

Pathology & Laboratory Medicine
Communiqué

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LAB TOURS

Come meet the Clinical Lab Scientists and see the technology behind the lab tests you send the University of Vermont Medical Center every day. We will be hosting laboratory tours on the second Tuesday of each month. Tours are given at the Main Pavilion at 10 am or 1 pm (alternate times can be arranged) and will take approximately one hour.

Preregistration is required. Call (802) 847-9473 or email LabAmbassador@UVMHealth.org to sign up.

We hope to see you soon!

TEST UPDATES



Christmas and New Year Holiday Hours

	Ambulatory Care Center	Fanny Allen Medical Office Building	1 So. Prospect St.
Monday December 24, 2018	7 am - 1 pm	6:30 am - 1 pm	7 am - 1 pm
Tuesday December 25, 2018	Closed	Closed	Closed
Monday December 31, 2018	7 am - 3 pm	6:30 am - 3 pm	7 am - 3 pm
Tuesday January 1., 2019	Closed	Closed	Closed

Regularly scheduled hours will apply to any days not specifically addressed above, please call 847-5121 or 1-800-991-2799 for assistance.

Microscopy Imaging Center Holiday Hours

The Microscopy Imaging Center (MIC) will be closed Monday December 24 through Tuesday January 1st, reopening Wednesday January 2nd. Please avoid scheduling biopsies during this time period that require MIC electron microscopy. Please pass this information to relevant parties. Thank you for your time.

Laboratory Test Ordering

Beginning April 1, 2019 we will require the Collection TIME and DATE to be documented for all samples received in our laboratory. This includes both electronic and paper orders. Failure to include this information will delay test results and initiate a phone call to obtain this information.

Producing accurate and high quality laboratory results is dependent on mindful pre-analytic process and timing. Many of our tests have regulatory requirements relating to sample stability and integrity, and this begins with an accurate record of the collection time.

There have been several incidents reported in the literature, and confirmed by our own experience, where missing or inaccurate collection time information have produced a falsely high or low laboratory result with a negative outcome for the patient. These negative outcomes include but are not limited to: individuals not receiving appropriate or timely treatment or an ER visit for treatment that was not actually required.

In conjunction with the requirement to document collection time our department of Clinical Chemistry has been conducting studies on the stability of unspun samples for multiple analytes. We have concluded that samples left unspun for more than 4 hours show significantly altered results. This alteration in results was increased further when samples were refrigerated prior to separating the serum from the cells by centrifugation.

As a reminder regulatory requirements dictate that the laboratory must obtain certain information on all requests for testing. This information ensures the correct testing is performed, results go to the appropriate physician and that we are able to bill correctly for the services provided.

Our requirement for the preanalytic processing of serum or plasma gel separator tubes (SST, PST or “tiger top”/ green with yellow bullseye) is to –

- Allow sufficient time (30 min) for clotting at room temperature for SST (Do **NOT** refrigerate prior to spinning)
- Do NOT refrigerate PSTs prior to spinning
- Follow directions for using the centrifuge that you have and do NOT stop the centrifuge manually. Let the centrifuge brake and stop on its own.
- Once the samples have been spun they should be refrigerated prior to delivery to our lab

Samples received unspun that are older than 4 hours after collection will be rejected and a redraw will be requested.

Required Information for Ordering Laboratory Testing

- Patients full legal name
- Patients date of birth
- Patients legal sex and gender
- Ordering / Billing Provider Full name
- Billing Information

Continued on next page

- ICD-10-CM code / diagnosis / clinical history: The ICD-10-CM diagnosis code indicates the reason the test is requested and the clinical history may help with interpretation of the test result.
- Sample collection date and time
- Specimen type
- Test Requested

Orders for laboratory testing must be documented in the patient's medical record.

It is a Joint Commission National Patient Safety Goal that all patient samples are labeled with **2 patient identifiers**.

