

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).

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
601912	Disclaimer	Alphanumeric		62364-5
601823	Case Number	Alphanumeric		80398-1

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	Available Separately
SS2PC	SpecStain, Grp II, other	1	88313	No	No, (Bill Only)
COSPC	Consult, Outside Slide	1	88321	No	No, (Bill Only)
CUPPC	Consult, w/USS Prof	1	88323	No	No, (Bill Only)
CRHPC	Consult, w/Comp Rvw of His	1	88325	No	No, (Bill Only)
NTFPC	Teased Fiber	1	88362	No	No, (Bill Only)
IHPCI	IHC Initial	1	88342	No	No, (Bill Only)
IHPCA	IHC Additional	1	88341	No	No, (Bill Only)
LV4RP	Level 4 Gross and Microscopic, RB	1	88305	No	No, (Bill Only)
CSPPC	Consult, w/Slide Prep	1	88323	No	No, (Bill Only)
EM	Electron Microscopy	1	88348	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
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Reference Values:

An interpretive report will be provided.