

Pathology & Laboratory Medicine
Communiqué

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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

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LABORATORY OPERATIONS



National Laboratory Professionals Week

Pathology and Laboratory Medicine will be celebrating “
Lab Week” April 16th – 20th

Lab test results continue to guide 70-80% of medical decision making and we are proud to recognize everyone in our profession who contributes to patient care.



PHLEBOTOMY UPDATE

Did you know?

Did you know that **MRSA PCR swabs** can be collected at any of the University of Vermont Medical Center Phlebotomy Sites? Check out our sites and times at UVMHealth.org/MedCenterDrawSites

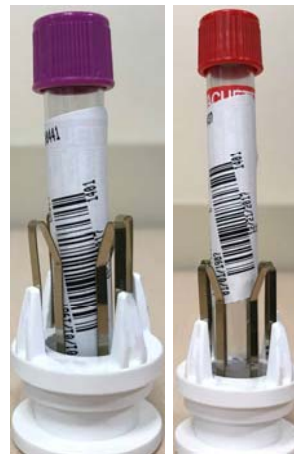
Labeling Tubes for Automation

For blood collection tubes to work properly on our automation system, identification labels must be straight and far enough up on the tube so that the entire barcode can be read. Put the bar coded label above the tube label using the tube label as a guide to keep the bar code label straight. For blue top tubes, avoid putting the label over the fill mark. Following these guidelines will increase efficiency, patient safety and decrease test turn around time.

Bar code Label is straight and just above the tube label



Label is sloped to one side



Label is too low on the tube



Actin IgG and Mitochondrial IgG Antibody Testing Discontinued at UVMCC

On March 14, 2018, the Immunology Laboratory discontinued performing Actin IgG and Mitochondrial IgG antibody testing. The volume of test requests we currently receive for these assays is not high enough to sustain a frequency of testing for adequate turnaround times.

The testing will be sent to Mayo Medical Laboratories (MML). The anti-mitochondrial antibody test performed by MML tests for both IgG and IgM antibodies to M2 mitochondrial antigens using the same assay platform utilized at UVMCC. You can order anti-mitochondrial antibodies by selecting Test Code MIT2AB.

The anti-actin antibody test performed by MML tests for IgG antibodies to filamentous actin using the same ELISA assay utilized at UVMCC. Anti-actin antibody testing can be ordered as a miscellaneous test. In lieu of anti-actin antibody testing, MML offers traditional serum anti-smooth muscle antibody testing utilizing immunofluorescence. You can order serum anti-smooth muscle antibody testing by selecting Test code SMA1.

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



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

New Test: Antimicrobial Susceptibility Panel, Yeast

Starting 4/25/2018 the Microbiology Laboratory will offer in vitro antifungal susceptibility (MIC) of *Candida* species.

Candida species can be one of the leading causes of nosocomial infections and are frequent causes of community-acquired infections. Antifungal susceptibility testing may aid in the management of patients with invasive infections due to *Candida* species or patients who appear to be experiencing therapeutic failure.

The Clinical Laboratory Standards Institute has approved the use of a broth microdilution method for determining the susceptibility of *Candida* species.

This antifungal susceptibility will automatically be performed for appropriate yeast isolates from sterile sites, but can be requested from non-sterile sites with pathology review. This test is validated for *Candida albicans*, *Candida glabrata*, *Candida tropicalis*, *Candida parasilosis* and *Candida krusei*. This test is not approved for other *Candida* species, *Cryptococcus*, or filamentous molds including dimorphic yeast or filamentous fungi.

Interpretive Information

MIC interpretations are based on recent publications and CLSI guidelines. Species-specific clinical breakpoints are provided as either Susceptible (SS), Intermediate (I), Susceptible Dose Dependent (SDD), or Resistant (R). When results are interpreted as susceptible dose-dependent to a specific antifungal agent, it is assumed that maximum blood levels can be achieved.

All fungal cultures where this susceptibility testing has been performed will be billed for this additional testing.