In addition the identifiers on the patient sample **must match** what is on the laboratory order form.

Requests for laboratory testing will be considered valid when all the required information is supplied to the laboratory.

Things to keep in mind about labeling patient samples

Specimen labels must be placed on the sample container **not the lid** of the container.

The person who collects the specimen must label the sample in the patient's presence.

If the sample container does not provide enough room for 2 identifiers (e.g. slides) a single identifier is placed on the primary sample and the primary sample is then placed in a larger container (slide holder or larger specimen container) labeled with 2 identifiers.

In the case of multiple specimens on the same patient, the label must include the source of the specimen where differentiation of anatomic areas is necessary for diagnosis and treatment.

If the date/time of the specimen is relevant to the interpretation of the test result, it must be included on the specimen label. (e.g. HLA typing, Glucose Tolerance Testing, cortisol, multiple stool specimens, peak/trough drug levels, pre and post dialysis specimens).

Blood Bank Sample Labeling: Labels on specimens submitted for Blood Bank that will be used for cross match must include the patient's full legal name, date of birth, UVMCC Medical record number (if available), date of collection, and the signature of the person collecting the blood.

Labeling Tubes

Please take care to place identification labels on top of manufacturer's labels on specimen tubes.

Label should be placed on the tube going lengthwise.

The top of the label should be near the cap

Sample appearance is important to be sure there is no interference from marked hemolysis or marked lipemia.

Special Considerations for Blue Top Tubes

The technologist in the lab is required to check the fill level and the sample appearance prior to analysis. The volume of specimen in the tube is critical because there must be a ratio of 9 parts blood to 1-part anticoagulant to produce meaningful results.



Fill line is not obstructed
Label is placed on the tube lengthwise

Label obstructs Fill Line



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Blood Gas Analyzers Platform Change

On December 19, 2018 the Chemistry Laboratory implemented a new testing platform for performing blood gases (arterial, venous, and cord), CO-oximetry (OSat), ionized calcium, and pleural fluid pH. Currently these tests are performed on the Roche Cobas b221 analyzer. Moving forward these tests will be performed on the Siemens RapidPoint 500 analyzer. Correlation studies between the two platforms are excellent for all analytes evaluated. The test names and ordering processes for all blood gas, ionized calcium, and pleural fluid pH assays will remain the same.

With this implementation of new technology there are a few major changes.

The stabilities for blood gases (arterial, venous, and cord), blood pH, O2Sat, and pleural fluid pH have changed.

For all blood gases, blood pH, and OSat samples: Place the samples on ice as soon as possible and immediately transport to the lab. These samples are stable for 1 hour after collection. Samples received on ice > 1 hour after collection will be rejected.

All samples submitted for pleural fluid pH should be on ice.

The following reference range changes will be made:

The reference range for pO₂ in arterial blood gas samples has been updated to include a reference range of 55-80 mmHg for neonates between 0-1 day of life.

The reference range for Oxyhemoglobin in OSat testing has been slightly modified to be 89-96%.

The reference range for pleural fluid pH has been changed to: Pleural Fluid pH reference ranges are unavailable. Results should be interpreted in the context of the clinical setting.

Test Name	Lab Code	Epic Code
BLOOD GAS, VENOUS	VBG	LAB3032
BLOOD GAS, ARTERIAL	ABG	LAB3031
BLOOD GAS, CORD BLOOD ARTERIAL	CBG	LAB3033
BLOOD GAS, CORD BLOOD VENOUS	VCBG	LAB3173
PLEURAL FLUID, Ph	PLPH	LAB3110
OXYGEN SATURATION	OSAT	LAB718
IONIZED CALCIUM	ICAL	LAB2039

HPV Genotyping

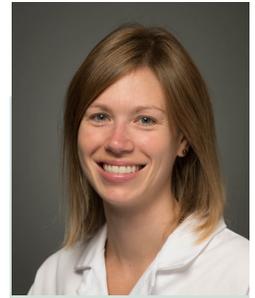
On December 19, 2018 we discontinued sending endocervical/cervical HPV genotyping testing to Mayo Medical Laboratories, and began performing HPV genotyping on Endocervical ThinPrep specimens at UVMHC using the Hologic Aptima HPV Genotyping assay. Vaginal ThinPrep specimen requests for HPV/genotyping will continue to be sent to Mayo Medical Laboratories.

