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