

Pathology & Laboratory Medicine

Communiqué

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With the end of the old year and the new one just beginning, the tendency is to reflect on what we have done and where we are going. Here in Pathology and Laboratory Medicine we are no different.

We are privileged to work at the UVM Medical Center in an environment where the main goal is to put the patient at the center of what we do, where quality of service and integrity matter. That's not to say that we are always successful or that we can afford to rest on our laurels. There is a daily struggle to marshal people and resources to make the magic happen. Many of these are struggles we share with you, our community healthcare providers, the other hospitals in our region, and with those accessing care. There are staffing shortages everywhere, from restaurants and the post office to medical technologists, nurses and doctors. Pressures and stress are being felt in increased supply costs and reduction in services, but more importantly, in the patience and grace that we show each other. We work in a profession that goes largely unsung. The "Heroes in Lab Coats" headlines of the pandemic have disappeared and, for the most part, we are back in the basement slogging away on the daily grind of collecting samples, performing testing, interpreting the results, providing the information that allows others to inform a patient of the good or bad news revealed by their "labs", and to make treatment decisions guiding clinical care.

Make no mistake though, it really does take a village to offer care and compassion to patients and their families. Let's recognize everyone's efforts by offering each other a renewed measure of kindness and respect.

A very happy New Year to one and all!

Laboratory Operations

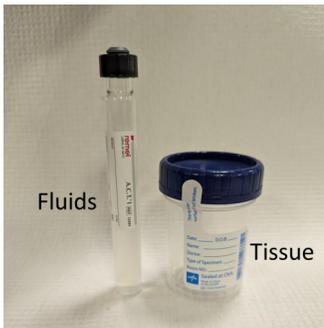
Anaerobic Glass Vials

Due to an emergent supply issue, we've been forced to make a change to the anaerobic collection vials used in our procedural areas. Unfortunately, this has forced us to make this change faster than we had planned. Fortunately, it will let us roll out a product change requested by the procedural areas immediately.

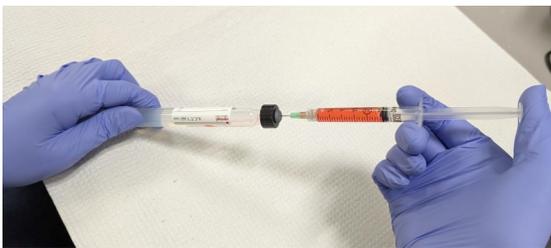
The current anaerobic vials were found to be too fragile for our procedural areas and tube system. These are being replaced with backfill from the warehouse. You will continue to see them until our backlog runs out, but that will not take very long.



In lieu of these, we will be using an ACT vial for fluid and the standard sterile cup for tissue specimens moving forward.



For the sterile cup, tissue can be placed in using normal sterile techniques. The ACT vial is filled similar to a set of blood cultures, by inoculating the vial after cleaning the top.



As an additional quality of life feature, both the new options are available directly from the warehouse. The Premier item number is 112460 for the ACT vials. Sterile cups should exist on order lists already.

We appreciate your patience with this unexpected change, but we do believe that you will be happier with these products than the old vials.

Compliance

Urine Drug Testing

CMS Urine Drug Testing policy update effective 12/24/23. [LCD - Urine Drug Testing \(L39611\) \(cms.gov\)](#)

The policy provides:

- The indications and allowed frequency of urine drug tests billed for medication management of prescribed substances in risk stratified pain management patients, and/or identifying and treating substance use disorders;
- Designates documentation, by the clinician caring for the beneficiary in the beneficiary's medical record, of medical necessity for, and testing ordered on an individual patient basis;

For drug testing orders, patient specific documentation supports medical necessity.

Medical necessity guidance criteria for Diagnosis and Treatment for substance abuse or dependence:

- ◇ Patient history, physical examination, and previous laboratory findings;
- ◇ Stage of treatment or recovery;
- ◇ Suspected abused substance;
- ◇ Substances that may present high risk for additive or synergistic interactions with prescribed medication (e.g., benzodiazepines, alcohol).

Required documentation with Chronic Opioid Therapy:

- ◇ Patient history, physical examination, and previous laboratory findings;
- ◇ Current treatment plan;
- ◇ Prescribed medication(s);
- ◇ Risk assessment plan.

Drug testing frequency is based on Risk Assessment and Stratification. The policy provides a suggested Self-report Opioid Risk Tool for adult patients in treatment for chronic pain.

Medicare does not cover:

- Validity testing such as pH, specific gravity, oxidants and creatinine;
- 'Blanket' orders- same orders for all patients in a provider's practice;
- Point of Care screening and drug screening performed by the clinical laboratory on the same day.

Disclosure of Medicare Regulations:

The office of the Inspector General (OIG) guidance recommends clinical laboratories distribute a notice to ordering clinicians at least annually. This notice provides guidance used by UVMCC laboratory for submitting claims to Medicare, Medicaid and other federally funded healthcare programs. The notice may be found at the following link: [Disclosure of Medicare Regulations](#)

Compliance

Vitamin D Testing Denials

Medicare: Vitamin D will only be reimbursed when there is a known diagnosis or condition associated with Vitamin D deficiency. Screening is NOT reimbursable.

Use of E55.9 without supporting documentation in the patient's medical records will be denied.