The Aptima HPV 16, 18/45 genotype assay is a nucleic acid amplification test for the qualitative detection of E6/E7 viral messenger RNA (mRNA) of human papillomavirus (HPV) types 16, 18, and 45 in cervical specimens from women with Aptima HPV assay positive results. The Aptima HPV 16, 18/45 genotype assay can differentiate HPV 16 from HPV 18 and/or HPV 45, but does not differentiate between HPV 18 and HPV 45.

Based on recommendations from the American Society for Colposcopy and Cervical Pathology, the use of HPV genotype-specific testing for HPV16 or HPV16/18 is recommended only for the management of HPV-positive, cytology-negative women (≥ 30 year old). No other clinical indications have sufficient evidence to recommend HPV genotype-specific testing for HPV16 or HPV16/18. Therefore, only HPV positive samples that are cytology negative from women ≥ 30 years of age will be tested if requested⁽¹⁾.

Reference

1. Debbie Saslow, Diane Solomon, Herschel W. Lawson, Maureen Killackey, Shalini L. Kulasingam, Joanna Cain, Francisco A. R. Garcia, Ann T. Moriarty, Alan G. Waxman, David C. Wilbur, Nicolas Wentzensen, Levi S. Downs, Mark Spitzer, Anna-Barbara Moscicki, Eduardo L. Franco, Mark H. Stoler, Mark Schiffman, Philip E. Castle, Evan R. Myers; American Cancer Society, American Society for Colposcopy and Cervical Pathology, and American Society for Clinical Pathology Screening Guidelines for the Prevention and Early Detection of Cervical Cancer, *American Journal of Clinical Pathology*, Volume 137, Issue 4, 1 April 2012, Pages 516–542, <https://doi.org/10.1309/AJCPTGD94EVRSJCG>



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TEST CATALOG

To view a complete listing of tests available at the University of Vermont Medical Center, please visit UVMHealth.org/MedCenterTests

Browse by Name



Search

Respiratory Virus Testing

It has been brought to our attention that there is some confusion on which respiratory virus test(s) should be ordered in different situations. Below are the tests offered and when/where they should be ordered. Please contact the microbiology lab with further questions (847-5121).

Test Name: **ED, Urgent Care Influenza, RSV PCR**

Test Codes: Lab Code EDFLUR - Epic Code: LAB3756

Includes tests for influenza A, influenza B, and RSV. Performed on nasopharyngeal swabs in M6 media only from **ED and Urgent Care patients**.

Test Name: **Inpatient/Outpatient Influenza, RSV PCR**

Test Codes: Lab Code IOFLUR - Epic Code: LAB3757

Includes tests for influenza A, influenza B, and RSV. Performed on nasopharyngeal swabs in M6 media and respiratory fluids from **inpatients and non-urgent care outpatients**.

Test Name: **Respiratory Viral Panel Expanded, PCR**

Test Codes: Lab Code RESEXOP- Epic Code: LAB3758

Includes only tests for parainfluenza types 1- 4, adenovirus, human metapneumovirus, and rhinovirus. Performed on nasopharyngeal swabs in M6 and respiratory fluids from **immunocompromised patients or extremely ill inpatients in whom influenza and RSV testing was negative**. This test can be ordered as an add on test up to four days after sample collection.

Compliance Updates

DID YOU KNOW?

