

Pathology & Laboratory Medicine  
**Communiqué**

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**Laboratory Collection Site Hours  
Winter Holiday 2017—2018**

	Main Campus	Blair Park	Fanny MOB	1 So. Prospect
Sunday December 24	Closed	Closed	7 am - 1 pm	closed
Monday December 25	Closed	Closed	Closed	Closed
Tuesday December 26	7 am—1 pm	Closed	6:30—1 pm	7 am—1 pm
Sunday December 31	Closed	Closed	7 am - 1 pm	Closed
Monday January 1, 2018	Closed	Closed	Closed	Closed

**LABORATORY TEST CATALOG**

To view a complete listing of tests available at UVMMLC, please visit <http://uvmlabs.testcatalog.org>

Browse by Name Search

A B C D E F  
 G H I J K L

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

## Insurance Prior Authorization for Laboratory Testing

Lynn Bryan, *Manager Laboratory Business Systems and Client Services*  
Phone: 847-9540

We are all aware that high deductible insurance plans, reduced coverage, copays and co-insurance are all increasing out of pocket expenses for our patients. One thing you may not be aware of is the ever increasing list of tests that require prior authorization from insurance companies to be covered.

Among our lab patients we have seen a spike in denials due to lack of prior authorization. More and more insurances are now also denying retrospective requests for prior authorization after the date of collection. This means the prior authorizations need to be done in the clinic or physician's office prior to sample collection to reduce the financial burden on patients for denied testing. This is especially important for molecular and genetic tests that also tend to be more expensive.

The good news is that most insurance carriers have an online portal for prior authorization (PA) and that when a PA is sought that many companies are covering the testing, even for more esoteric testing with nonspecific CPT codes like 81479.

Here is a short list of some of the more surprising or more common codes that we are finding need prior authorization.

- 81220 – Prenatal Cystic Fibrosis screening**
- 81206 – BCR/ABL testing**
- 88233 – Cell culture for cytogenetics**
- 81479 – Unlisted molecular pathology procedure, covers a multitude of more esoteric molecular tests.**

If you are ordering any of these codes, any molecular or genetic test or really, any test costing more than \$500 we would thoroughly recommend seeking prior authorization to help minimize any additional expense for our patients.

## Legal Name vs Preferred or Nick Name

Colleen Williams, *Laboratory Communication Strategist*  
Phone: 847-9473

We have seen an increase in the number of patients arriving for services where the patient's preferred name or nick name is used instead of their full legal name. This scenario is increasing, especially for our transgender and community health center populations.

The acceptable full legal name is the name that is printed on a state or federally issued identification (passport, drivers license or state issued identification card). When a patient arrives using a name that does not match what is listed on their identification card we can enter their preferred name as an A.K.A. If the patient does not have acceptable identification and we can't positively match them to a record in our EMR we will need to create a new medical record number with the information provided and the provider's order for services. At a later date, if more information is provided, we can merge patient records if more than one has been created.

Patient identification at UVM Medical Center is defined as a positive match to a minimum of 3 distinct data elements.

**Patients' Full Legal Name as provided by the patient,  
Date of Birth (DOB)  
Sex**

At check-in the patient is asked for their social security number, city of birth, and/or mailing address these are considered additional data elements which may be utilized to make a positive match. Photo Identification will be obtained if not already on file.

We want your patient's visit here to be as comfortable as possible. Please review these requirements with them when they need to be seen here at UVM Medical Center.

# Autopsy Service Changes for Products of Conception, Fetal Demise, Neonatal Deaths

Maureen Harmon, MD,  
*Medical Director Surgical Pathology*  
 Phone: 847-3736

The autopsy service and surgical pathology at UVMMC have made significant changes to the processing of the above cases as delineated below:

## FETAL DEATHS/PRODUCTS OF CONCEPTION LESS THAN 20 WEEKS ESTIMATED GESTATIONAL AGE (EGA)\*:

- These cases will be assigned to surgical pathology.
- An external examination will be performed.
- A gross examination of the internal chest and abdominal organs will be performed. No microscopic sections will be obtained unless a gross abnormality is detected.
- A routine placenta examination will be performed with microscopic sections obtained.
- There is no examination of the brain; the skull will not be opened.
- Tissue for cytogenetics will be obtained if requested.

**\*If there is signed autopsy consent by next of kin, regardless of age or weight, the case will be transferred to the autopsy service and a complete postmortem examination will be performed by a pediatric pathologist.**

***An Autopsy Consent Form is attached.***

\*In the event that the EGA is unknown, less than 400 grams will be used to categorize.

## FETAL DEATHS GREATER THAN OR EQUAL TO 20 WEEKS EGA\* OR LIVE BORN (BREATH TAKEN):

- These cases will be sent to the morgue with the placenta.
- If accompanied by a **signed consent for autopsy by legal next of kin**, a complete pre/perinatal autopsy will be performed by a pediatric pathologist including gross photographs, radiographs, external and internal examination of the chest, abdomen, and brain with microscopic sections and placental gross and microscopic examination. A complete autopsy report will be generated.
- If there is **no signed autopsy consent by legal next of kin**, there will be no examination of the remains (handled in a similar fashion to an adult hospital death without consent for autopsy).
- Tissue for cytogenetics will be obtained if requested or indicated by the gross examination.

