

FLETCHER ALLEN HEALTH CARE

PATHOLOGY & LABORATORY MEDICINE

LABORATORY COMMUNIQUÉ JULY 2010

Laboratory Operations

Patient Service Center Holiday Hours

Independence Day

Sunday, July 4

Ambulatory Care Center (ACC):
Open 9 a.m. to 1 p.m.
Fanny Allen Campus:
CLOSED

Monday, July 5

Ambulatory Care Center (ACC):
CLOSED
Fanny Allen Campus:
CLOSED

Labor Day

Monday, September 6

Ambulatory Care Center (ACC):
Open 9 a.m. to 1 p.m.
Fanny Allen Campus:
Open 9 a.m. to 1 p.m.

Regularly scheduled hours will apply to any days not specifically addressed above.

To view our regularly scheduled Patient Service Center hours, please go to <http://www.fletcherallen.org/drawsites> or call Laboratory Customer Service for assistance, 847-5121 or 1-800-991-2799.

Laboratory Operations

PSC Summer Holiday Hours
Medical Waste Disposal
Special Send Outs
Patient Financial Assistance

Tech Tip

Draw Date and 30/60 Rule

Test News

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Changes
ASO Reporting Change
Celiac Disease Testing Change
Drugs of Abuse Testing Change
Thyroid Antibodies

Compliance Update

Medicare Preventative Screening Quick
Reference
Alert: CBC or CBC with Diff

LAB OPERATIONS

Medical Waste

Please remind your patients that we cannot accept sharps containers for disposal. Patients should collect sharps in a #1 PETE clear plastic soda bottle with a "WARNING SYRINGE" sticker (available from the Chittenden Solid Waste District [CSWD] at 872-8111). The bottle should be sealed and disposed of in the regular trash. Complete instructions are available at the CSWD web site; please go to www.cswd.net and select "What to do with...?", then select medical waste.

Thank you

Special Send Out Policy

Laboratory special send out tests are those esoteric tests that are not performed at Fletcher Allen or our regular reference laboratories. These tests are often very expensive and may not be covered by patients' insurance. Many require preauthorization with an insurance company to ensure payment. Some laboratories even require that payment be made prior to testing.

To ensure that samples are handled appropriately and patients are not subjected to additional venipunctures or unanticipated financial hardship, please follow the protocol below.

Provider Responsibilities:

1. Complete a special send out form for shipments to any lab except Mayo Medical Laboratory or the Vermont State Lab. (This form is available on our web site at http://www.fletcherallen.org/upload/photos/6404Special_Send_Out_form.pdf)
2. Access the website for the lab the specimen is being sent to. Print and complete a copy of their requisition. **Incomplete paperwork will cause delays and may make it necessary for the patient to return to have his or her blood drawn on another day.** Some laboratories will include payment requirements.
3. Obtain insurance pre-authorization.
4. Notify the patient that he or she is potentially liable for the cost of the testing, and obtain his or her signature on the special send out form.
5. Copies of the paperwork should be given to the patient with instructions to bring it to Phlebotomy.
6. Fax the completed forms to Specimen Receiving at 847-2358. Call the Specimen Receiving Charge Technologist or Lead Lab Assistant at 847-4763 to notify them of the request for a special send out. Completing this step allows our receiving staff to prepare for any special handling that might be required.
7. **Special send outs are shipped Monday through Thursday. Arrangements can be made to send packages on Friday as long as the receiving laboratory will accept delivery on a weekend. Accounts should contact the receiving laboratory to verify that they will accept the package.**

Accreditation requirements mandate that we DO NOT send specimens to laboratories that do not have CLIA certification

LAB OPERATIONS

Patient Financial Assistance

Fletcher Allen Health Care is committed to providing financial assistance to persons who have essential healthcare needs and are uninsured, underinsured, ineligible for a government program or otherwise unable to pay, for medically necessary care based on their individual financial situation.

A patient's ability to pay for services should not prevent him or her from receiving the medically necessary care he or she need. Fletcher Allen has financial assistance programs in place to help patients in the form of discounted, deductible based or free care for those patients who may not have the financial resources to pay their bills.

Discounts:

For the **uninsured** patient, Fletcher Allen offers a discount for medically necessary care. Note: Cosmetic, non-medically necessary (e.g., IVF, sterilization reversals), case rate services, are some examples of services not eligible for the discount.

For our patients who are experiencing **financial hardship**, Fletcher Allen offers a free care or deductible based assistance program, sometimes referred to as "charity care".

Our program is based upon the Federal Poverty Level Guidelines (FPLG), and eligible patients must pass both income and assets tests to qualify.

If you have questions regarding our financial assistance programs or application status, please contact Patient Financial Services Customer Service department at (802) 847-8000 or (800) 639-2719, or via email at customerservice@vtmednet.org.