These items are available to you on our lab website under Laboratory Compliance Info:

- Instructions for when and how to fill out an ABN form along with the UVMHC policy “ABN and Other Notices of Patient Financial Responsibility” policy
- Forms for Patient Financial Responsibility policy
- Quick Reference for Preventive Screening tests
- Links to all of the NCDs and LCDs
- Other helpful brochures from Medicare

<https://www.uvmhealth.org/medcenter/Pages/Departments-and-Programs/Pathology-and-Laboratory-Medicine/Lab-Services-for-Hospitals-and-Clinicians/Compliance-Updates.aspx>

Most common reasons why we contact your office for diagnosis information:

1. Tick bite testing for Lyme Disease

ICD 10 code W57.XXXA or W57.XXXD can never be used alone.

- If the patient presents with signs or symptoms, you must include those codes.
- In the absence of signs/symptoms, you must code to the body part that was bitten if known.
- **EPIC USERS:** In the EPIC order “Assoc Encounter Diagnosis” Field -Type in “insect bite” **and** the body part (ex. Insect bite thigh) then select the correct laterality.

Compliance Updates continued from page 6

Ex. S70.361 - Insect bite (nonvenomous), *right* thigh

S70.362- Insect bite (nonvenomous), *left* thigh

S70.369 - Insect bite (nonvenomous), *unspecified* thigh

- If the body part is unknown- T14.8- Other injury of unspecified body region

2. PSA Screening Vs Diagnostic PSA

Diagnostic PSA Testing (PSA): PSA is a tumor marker for adenocarcinoma of the prostate and may be useful in the differential diagnosis of disseminated metastatic disease. The test is of proven value in differentiating benign from malignant disease in men with lower urinary tract symptoms, as well as patients with palpably abnormal prostate glands on physical exam or when other laboratory or imaging studies suggest a possible malignancy of the prostate.

PSA also serves as a marker used to follow the progress of a diagnosed prostate tumor.

A diagnostic PSA is subject to a National Coverage Decision (NCD) and the ordering provider must submit the most specific diagnosis that describes the patient's signs or symptoms pertaining to the test order. An ICD-10 code is preferable to a narrative diagnosis.

If the diagnosis submitted is not a covering diagnosis, according to the NCD, please submit an Advance Beneficiary Notice (ABN). Link to the PSA NCD 190.31: <https://www.uvmhealth.org/medcenter/Documents/Departments-and-Programs/Compliance%20Updated/PSA%20NCD.pdf>

Screening PSA Testing (PSAS): A screening PSA is used for early detection of adenocarcinoma of the prostate and is covered once every 12 months for men over age 50. **If you order a PSA more frequently than this you must submit an ABN.** Per CMS policy, the only covering diagnosis for a screening PSA is Z12.5. Here is the link to the Preventive Service policy for Screening PSAs:

[https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#PROSTATE CAN](https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html#PROSTATE_CAN)

3. **As of 7/1/18, Medicaid will only accept “unspecified” diagnosis codes in very few instances. Please be as specific as possible when providing the associated diagnosis codes.**
4. **Coding for Infections-** If you order testing due to an “infection” you must state whether it is for the INITIAL infection or the “FOLLOW UP”.
5. **Z00.00 is never a covering diagnosis for Medicare patients.** Please provide signs/symptoms for why the testing is being requested. If the testing is for Preventive Services, provide the correct screening code. Here is the link to CMS Preventive Screening Tool: <https://www.cms.gov/Medicare/Prevention/PrevntionGenInfo/medicare-preventive-services/MPS-QuickReferenceChart-1.html>
6. Requests for additional diagnosis information: We are asking for specific diagnosis information. Often a yes or no answer is given which does not provide us with the information we need to code a definitive diagnosis. For example we might be asking if the swab was from the left or right thumb.

PATHOLOGY & LABORATORY MEDICINE COMMUNIQUÉ — JANUARY 2019

**PATHOLOGY & LABORATORY
MEDICINE COMMUNIQUÉ**

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*Happy
Holidays*