

REFERRAL NEW ORDERABLE UNIT CODE

NOTIFICATION DATE: October 5, 2010 **EFFECTIVE DATE:** Immediately

SPINAL MUSCULAR ATROPHY CARRIER TEST #57189

EXPLANATION OF CHANGE: The following new orderable, referred to Athena Diagnostics., is available immediately.

ATHENA TEST CODE: #444

SPECIMEN REQUIREMENTS:

10 mL whole blood collected in a lavender top EDTA tube. Send whole blood at ambient temperature.

Note: Collection date and whether the patient is asymptomatic or symptomatic is required. If asymptomatic, the "Athena Medical Providers Authorization Form" should be completed and placed in the patient's file. See "Medical Practitioner's Authorization to Perform Genetic Testing" in Special Instructions for a copy of the form.

LIST FEE: \$570.74

CPT CODE:

83891/ isolation or extraction of highly purified nucleic acid
83896/x2 nucleic acid probe, each
83900/amplification of patient nucleic acid, multiplex, first two nucleic acid sequences
83909/separation and identification by high resolution technique
83912/ interpretation and report
83914/x2 Mutation identification by enzymatic ligation or primer extension

ANALYTIC TIME: 14 days DAY(S) SET-UP: Upon Receipt

QUESTIONS: Contact Mayo Medical Laboratories Telephone: 800-533-1710