If you have any questions or need assistance with the applications process for Vermont or New York Medicaid or Catamount Health, please contact our Financial Counseling department at (802) 847-1122 or via email at fahcpfc@vtmednet.org.

TECH TIPS

Expected Draw Dates and the 30 / 60 Lab Rule

Any provider ordering lab tests for a future date needs to provide an “expected” draw date as part of the order. This is important, as it allows the phlebotomy staff to accurately draw the blood on a clinically acceptable timeline.

Once the expected draw date is established, the patient will be drawn without question if he or she arrives in phlebotomy up to 30 days before this date or within 60 days after. If the patient arrives outside of this 90 day window, we will call your office to determine whether the testing is still needed.

The rationale for this rule is twofold. Many times when a patient shows up too early for a future draw, the results are not clinically useful for the provider, as when, for example, the concentration of a drug has not had a chance to level out in the patient’s bloodstream. When a patient shows up late for a blood draw, the specimen may have been already obtained in the office.

If no expected draw date is indicated, the patient will be drawn the next time he or she arrives in phlebotomy. **IMPORTANT NOTE:** The patient may be here for blood work ordered by another provider on a day that may be considerably outside of your anticipated timeline.

TEST NEWS

Aminoglycoside Reference Range Changes

As of August 9, 2010, the Chemistry Laboratory will change the reported reference ranges for aminoglycosides to better reflect current practice. The changes and resultant call values are listed below.

Drug		Current Range	New Reference Range	Call Value
Vancomycin	Trough	5.0 - 20.0 ug/mL	10.0 - 20.0 ug/mL**	Greater than 20.0 ug/mL
	Peak	30.0 - 40.0 ug/mL	25.0 - 50.0 ug/mL	Greater than 50.0 ug/mL
		**Vancomycin Trough: 15.0 - 20.0 ug/mL [for Staphylococcus aureus bacteremia, endocarditis, meningitis, osteomyelitis, pneumonia]		
		** This statement will be appended to all Vanco Trough results		
Gentamicin	Trough	Less than or equal to 1.5 ug/mL	Less than 1.5 ug/mL	Greater than or equal to 1.5 ug/mL
	Peak	5.0 - 10.0 ug/mL	5.0 - 12.0 ug/mL	Greater than 12.0 ug/mL
Tobramycin	Trough	Less than 1.5 ug/mL	Less than 1.5 ug/mL	Greater than or equal to 1.5 ug/mL
	Peak	5.0 - 10.0 ug/mL	5.0 - 12.0 ug/mL	Greater than 12.0 ug/mL
Amikacin	Trough	Less than 5.0 ug/mL	Less than 8.0 ug/mL	Greater than 8.0 ug/mL
	Peak	15.0 - 25.0 ug/mL	20.0 - 35.0 ug/mL	Greater than 35.0 ug/mL

Anti Streptolysin O Titer Reference Unit Change

As of April 1, 2010, the Immunology Laboratory modernized the units used for reporting the Anti Streptolysin O titer (Test Code: ASO). The results will now be reported in International Units instead of Todd Units. This will involve some change in the dilutions used. The new normal range will be less than 200 IU/mL for patients 6 years of age or older and less than 100 IU/mL for patients less than 6 years of age. If it is necessary to compare new results to titers that were performed prior to the change, please contact the laboratory. A notice will be attached to the results for several months indicating the change in units.

TEST NEWS

Celiac Disease Testing Change

As of June 1, 2010 the Laboratory will no longer send panels to Prometheus Laboratories for celiac disease testing. The Prometheus Celiac Plus panel (Old test code: CELIAP) will be replaced with the Mayo Medical Laboratory Celiac Disease Comprehensive Cascade (New test code: CDCC) and the Prometheus Celiac Serology (Old test code: SCELIA) will be replaced with the Mayo Medical Laboratory Celiac Disease Serology Cascade (New Test Code: CDSC)

Please note that if you wish HLA DQ typing you must order the Comprehensive Cascade.

There are significant advantages to this change in testing. The Mayo cascades provide the same range of antibody tests offered by Prometheus (gliadin, tTG, endomysial), but include a tTG IgG test if the patient has low levels of IgA or is IgA deficient, which is true for perhaps 15% of patients. This is not available from Prometheus. In addition, the gliadin test performed by Mayo (IgG and/or IgA) is the deamidated form which is more sensitive and specific than other forms of the test. The tests in the Mayo Cascade, IgG or IgA, are only performed as indicated. There will also be a more rapid turn around time for the Mayo cascades and the results will be more readily interfaced into the PRISM system. We feel that these characteristics offer significant advantages to our patients.