References:

1. Sensititre® Susceptibility (Technical insert) Cleveland, OH: Trek Diagnostic Systems, 2012.
2. CLSI *Reference method for broth dilution antifungal susceptibility testing of yeasts; fourth informational supplement*, CLSI document M27-S4. Wayne, PA: Clinical Laboratory Standards Institute; 2012.

If you have any questions concerning these changes please contact Christina Wojewoda in the Laboratory.

GC Screen Discontinued

Effective 4/11/2018, GC Screen (culture screening for *N. gonorrhoeae*) will be discontinued. PCR testing is more sensitive and there are a number of options available based on source of the specimen. Please call the microbiology (802-847-3554) laboratory if you have questions.

N. gonorrhoeae PCR Testing Available		
Specimen Source	Test Name	SQ Test Code
Urine	GC Amplified RNA, Urine	UNGON
	Chlamydia/GC Amp RNA, Urine	UCTGC
Vaginal, Endocervical, Urethra	GC Amplified RNA	NGON
	Chlamydia/GC Amp RNA	CTGC
Cervix, Endocervical	GC Amplified RNA, ThinPrep	TPNGON
	Chlamydia/GC Amp RNA, ThinPrep	TPCTGC
Oral, Ocular, Rectal	CTGC, Misc Sites (This is a sendout to Mayo)	CTGCM1



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

Reagent Change for Intact-PTH Immunoassay

On **3/2/2018** the Chemistry laboratory upgraded to the next generation of Intact-PTH immunoassay (i-PTH) on our Siemens ADVIA Centaur XP immunoassay platform. The test name and ordering process will remain the same.

The new generation of i-PTH immunoassay comes with a reference range update from the manufacturer:

Old reference range for i-PTH is 12—77 pg/mL

New reference range for i-PTH is 19—88 pg/mL

This updated reference range has been verified by the lab in internal studies. Correlations between the new and current generation assays are good with excellent agreement in the 5-100 ng/mL range. The new generation i-PTH assay displayed a constant -10% bias vs the current generation assay for samples measuring >100 ng/mL. This bias will not affect the practice of trending i-PTH values intraoperatively or otherwise, as this bias is constant.

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

ANCA and ANA Stability

We are extending the refrigerated stability time of samples received for Anti-Nuclear Antibody, IFA (ANAIFA) and Anti-Neutrophil Cytoplasmic Antibody, IFA (ANCAIF) testing from 48 hours to 7 days. This extension is a result of validation studies performed by the manufacturer. This change primarily affects our clients outside of the central UVMMC campus, as you will no longer need to aliquot and freeze your serum samples, but may send the samples refrigerated. This change is effective immediately. No other changes are being made to these tests at this time.

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

Moving to New Chemistry Platforms

On 5/2/2018 the clinical chemistry laboratory will move Alpha-1-antitrypsin; C3 and C4 complement; Haptoglobin; Immunoglobulin A, G, and M; Pre-albumin; Rheumatoid Factor; Transferrin; CSF IgG and Albumin testing from the Beckmann Immage® 800 immunoassay platform and Free Kappa and Lambda Light Chain testing from the Binding Site Spa® Plus immunoassay platform all on to the Binding Site Optilite® immunoassay platform. In addition, High-Sensitivity C-reactive Protein and Urine Albumin testing will be moving from the Beckmann Immage® 800 immunoassay platform to the Ortho Clinical Diagnostics Vitros® 5600 immunoassay platform. These test transitions are part of our automation improvement and platform consolidation effort.

Correlation studies between the old and new assays are good for all of the tests. Of note, the Optilite® displayed a constant -20% bias vs the current Immage® 800 system for Rheumatoid Factor. However this bias is reflected and accounted for by the reference range of rheumatoid factor decreasing from < 20 IU/mL to <12.5 IU/mL. The remaining assays have had slight modifications to their reference ranges to be in-line with the manufacturer's ranges, which we verified in house. Of note for Urine Albumin, the reference range has been updated to use the current Kidney Disease: Improving Global Outcomes (KDIGO) definitions for albuminuria. The order codes for the tests have also changed. Please see the table on the following page for the outlined ordering process and reference range changes. Sample type will not change, collect an SST tube and submit serum. The test name in the table links to the test in the test catalog.

