
Reporting Title: Peripheral Nerve Path Consult**Performing Location:** Rochester**Additional Testing Requirements:**

Biopsies from different sites require separate orders and separate specimen vials.

Example:

One (1) left sural nerve and 1 left superficial peroneal nerve require 2 separate orders, one for each type of nerve.

Shipping Instructions:

Ship Monday through Thursday.

Transport specimen per Nerve Biopsy Specimen Preparation Instructions (T580).

Necessary Information:

The following information is required:

All requisition and supporting information must be submitted in English.

Each of the following items is required:

1. All requisitions must be labeled with:

-Patient name, date of birth, and medical record number

-Name and phone number of the referring pathologist or ordering provider

-Anatomic site and collection date

2. Nerve Biopsy Patient Information (T458)

3. Additional clinical information:

-Neurology clinical notes

-Electromyography results if performed

Specimen Requirements:

Specimen Type: Nerve biopsy tissue, slides, or block

Supplies: Nerve Biopsy Kit (to order call 507-284-8065 or 800-533-1710)

Collection Instructions: Prepare and transport specimen per Nerve Biopsy Specimen Preparation Instructions (T580).

Specimen Minimum Volume:

4.5 cm biopsy

Forms:

Nerve Biopsy Patient Information (T458) is required

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|------|-------------------|
| Varies | Refrigerated (preferred) | | |
| | Frozen | | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|------------------------------------|--------------|------|-----------------|
| 601774 | Interpretation | Alphanumeric | | 59465-5 |
| 601775 | Participated in the Interpretation | Alphanumeric | | No LOINC Needed |
| 601776 | Report electronically signed by | Alphanumeric | | 19139-5 |
| 601777 | Addendum | Alphanumeric | | 35265-8 |
| 601778 | Gross Description | Alphanumeric | | 22634-0 |
| 601779 | Material Received | Alphanumeric | | 81178-6 |
| 601823 | Case Number | Alphanumeric | | 80398-1 |
| 601912 | Disclaimer | Alphanumeric | | 62364-5 |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88305 (if appropriate)
88313 (if appropriate)
88321 (if appropriate)
88323 (if appropriate)
88323-26 (if appropriate)
88325 (if appropriate)
88362 (if appropriate)
88348 (if appropriate)
88342 (if appropriate)
88341 (if appropriate)

Reflex Tests:

| Test ID | Reporting Name | CPT Units | CPT Code | Always Performed | Orderable Separately |
|---------|-----------------------------------|-----------|----------|------------------|----------------------|
| SS2PC | SpecStain, Grp II, other | | | No | No (Bill Only) |
| COSPC | Consult, Outside Slide | | | No | No (Bill Only) |
| CUPPC | Consult, w/USS Prof | | | No | No (Bill Only) |
| CRHPC | Consult, w/Comp Rvw of His | | | No | No (Bill Only) |
| NTFPC | Teased Fiber | | | No | No (Bill Only) |
| IHPCI | IHC Initial | | | No | No (Bill Only) |
| IHPCA | IHC Additional | | | No | No (Bill Only) |
| LV4RP | Level 4 Gross and Microscopic, RB | | | No | No (Bill Only) |
| CSPPC | Consult, w/Slide Prep | | | No | No (Bill Only) |
| EM | Electron Microscopy | | | No | Yes (Bill Only) |

Result Codes for Reflex Tests:

| Test ID | Result ID | Reporting Name | Type | Unit | LOINC® |
|---------|-----------|------------------------------------|--------------|------|-----------------|
| EM | 71033 | Interpretation | Alphanumeric | | 59465-5 |
| EM | 71034 | Participated in the Interpretation | Alphanumeric | | No LOINC Needed |
| EM | 71035 | Report electronically signed by | Alphanumeric | | 19139-5 |
| EM | 71037 | Material Received | Alphanumeric | | 81178-6 |
| EM | 71788 | Case Number | Alphanumeric | | 80398-1 |

Reference Values:

An interpretive report will be provided.