Covered indications:

- Chronic kidney disease stage III or greater
- Cirrhosis
- Hypocalcemia
- Hypercalcemia
- Hypercalciuria
- Hypervitaminosis D
- Parathyroid disorders
- Malabsorption states
- Obstructive jaundice
- Osteomalacia
- Osteoporosis if:
 - ◇ T score on DEXA scan <-2.5 or
 - ◇ History of fragility fractures or
 - ◇ FRAX> 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
 - ◇ FRAX> 3% (any fracture) with T-score <-1.5 or
 - ◇ Initiating bisphosphonate therapy (Vitamin D level and serum calcium levels should be determined and managed as necessary before bisphosphonate is initiated.)
- Osteosclerosis/petrosis
- Rickets
 - ◇ Vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Patients with Vitamin D testing performed within the previous 12 months with results between 20 – 50 ng/ml, are considered clinically stable. Documentation must support why a subsequent Vitamin D test is needed. Without supporting documentation, the claim will be denied.

Learn more at: [LCD - Vitamin D Assay Testing \(L37535\) \(cms.gov\)](#)

New Test Updates

AFB Culture/Smear, Other—“Ask at Order Entry” Question Added

Effective 12/27/23, an Ask at Order Entry (AOE) question was added to the order for AFB Culture/Smear, Other (LAB2513). This was done to guide care teams when making decisions regarding whether or not a patient can be removed from airborne isolation when suspected infectious pulmonary tuberculosis is in the differential. The question asks if the testing is to rule out *M. tuberculosis*. If answered as “yes”, the Microbiology lab will perform a PCR test to detect this organism in sputum samples.

Updated Orderable	Epic Code	Atlas Code	Mayo Access ID	Order LOINC
AFB Culture/Smear, Other	LAB2513	TCS	FAH5913	543-9
Result Component(s)	Epic Code	Atlas Code	Mayo Access ID	Result LOINC
Organism ID	1230100018	CULT	FAH4896	41852-5
AFB Smear	12301009270	AF	FAH5070	48767-8
Is this test to rule out <i>Mycobacterium tuberculosis</i> ? (<i>new</i>)	111665	TBQ	FAH6170	N/A

The Vermont Department of Health has been involved with the decision to test patient samples even with a negative direct AFB smear. The PCR assay has improved sensitivity for detecting *M. tuberculosis* when compared to the AFB smear alone. This test is not indicated for other *Mycobacterium* species. A culture is the best method for detecting NTM organisms.

For questions or concerns regarding this alert, please contact UVMHC Laboratory Customer Service at (802)847-5121 and ask to speak with Microbiology.

AFB Culture to be Discontinued in Epic

Effective 1/3/24, the AFB Culture test (LAB877) will no longer be orderable in Epic. By ordering only the AFB Culture, a possible AFB infection may have treatment delayed waiting for the culture result. The best practice for AFB testing is to perform a culture and a smear. The AFB smear is a rapid method to identify if acid-fast bacilli are present and determine the need for infection control measures. For these reasons, the AFB Culture/Smear, Other (LAB2513) is the preferred order.

Preferred Orderable	Epic Code
AFB Culture/Smear, Other	LAB2513
Orderable to be Discontinued in Epic	Epic Code
AFB Culture	LAB877

For questions or concerns regarding this alert, please contact UVMHC Laboratory Customer Service at (802)847-5121 and ask to speak with Microbiology.

Previously Distributed Test Updates

Please click on the links below to view the corresponding Test Updates.

The links can be found here: <http://tinyurl.com/UVMMLC-Test-Updates>

[Symptomatic Tick Panel for Atlas](#)—Effective 9/6/23

[Fecal Occult Screening \(3 cards\) to be Discontinued](#)—Effective 9/13/23

[Group A Strep Testing Moving to PCR](#)—Effective 9/20/23

[Lupus Anticoagulant Cascade Updates](#)—Effective 9/27/23

[Platform Changes for Helicobacter pylori Stool Antigen Testing](#)—Effective 10/23/23

[Platform Changes for Urinalysis Testing](#)—Effective 11/9/23

[Updates to Conjugated Bilirubin, Creatinine, Serum/Plasma, and Protein to Creatinine Ratio, Urine](#) —Effective 11/15/23

[New Autoantibody Testing for VASCULITIS and IBD](#)—Effective 12/6/2023

[Fungal Culture, Blood to be Discontinued](#)— Effective 12/6/2023

PATIENT INSTRUCTION BROCHURES

We have several brochures for patients that need to collect samples at home. The following are available online by visiting UVMHealth.org/MedCenterLabServices or you can contact Lab Customer Service to receive some via mail.

- Feces Sample Collection
- Fecal Occult Blood Collection
- Sputum Sample Collection
- Urine Sample Collection

PATHOLOGY & LABORATORY MEDICINE COMMUNIQUÉ — WINTER—2024

**PATHOLOGY & LABORATORY
MEDICINE COMMUNIQUÉ**

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WEBSITE

UVMHealth.org/MedCenterLabs

Syringe Disposal

The University of Vermont Medical Center does not accept sharps for disposal from patients. Chittenden Solid Waste District (CSWD) will accept needles that are packaged according to the instructions outlined in their pamphlet "GET THE POINT: Be safe with syringes and other sharps". CSWD also has bright orange stickers to attach to a syringe container to warn handlers to be careful. These items are available at any CSWD location. You can also order them so that they are available for patients at your office 872-8111 or visit www.cswd.net

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