



# Test Definition: MBX

## Muscle Pathology Consultation

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**Reporting Title:** Muscle Path Consult

**Performing Location:** Mayo Clinic Laboratories - Rochester Main Campus

**Ordering Guidance:**

This test is **not appropriate** for inhalation-transmission diseases such as tuberculosis, *Brucella*, measles, and varicella zoster. This test is also **not appropriate** for suspected Creutzfeldt-Jacobs Disease (CJD).

**Additional Testing Requirements:**

**Muscle biopsies from different anatomic sites require separate orders and separate specimen vials.**

**Shipping Instructions:**

Transport specimen per instructions in [Muscle Biopsy Specimen Preparation Instructions](#).

**Necessary Information:**

**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. [Muscle Histochemistry Patient Information](#) (T361)**

**Specimen Requirements:**

**Preferred:**

**Specimen Type:** Frozen muscle biopsy tissue

**Supplies:** Muscle Biopsy Kit (T541)

**Collection Instructions:** Prepare and transport specimen per instructions in [Muscle Biopsy Specimen Preparation Instructions](#).

**Additional Information:**

**1. All specimens and additional paperwork must be labeled with:**

- Two patient identifiers (first and last name, date of birth, or medical record number)
- Pathology accession/case number
- Anatomic site

2. Contact the Mayo Clinic Muscle Laboratory at 800-533-1710 for special problems to maximize benefit of the muscle biopsy.

**Acceptable:**

**Specimen Type:** Stained muscle biopsy slides

**Collection Instructions:**

1. Submit all stains performed on the case.
2. **All specimens must be labeled with anatomic site.**

**Forms:**

[Muscle Histochemistry Patient Information](#) (T361) is required.

Specimen Type	Temperature	Time	Special Container
Varies	Frozen (preferred)		
	Ambient		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
601767	Interpretation	Alphanumeric		59465-5
601769	Participated in the Interpretation	Alphanumeric		No LOINC Needed
601770	Report electronically signed by	Alphanumeric		19139-5
601771	Addendum	Alphanumeric		35265-8
601773	Gross Description	Alphanumeric		22634-0
601822	Case Number	Alphanumeric		80398-1
601911	Disclaimer	Alphanumeric		62364-5
603614	Material Received			81178-6

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

- 88342 (if appropriate)
- 88341 (if appropriate)
- 88346 (if appropriate)
- 88350 (if appropriate)
- 88305 (if appropriate)
- 88313 (if appropriate)
- 88319 (if appropriate)
- 88314 (if appropriate)
- 88321 (if appropriate)
- 88323 (if appropriate)
- 88323-26 (if appropriate)
- 88325 (if appropriate)

**Reflex Tests:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IHPCI	IHC Initial	1	88342	No	No, (Bill Only)
IHPCA	IHC Additional	1	88341	No	No, (Bill Only)
IFPCI	IF Initial	1	88346	No	No, (Bill Only)
IFPCA	IF Additional	1	88350	No	No, (Bill Only)
SS2PC	SpecStain, Grp II, other	1	88313	No	No, (Bill Only)

SS3PC	SpecStain, Grp III, enzyme	1	88319	No	No, (Bill Only)
HCFPC	SpecStain, frozen	1	88314	No	No, (Bill Only)
COSPC	Consult, Outside Slide	1	88321	No	No, (Bill Only)
CSPPC	Consult, w/Slide Prep	1	88323	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)
LV4RP	Level 4 Gross and Microscopic, RB	1	88305	No	No, (Bill Only)

**Reference Values:**

An interpretive report will be provided.