If you have any questions concerning these changes please contact Dr. Clayton Wilburn in the Chemistry Laboratory.

Chemistry Platform Changes Continued

Test Name	Current Order Code	New Order Code	Current Reference Range	New Reference Range
Alpha-1-antitrypsin	AAT	AATS	88 – 174 mg/dL	>18 years: 90 – 200 mg/dL
C3 Complement	C3C	C3CS	79 – 152 mg/dL	>18 years: 81 – 157 mg/dL
C4 Complement	C4C	C4CS	16 – 38 mg/dL	>18 years: 13 – 39 mg/dL
Haptoglobin	HAPT	HAPTS	36 – 195 mg/dL	>18 years: 32 – 197 mg/dL
Immunoglobulin A	IGA	IGAS	82 – 453 mg/dL	>19 years: 85 – 499 mg/dL
Immunoglobulin G	IGG	IGGS	– 1560 mg/dL	>18 years: 610 – 1616 mg/dL
Immunoglobulin M	IGM	IGMS	46 – 304 mg/dL	>18 years: 35 – 242 mg/dL
Pre-albumin	PALB	PALBS	18 – 38 mg/dL	>18 years: 20 – 40 mg/dL
Rheumatoid Factor	RF	RFS	<20 IU/mL	<12.5 IU/mL
Transferrin	TRF	TRFS	202 – 336 mg/dL	>18 years: 201 – 352 mg/dL
CSF IgG	CIGG	CIGG	0.48 – 5.86 mg/dL	0 -5.5 mg/dL
CSF Albumin	CSALB	CSALB	13.9-24.6 mg/dL	≤25.1 mg/dL
CSF IgG Index	IGGIN	IGGIN	≤0.84	≤0.84
CSF IgG Synthesis Rate	IGGIN	IGGIN	≤ 8 mg/24hrs	≤ 8 mg/24hrs
CSF IgG/Albumin Ratio	IGGIN	IGGIN	≤0.24	≤0.24
High-Sensitivity CRP	SCRCP	CRPS	Low risk: < 1.0 mg/L Average Risk: 1.0-3.0 mg/L High Risk: > 3.0 mg/L Acute Inflammation: >10.0 mg/L	Low Risk: < 1.0 mg/L Average Risk: 1.0-3.0 mg/L High Risk: > 3.0 mg/L Indeterminate*: >10.0 mg/L *May be an indication of another source of inflammation or infection
Free Kappa	SERFLC	SERFLC	0.33 – 1.94 mg/dL	0.33 – 1.94 mg/dL
Free Lambda	SERFLC	SERFLC	0.57 – 2.63 mg/dL	0.57 – 2.63 mg/dL
Kappa/Lambda Ratio	SERFLC	SERFLC	0.26 – 1.65	0.26 – 1.65
Urine Albumin	UMALB	UMALBU	Normal = < 30 ug/mg creatinine High albuminuria = 30-300 ug/mg creatinine # Very high albuminuria = >300 ug/mg creatinine #	Normal: <30 ug/mg creatinine Moderately Increased Albuminuria: 30–300 ug/mg creatinine Severely Increased Albuminuria: >300 ug/mg creatinine

Change to Aspent Health for DOA Confirmation Testing

On February 14, 2018 the Chemistry Laboratory changed the reference laboratory used for drugs of abuse (DOA) confirmation testing from Mayo Medical Laboratory to our local partners at Aspent Health (<https://www.aspent.com/>).

The table below lists order codes of the confirmatory tests that were changed.

The major difference that you, as the provider, will see is in the list of compounds assayed for in the Opiates confirmation panel. Currently in the Mayo Medical Laboratory panel for opiate confirmation, the minor metabolites of several of the opiates are measured (i.e. noroxycodone). The Aspent Health panel for opiate confirmation does not contain these minor opiate metabolites; however, all the parent compounds and major opiate metabolites are measured in the panel.