\*In the event that the EGA is unknown, greater than or equal to 400 grams will be used to categorize.

There may be instances when the parents request an autopsy after the case is processed as a surgical pathology case. The case can be re-examined as a pediatric autopsy case if a signed autopsy consent form from the next of kin is received within three weeks of the surgical case being signed out.

If a non-natural death is a consideration clinically, then the Medical Examiner's office should be contacted.



C. Wojewoda, MD  
Medical Director  
Microbiology  
Phone: 847-5140

## Blood Parasite Exam Update

Effective 11/29/2017 all blood parasite exams include a required question “Is this test for Malaria?”

The Blood parasite exam consists of microscopic examination of thin and thick blood films for all possible blood parasites.

If malaria is in the differential diagnosis, in addition to the blood film examinations, an assay to detect malaria antigens will be performed. The BinaxNOW Malaria Test is an *in vitro* immunochromatographic assay for the qualitative detection of *Plasmodium* antigens circulating in blood of individuals with signs and symptoms of malarial infection. The rapid test targets the histidine-rich protein II (HRPII) antigen specific to *Plasmodium falciparum* and a pan-malarial antigen common to all four malaria species capable of infecting humans - *P. falciparum*, *P. vivax*, *P. ovale*, and *P. malariae*. The simple test provides results in 15 minutes, allowing for more timely results,

accurate treatment, and improved patient outcomes. Results of the BinaxNow Malaria test will be as a preliminary result, followed by a final report once the thin/thick microscopy is completed. An additional CPT code (87899) will be added to all Blood Parasite exams requests where Malaria is indicated in the differential.

If malaria is not in the differential diagnosis, during the ordering process answer “no” to the question and the rapid immunochromatographic assay will not be performed and the additional CPT (87899) will not be added.

Blood Parasite Exam	
SQ TEST CODE:	BPEX
CPT CODE:	87207, 87015 and 87899 ( if Malaria is in the differential diagnosis)
SAMPLE REQUIREMENTS:	Collect 2.5 mL EDTA whole blood, minimum volume 1.5 mL
SAMPLE NOTE	Fresh Specimen is critical. If blood is not expected to arrive in lab within 2-4 hours of collection prepare 4 thin film slides and 4 thick smears from specimen. Send slides along with original specimen. Include patient's travel history when available. Plasmodium antigen is also performed if indicated when malaria is in the differential diagnosis. Blood films are examined for Malaria, Trypanosomes, Microfilaria, and Babesia.
INSTRUMENTATION	Manual Method
NYS CERTIFIED:	Yes
DAYS PERFORMED:	Daily
ANALYTICAL TIME:	1 day
AVAILABLE STAT:	Available STAT
EXPECTED VALUE:	<b>Preliminary result:</b> Presumptive negative for malaria antigens, confirmation by thin/thick smear microscopy is pending. <b>Final Result:</b> No blood parasites seen.
EFFECTIVE DATE:	November 29, 2017

## Candida albicans Antibodies Change

Effective 11/29/2017 the microbiology laboratory at UVMMC no longer sends out testing for *C. albicans* antibodies. Rather, the diagnosis of invasive Candidiasis should be supported with clinical findings and the results of other laboratory tests, such as blood culture.

The *Candida albicans* antibodies (IgG, IgA, and IgM) test (Mayo ID: FCANA) reports titers of IgG, IgA, and IgM antibodies, that are elevated in systemic candidiasis. This test is NOT recommended for several reasons. Firstly, antibodies recognizing *Candida* are detected in 20-30% of healthy persons who are colonized by *Candida* as part of their normal microbiome. These false positive results limit the test's utility in healthy outpatients due to low test specificity. Secondly, immunocompromised persons, who are at higher risk for systemic candidiasis, are more likely to have a blunted antibody response. These false negative results contribute to decreased test sensitivity. In summary, *Candida* antibody assays have a low sensitivity and specificity and are not clinically useful on their own.

The gold standard diagnostic test for suspected Candidemia is blood fungal culture. The *Candida* antigen detection test may also provide clinically useful information and is also superior to the *Candida* antibody test.



Clayton Wilburn, MD  
Medical Director  
Clinical Chemistry  
Phone: 847-9657

## HSV Type 1 & 2 Antibody IgG (HSVIGP) Change

The assay used for Herpes Simplex Virus (HSV) 1 and 2 IgG testing changed from the HerpeSelect (Focus Diagnostics, Inc.) manual assay to the Liaison® XL (Diasorin, Inc.) automated assay. Correlation studies between the two assays are excellent. There is no change to how the test is ordered or how results will be reported.

