

Labview Quarterly

FOR CLIENTS OF PARKVIEW HEALTH LABORATORIES

June 2010

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Parkview Health Laboratories (PHL) is dedicated to providing optimal laboratory services for our clients and their patients.

**Central Laboratory
Parkview Hospital
Parkview Huntington Hospital
Parkview Whitley Hospital
Parkview North Hospital
Parkview Noble Hospital
And Parkview Lagrange Hospital**

 **PARKVIEW**
HEALTH LABORATORIES

VPIII Microbial Identification Test

As of March 8, 2010, Parkview Health Laboratories began the BD Affirm™ VPIII Microbial Identification Test. The panel uses DNA probe technology to test for *Candida* species, *Trichomonas vaginalis* and *Gardnerella vaginalis*. Specimens must be collected using the Affirm VP III Ambient Temperature Transport System (ATTS). Testing is valid for vaginal specimens only. Please contact Dr. Craig McBride, Medical Director, at 373-3656 or Phyllis Bonner, Technical Lead, at 373-9491, with any questions.

Vitamin D Testing now done In-House at Parkview Health Laboratories

On March 8, 2010, Parkview Health Laboratories began performing 25-hydroxy Vitamin D by enzyme immunoassay (EIA) at our laboratory on Ley Road. This test measures both Vitamin D2 and Vitamin D3 as a combined total Vitamin D result. The National Osteoporosis Foundation recommends a level of 30 ng/mL or higher to protect bone health. The specimen requirement is 1 mL of refrigerated serum. Testing will be performed on Tuesdays and Fridays. For payment coverage for Medicare patients, please be aware that CMS requires appropriate diagnosis or reasons for testing. Screening diagnosis codes do not meet CMS guidelines of medical necessity coverage for Vitamin D testing. Questions can be addressed to the Immunology Department at 373-9483 or Dr. Nowrouzi at 373-3659.

Changes coming on June 9th, 2010

- Urine Drug Screening will now include **Methadone**; cut-off will be 300 ng/mL.
- The reference range for the **Procainimide/NAPA** tests will change. The new reference range will be 10-30 mcg/mL. The critical result trigger remains at 30 mcg/mL.
- The **Lipase** test reference range has changed to 39-241 U/L due to a manufacturer's reagent modification. The previous reference range was 110-290 U/L.

On June 1, 2010 Parkview Health Laboratories will begin a more conservative Rh test interpretation for blood product recipients and prenatal patients. This approach eliminates the weak D test and assigns Rh negative status to individuals that demonstrate a negative or weak expression with anti-D reagents to ensure that patients with weak D expression will be considered candidates for Rh Immune Globulin, will receive Rh negative red cells and be recorded as Rh negative in the database.

Occasionally, patients that were determined to be Rh positive previously may now be designated Rh negative.

Contact the laboratory when a discrepancy occurs in the reported Rh typing. The blood bank or pathologist can explain the facility's policy in regard to partial D and weak D testing. Contact Dr. Bustamante at 373-3658 or Blood Bank 373-3687.

What screening (clinical lab) tests are covered by Medicare?

- Lipid screenings are covered every 5 years only with diagnosis codes: V81.0, V81.1, V81.2
- Glucose screenings are covered once per year only with the diagnosis code: V77.1
- Occult blood screening is covered annually if indicated as a screening for colorectal cancer
- PSA screenings are covered annually for males over 50 years old only with diagnosis code: V76.44

What screening (clinical lab) tests are not covered by Medicare?

- Anything not listed as covered (above)
- Lipid screenings sent without one of these specific diagnosis codes: V81.0, V81.1 or V81.2
- Glucose screenings sent without this specific diagnosis code: V77.1
- Glyco Hgb (A1C) as screenings for diabetes
- Thyroid testing done as a screening
- Family history
- HIV screening for asymptomatic patients
- Pre-surgery or pre-procedure testing

Please be very specific and thorough when submitting orders for all laboratory testing. Be sure to include all applicable symptoms, conditions, reasons for each test ordered. If a test is ordered as part of a screening, please include very specific information (diagnosis code or narrative) to indicate the specific condition(s) for which the patient is being screened.

You may use this link to view a helpful resource from CMS (Medicare) regarding coverage for preventative services:

http://www.cms.hhs.gov/MLNProducts/downloads/MPS_QuickReferenceChart_1.pdf.

Medicare Advantage [Replacement] Plans

- Medicare Advantage Plans use the same medical necessity policies as traditional Medicare when determining whether or not to cover lab testing for their patients.
- Please ALWAYS include ALL diagnoses/reasons for testing for EACH test on lab orders/requisitions, so that your patients receive all of the insurance benefits to which they are entitled.