

Esoterix Update

A Newsletter for Clients

Volume II, N° 8 | August 2011

Announcements

In observance of Labor Day, all Esoterix facilities will be closed on Monday, September 5, 2011. For questions regarding specimen handling, contact Esoterix Client Services at 800-444-9111.

Updates to the Esoterix Test Menu

The following changes to the Esoterix *Test Menu* are scheduled to be implemented on September 1, 2011, unless otherwise noted. For up-to-date test information, please consult the Esoterix *Test Menu* at www.esoterix.com. For additional information, call Esoterix Client Services at 800-444-9111.

Procedure	Test Code	Field/Change																																																																												
Dehydroepiandrosterone Sulfate (DHEA-S)	500120	<p>Methodology: HPLC, Tandem Mass Spectrometry</p> <p>Additional Information: Change effective September 12, 2011</p> <p>Reference Range:</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Range (ug/dL)</th> </tr> </thead> <tbody> <tr> <td>Premature (26–28 Weeks) Day 4</td> <td>123–882</td> </tr> <tr> <td>Premature (31–35 Weeks) Day 4</td> <td>122–710</td> </tr> <tr> <td>Full-term Day 3</td> <td>88–356</td> </tr> <tr> <td>1–11 mos</td> <td>DHEA-S levels fall to <112 during the first month and decrease further to <49 by 6 months of age.</td> </tr> <tr> <td>1–5 yrs</td> <td><57</td> </tr> <tr> <td>6–7 yrs</td> <td><72</td> </tr> <tr> <td>8–10 yrs</td> <td><193</td> </tr> </tbody> </table> <p>Tanner Stage</p> <table border="1"> <thead> <tr> <th>Stage</th> <th>Age</th> <th>Male (ug/dL)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><9.8</td> <td>13–83</td> </tr> <tr> <td>2</td> <td>9.8–14.5</td> <td>42–109</td> </tr> <tr> <td>3</td> <td>10.7–15.4</td> <td>48–200</td> </tr> <tr> <td>4</td> <td>11.8–16.2</td> <td>102–385</td> </tr> <tr> <td>5</td> <td>12.8–17.3</td> <td>120–370</td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th>Stage</th> <th>Age</th> <th>Female (ug/dL)</th> </tr> </thead> <tbody> <tr> <td>1</td> <td><9.2</td> <td>19–144</td> </tr> <tr> <td>2</td> <td>9.2–13.7</td> <td>34–129</td> </tr> <tr> <td>3</td> <td>10.0–14.4</td> <td>32–226</td> </tr> <tr> <td>4</td> <td>10.7–15.6</td> <td>58–260</td> </tr> <tr> <td>5</td> <td>11.8–18.6</td> <td>44–248</td> </tr> </tbody> </table> <p>Adults</p> <table border="1"> <thead> <tr> <th>Age</th> <th>Males (ug/dL)</th> <th>Females (ug/dL)</th> </tr> </thead> <tbody> <tr> <td>21–30 yrs</td> <td>38–523</td> <td>22–372</td> </tr> <tr> <td>31–40 yrs</td> <td>33–416</td> <td>17–286</td> </tr> <tr> <td>41–50 yrs</td> <td>16–390</td> <td><229</td> </tr> <tr> <td>51–60 yrs</td> <td><298</td> <td><215</td> </tr> <tr> <td>61–70 yrs</td> <td><251</td> <td><128</td> </tr> <tr> <td>71–80 yrs</td> <td><208</td> <td><111</td> </tr> <tr> <td>81–90 yrs</td> <td><106</td> <td><101</td> </tr> </tbody> </table>	Age	Range (ug/dL)	Premature (26–28 Weeks) Day 4	123–882	Premature (31–35 Weeks) Day 4	122–710	Full-term Day 3	88–356	1–11 mos	DHEA-S levels fall to <112 during the first month and decrease further to <49 by 6 months of age.	1–5 yrs	<57	6–7 yrs	<72	8–10 yrs	<193	Stage	Age	Male (ug/dL)	1	<9.8	13–83	2	9.8–14.5	42–109	3	10.7–15.4	48–200	4	11.8–16.2	102–385	5	12.8–17.3	120–370	Stage	Age	Female (ug/dL)	1	<9.2	19–144	2	9.2–13.7	34–129	3	10.0–14.4	32–226	4	10.7–15.6	58–260	5	11.8–18.6	44–248	Age	Males (ug/dL)	Females (ug/dL)	21–30 yrs	38–523	22–372	31–40 yrs	33–416	17–286	41–50 yrs	16–390	<229	51–60 yrs	<298	<215	61–70 yrs	<251	<128	71–80 yrs	<208	<111	81–90 yrs	<106	<101
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Procedure	Test Code	Field/Change	
Reptilase Time	300610		Reference Range: <20 seconds
Stypven Time (RVV) *RUO*	300611		Reference Range: 22.7 – 32.5 seconds

The CPT codes included in this publication are in accordance with *Current Procedural Terminology*, a publication of the American Medical Association. CPT codes are provided here for the convenience of our clients; however, correct coding often varies from one carrier to another, and Esoterix may bill specific carriers using codes other than those shown. Clients who bill for services should verify the codes with the applicable payor to confirm that their use is appropriate in each case.



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