Effective Date: November 6, 2017

If you have any questions concerning this change please contact Dr. Clayton Wilburn in the laboratory.

## HIV Test Name Change

On January 22, 2018 the Chemistry Laboratory will change the name of HIV antibody from HIV 1/2 Antibody to HIV 1/2 Ag and Ab to accurately represent that we are performing the 4th generation assay. This assay works by identifying the p24 antigen, a protein found in the virus itself, as well as the antibody. A diagnosis of HIV can potentially be made sooner after infection than previously possible. The Chemistry Laboratory started performing the 4th generation HIV assay on the Siemens Healthcare Centaur XP back on April 18, 2017 and the patient report does have a statement indicating that the HIV is a 4th generation assay. If you have any questions concerning this change please contact Dr. Clayton Wilburn in the chemistry laboratory.



111 Colchester Avenue  
Burlington, VT 05401



**PATHOLOGY & LABORATORY MEDICINE COMMUNIQUÉ — JANUARY, 2018**

<p><b>PATHOLOGY &amp; LABORATORY MEDICINE COMMUNIQUÉ</b></p>	<p><b>PATIENT INSTRUCTION BROCHURES</b></p>
<p><b>NEWSLETTER EDITORS</b> Lynn Bryan, Laboratory Manager Monica Sullivan, Laboratory Manager Amy Graham, Customer Service Colleen Williams, Communication Strategist</p> <p><b>ADDRESS</b> 111 Colchester Avenue Mail Stop: 233MP1 Burlington, Vermont 05446</p> <p><b>PHONE LABORATORY CUSTOMER SERVICE</b> (802) 847-5121 (800) 991-2799</p> <p><b>FAX LABORATORY CUSTOMER SERVICE</b> (802) 847-5905</p> <p><b>WEBSITE</b> UVM Labs. TestCatalog.org/</p>	<p>We have several brochures for patients that need to collect samples at home. The following are available online by visiting <a href="http://UVMHealth.org/MedCenterLabServices">UVMHealth.org/MedCenterLabServices</a> or you can contact Lab Customer Service to receive some via mail.</p> <ul style="list-style-type: none"> <li>• <a href="#">Feces Sample Collection</a></li> <li>• <a href="#">Fecal Occult Blood Collection</a></li> <li>• <a href="#">Sputum Sample Collection</a></li> <li>• <a href="#">Urine Sample Collection</a></li> </ul>

Deceased Full Name:
Date of Birth
MRN:

**Pathology & Laboratory Medicine (802-847-3570)**

**CONSENT FOR AUTOPSY**

*The autopsy (post-mortem examination) is a medical procedure that is performed to learn more about the cause of death and the reasons for that death. Many families find this helpful. Each examination also contributes to our medical knowledge and can help other patients who have the same problems.*

*The examination uses surgical incisions to allow examination and removal of organs. These incisions will not involve the face or any other part of the body that would be visible during viewing. The clothed body will look the same with or without the autopsy.*

**I UNDERSTAND MY RIGHTS**

I understand I have the right to limit the extent of the examination or the retention or imaging of organs, tissues, or devices. I understand that limitations may decrease the information obtained from the examination. I understand any organs kept by the hospital may be used for teaching and research to help others and that if organs are used for these purposes all identifying information will remain anonymous. I have been given the opportunity to ask any questions that I may have regarding the scope or purpose of the procedure.

**I GRANT PERMISSION TO THE UNIVERSITY OF VERMONT MEDICAL CENTER (PHYSICIANS AND THEIR ASSISTANTS) TO PERFORM AN AUTOPSY ON THE DECEASED BODY OF** \_\_\_\_\_  
 Print Full Name of Deceased

I authorize the examination, removal, imaging, and retention of organs, tissues, implanted devices, and fluids as the pathologists deem necessary for diagnosis, education, research, and quality improvement. I understand that the remaining organs and tissues will be handled in accordance with the law.

**I AUTHORIZE:**

- Complete Autopsy
- Restricted Autopsy with the following restrictions : \_\_\_\_\_

Legal next-of-kin of the deceased (order of legal next of kin = spouse > adult child > parent > adult sibling)

\_\_\_\_\_  
 Print Full Name of Person Authorizing Autopsy                      Signature of Person Authorizing Autopsy                      Date                      Time

\_\_\_\_\_  
 Relationship to Deceased                      Mailing Address                      Telephone Number

**PERMISSION OBTAINED BY:**

\_\_\_\_\_  
 First Witness Full Name (physician)                      Title                      Pager                      Signature                      Date                      Time

\_\_\_\_\_  
 Second Witness (required if by phone)                      Title                      Signature                      Date                      Time

**ADDITIONAL INFORMATION**

Attending Physician (Print full name): \_\_\_\_\_ Service: \_\_\_\_\_

Referring Physician (Print full name): \_\_\_\_\_

Date and Time of Death: \_\_\_\_\_

Location at Time of Death:  UVMCC                       Other: \_\_\_\_\_

Chief Clinical Diagnoses: \_\_\_\_\_