Please remember that should you have questions concerning the ordering or interpretation of drugs of abuse testing that you can reach out to Dr. Clayton Wilburn or Dr. Jill Warrington in the Department of Pathology and Laboratory Medicine for assistance.

DOA Confirmation Test	Current Order Code	New Order Code	Aspent Test Codes
Amphetamines	AMPHEC	VAMPH	VBL7070
Benzodiazepines	BENZOC	VBENZ	VBL7046
Buprenorphine and Norbuprenorphine	BUPUN	VBUPUN	VBL7091
Cannabinoid	CANNAC	VTHC	VBL7001
Cocaine and Metabolites	COCONF	VCOCN	VBL7053
Fentanyl and Metabolite	UFENT1	VFENTC	VBL7035
Methadone	METHC	VMETH	VBL7007
Opiates	OPIATC	VOPIUR	VBL7030

Lyme Disease Serology on CSF

On 1/31/2018 Mayo Medical Laboratories (MML) inactivated Lyme Disease Serology on CSF that reflexed to Lyme Disease Antibody Immunoblotting for confirmation (Order Code: LYCSF, PRISM Code: LAB910). This test was replaced by Lyme CNS Infection IgG with Antibody Index Reflex (Order Code: LYCNS). The reasoning behind this change is given in the statement from MML below:

“LYCSF will be obsolete on 1/31/18. Lyme CNS Infection IgG with Antibody Index Reflex will be offered as the replacement test and is designed to differentiate between true intrathecal synthesis of antibodies to Borrelia burgdorferi sensu lato (Bbsl) genospecies (e.g., B. burgdorferi, B. garinii and B. afzelii) versus the presence of anti-Bbsl antibodies in CSF due to permeability of the blood-brain barrier or as a result of a traumatic lumbar puncture.”

The testing algorithm and specimen requirements are given by MML as such: *“If this test is reactive, the antibody index is performed at an additional charge to compare the level of anti-Borrelia IgG-class antibodies in CSF versus serum. Both cerebrospinal fluid (CSF) and serum are required for this test. CSF and serum must be collected within 24 hours maximum of each other.”*

Since the LYCNS test requires a paired serum to complete the reflex testing, we added a prompt and requirement with the LYCNS order to collect a serum tube in addition to the CSF sample. This is the same measure we have employed for CSF Oligoclonal Banding testing to ensure that a paired serum sample is obtained with each CSF sample.

If you have any questions concerning these changes please contact Dr. Clayton Wilburn in the Laboratory.

Hemoglobin Electrophoresis Studies New Recommendations

Beginning on February 12, 2018, the Chemistry laboratory no longer performs repeat hemoglobin electrophoresis studies on patients who have a prior result and do not require monitoring of hemoglobin fractions for therapeutic purposes. This practice follows the recommendations of the American Board of Internal Medicine Foundation's Choosing Wisely campaign published on October 19, 2017: "Do not repeat hemoglobin electrophoresis (or equivalent) in patients who have a prior result and who do not require therapeutic intervention or monitoring of hemoglobin variant levels."¹

If an order for a Hemoglobin/Thalassemia Evaluation (Test Code: HBEVAL, PRISM Code: LAB2059) is received on a patient that has had this evaluation in the past, the order will be canceled with the following comment: "Order canceled. Patient previously tested on (test date) with prior results of (Hemoglobin A, F, A2, S or another hemoglobin variant fraction % and any interpretive comments)." For patients who require monitoring of hemoglobin fractions for therapeutic purposes, such as sickle cell disease, order Sickling Hemoglobin Therapeutic Monitoring (Test Code: HGMON, PRISM Code: LAB4062).

If you have any questions concerning these changes please contact Dr. Clayton Wilburn in the Laboratory.

REFERENCES:

Choosing Wisely- American Society for Clinical Pathology. Twenty Things Physicians and Patients Should Question. <http://www.choosingwisely.org/wp-content/uploads/2015/02/ASCP-Choosing-Wisely-List.pdf>. Accessed on 01/22/2018.