Drugs of Abuse Testing Change

As of August 5, 2010 the Chemistry Laboratory will change the methodology used for urine drug of abuse testing. This change is necessitated by increasing volume of and the resultant need for an automated assay system. The present Triage Tox Drug Screen will be replaced with the Vitros 5,1 assay system (Ortho Clinical Diagnostics) for benzodiazepines, methadone, cocaine, amphetamine, barbiturates, cannabinoids, and opiates. It is important to recognize that these are immunoassays. The specific antibodies used and the test matrix can influence the specific sensitivity of these assays for the components of the broad class of drugs they are designed to recognize. Our validation studies indicate that results for the new system will compare quite closely with those from the current manual system. The one exception is in the class of benzodiazepines. The new system does not have the sensitivity for lorazepam and its metabolites that was seen with the old system. It must be emphasized that these tests provide only preliminary results and that clinical considerations and professional judgment must be used in the evaluation of results from this testing system whether positive or negative. An alternative testing system such as gas chromatography/mass spectroscopy (GC/MS) or liquid chromatography tandem mass spectroscopy (LC/MS/MS) should be used to obtain a confirmed result, for a higher level of sensitivity, or more detailed information about specific drugs and their metabolites.

Thyroid Antibodies Temperature Change

Effective June 21, 2010, the storage/submit temperature for the Thyroid Antibody Profile (Test Code: THYA; includes Anti-Thyroglobulin and Thyroperoxidase [TPO]) will change from frozen to refrigerated. A stability study was performed at Fletcher Allen, and it was determined that both of these assays are stable at refrigerated temperature for 7 days.

To view the most up-to-date test information, go to our online test catalog at:
www.fletcherallen.org/testcatalog
Enter the test name or test code into the appropriate box and press "SEARCH"
For MML tests, press on the MayoTest Number link for more test information.

If you have any questions or concerns about these changes, please contact Dr. Greg Sharp (gregory.sharp@vtmednet.org) in the Laboratory.

COMPLIANCE UPDATE

MEDICARE QUICK REFERENCE: Laboratory Preventative Screening

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	FREQUENCY
Cardiovascular Disease Screenings	80061-Lipid Panel 82465-Cholesterol 83718-Lipoprotein 84478-Triglycerides	Report one or more of the following: V81.0, V81.1, V81.2	Every 5 years
Diabetes Screening	82947-Glucose, quantitative, blood (except reagent strip) 82950-Glucose, post-glucose dose (includes glucose) 82951-Glucose Tolerance (GTT), three specimens (includes glucose)	V77.1 <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes</i>	<ul style="list-style-type: none"> • 2 screening tests per year for beneficiaries diagnosed with pre-diabetes • 1 screening per year if not previously diagnosed with pre-diabetes
Screening for Pap Tests	G0123, G0145, P3000,	Low Risk <i>Report one of the following:</i> V76.2, V76.47, V76.49, V72.31 High Risk V15.89	<ul style="list-style-type: none"> • Low Risk- Every 24 months • High-Risk- Annually
Colorectal Cancer Screening	82270-Fecal Occult Blood	Use appropriate code <i>Contact local Medicare Contractor for guidance</i> <i>Ex. V76.41, V76.51</i>	<ul style="list-style-type: none"> • Beneficiaries age 50 and older • Fecal Occult Blood: annually
Prostate Cancer Screening	G0103-PSAS	V76.44	Male beneficiaries 50 and over Annually
Human Immunodeficiency Virus (HIV) Screening	G0432, G0433, G0435	No Increased Risk Factors V73.89 Increased Risk V73.89 + V69.8 Pregnant Women V73.89 + one of the following: V22.0, V22.1, V23.9	<ul style="list-style-type: none"> • 1 Voluntary screening per year • 3 Voluntary screenings of pregnant Medicare beneficiaries: <ol style="list-style-type: none"> 1) When diagnosis of pregnancy is known. 2) During 3rd trimester. 3) At labor, if ordered by the women's clinician.

COMPLIANCE UPDATE

Alert Regarding CBC and CBC with Differential

As a way of determining if payments made by Medicare were adjudicated correctly, the Comprehensive Error Rate Testing Program (CERT) was developed. CMS randomly selects a sample of Medicare patient claims and reviews the patients' medical records for appropriate documentation for testing/procedures performed.

It was as a result of this program we were notified of a national issue involving medical records/ordering documentation discrepancies for CBC and CBC with differential test orders.

Although a CBC (Hemagram) stands for Complete Blood Count, it **does not** include a differential. If the provider's progress notes state CBC but the requisition is clearly marked CBCDF (Hemagram with Diff), Medicare will request repayment from the laboratory based on the supporting documentation. Our laboratory will perform **only** what is requested on the requisition.

When ordering a CBC or CBC with differential, please make sure the documentation in the patient's medical record matches what is requested on the lab requisition.

Thank you



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