Reflex Genomic Testing for Unresectable NSCLC or Carcinoma, Suspected Lung Primary

The lung cancer transdisciplinary team at UVMCC, based on review of advances in medical knowledge and practice, have unanimously decided to implement reflex genomic testing by the GenePanel Solid Tumor assay and PD-L1 immunohistochemical staining (PD-L1 IHC) for unresectable NSCLC or unresectable "carcinoma that may likely be from a non-small cell lung primary". Currently, most samples of unresectable NSCLC or unresectable "carcinoma that may likely be from a non-small cell lung primary" at our institution, are submitted for targeted genomic analysis by the GenePanel Solid Tumor and many for PD-L1 IHC.

To decrease the turnaround time in getting these results to the providers to be able to use the information to plan possible treatment, reflex testing will be initiated by pathology.

Reflex Testing Criteria

Any sample deemed in the morphologic review to be "NSCLC" or "carcinoma, suspected lung cancer primary" (not applicable to small cell lung cancer) AND is deemed unresectable/advanced stage, will have genomic analysis and PD-L1 initiated in the reflex pathway.

Effective Date: 2/5/2018

If you have any questions concerning these changes please contact Nikoletta Sidiropoulos in the Laboratory.

Initial Test	Reflex Criteria	Reflex Test(s)	Additional CPT Billed
Microscopic analysis of anatomic pathology specimen	Microscopic Diagnoses of "Non-small cell lung cancer" OR "carcinoma, suspected lung cancer primary" AND designated unresectable	GenePanel Solid Tumor	81445
		PD-L1 Immunochemistry	88360

Miscellaneous Tests, New Process

Epic Users

The process for ordering Miscellaneous Lab Tests will be modified to be more user-friendly, requiring less information from the ordering clinician. Currently, there is a single order code, MIS, *Miscellaneous Test*, and it requires the user to enter the following information: 1. Test Name, 2. CPT Code, 3. Tube Type, 4. Transport Temp, and 5. Performing Lab.

The new process will consist of two order codes:

MIS, which will become *Miscellaneous Test, Mayo*, and a new code, **MISNM1**, *Miscellaneous Test, Non Mayo*.

When selecting the order code for a Miscellaneous Test performed at Mayo (MIS), you only need to enter the Mayo Test ID. A hyperlink to Mayo Test Catalog, where the Test ID can be found, is available as you order .

The screenshot shows the Epic interface for a 'Miscellaneous Test, Mayo'. The header includes the test name and status: 'Expected-2/20/2018 Approximate, Expires-2/20/2019, Routine, Lab Collect'. The 'Process Inst.' field contains the instruction: 'This order code is for tests sent to Mayo Medical Laboratories (performed by Mayo or refer...'. Under 'Reference Links', there is a link to '1. Mayo Test Catalog'. The 'Status' is set to 'Future' with an expected date of 2/20/2018 and an expiration date of 2/20/2019. The 'Priority' is 'Routine' and 'STAT'. The 'Class' is 'Lab Collect'. The 'Dx Assoc.' table has one entry with '1' in the 'Asc' column. At the bottom, there is a field for 'Mayo Test ID:'.

When selecting the order code for a Miscellaneous Test performed at a Non Mayo Lab (MISNM1), type in the name of the test you wish to order, the reference lab you wish to send the specimen to, and the weblink (website address) of the reference lab. Print out and complete the requisition form from the reference lab and the Alternative Lab Test form (Reference Link 2 below). Fax both completed forms to Specimen Receiving at 847-2358.

The screenshot shows the Epic interface for a 'Miscellaneous Test, Non Mayo'. The header includes the test name and status: 'Expected-2/20/2018 Approximate, Expires-2/20/2019, Routine, Lab Collect'. The 'Process Inst.' field contains the instruction: 'This test needs to be ordered 24 hrs in advance. A requisition from the Reference Lab AND a Special Send out Form...'. Under 'Reference Links', there are three links: '1. Special Send Out Policy', '2. Send Out Test Form', and '3. Vermont Dept of Health'. The 'Status' is 'Future' with an expected date of 2/20/2018 and an expiration date of 2/20/2019. The 'Priority' is 'Routine' and 'STAT'. The 'Class' is 'Lab Collect'. The 'Dx Assoc.' table has one entry with '1' in the 'Asc' column. At the bottom, there are three input fields: 'Type in the name of the test you wish to order:', 'Specify the Reference Lab:', and 'Provide web link to Reference Lab:'.

Miscellaneous testing Continued from Page 8

In addition, a PRISM order panel was created, Miscellaneous Labs, which includes both options:

Miscellaneous Labs	
<input type="checkbox"/> Miscellaneous Test, Mayo	Expected-S Approximate, Lab Collect
<input type="checkbox"/> Miscellaneous Test, Non Mayo	Expected-S Approximate, Lab Collect

Because referred tests are constantly updated and changing, the practice of saving miscellaneous tests with the defaults prepopulated, referred to as “hard-coding”, has been discontinued. If you have any questions regarding these changes please contact Lynn Bryan

Non Epic Users

The process for ordering Miscellaneous Lab Tests will be modified to be more user-friendly, requiring less information from the ordering clinician.

Currently, there is a single order code, MIS, *Miscellaneous Test*, and it requires the user to enter the following information: 1. Test Name, 2. CPT Code, 3. Tube Type, 4. Transport Temp, and 5. Performing Lab.

The new process will consist of two order codes: MIS, which will become *Miscellaneous Test, Mayo*, and a new code, MISNM1, *Miscellaneous Test, Non Mayo*.

When selecting the order code for a Miscellaneous Test performed at Mayo Medical Laboratory (MIS), you only need to enter the Mayo Test ID, which can be found in the Mayo Test Catalog.

When selecting the order code for a Miscellaneous Test performed at a Non Mayo Lab (MISNM1), type in the name of the test you wish to order, the reference lab you wish to send the specimen to, and the weblink (website address) of the reference lab. Print out and complete the requisition form from the reference lab and the Alternative Lab Test form. Fax both completed forms to Specimen Receiving at 847-2358.

Laboratory Compliance Information

Starting January 2, 2018, Medicare has covered screening for Hepatitis B (HBV) infection for patients who meet either of the following conditions:

1. Asymptomatic, non-pregnant adolescents and adults at high risk for HBV infection. “High risk” is defined as persons born in countries and regions with a high prevalence of HBV infection (that is, $\geq 2\%$), US-born persons not vaccinated as infants whose parents were born in regions with a very high prevalence of HBV infection ($\geq 8\%$), HIV positive persons, men who have sex with men, injection drug users, household contacts or sexual partners of persons with HBV infection **who have not received hepatitis B vaccination**.
2. A screening test at the first prenatal visit is covered for pregnant women and then rescreening at time of delivery for those with new or continuing risk factors. In addition, CMS has determined that screening during the first prenatal visit would be appropriate for each pregnancy, regardless of previous hepatitis B vaccination or previous negative hepatitis B surface antigen (HBsAg) test results.

High Risk

Medicare leaves the determination of “high risk for HBV” up to the primary care provider who assesses the patient’s history. This must be documented by the primary care provider in the patient’s medical record to support that the patient is considered high risk.

Ordering Physician

Medicare will only cover HBV screening **when ordered by the patient's primary care physician or APP within the context of a primary care setting**. Medicare will not cover HBV screening if ordered by a provider in the Emergency Department, inpatient hospital setting, Inpatient Rehab Facility, or in any of our clinics that are providing a limited focus of health care services such as Infectious Disease. Due to the coverage rules for pregnant women, Medicare does allow Obstetrics/Gynecology providers to order.

Frequency Limit

HBV screening will be covered annually (at least 11 months must have passed between screening) for patients who meet criteria 1 above as long as they continue to be high risk and only if they have not received the hepatitis B vaccine.

CPT/HCPCS Reporting

New HCPCS code G0499 must be used for screening and rescreening of adults and adolescents at high risk (non-pregnant women).

For screening and rescreening of pregnant women, all three tests must be performed: Hepatitis B Core Antibody (CPT 86704), Hepatitis B Surface Antibody (CPT 86706), Hepatitis B Surface Antigen (87340). If initially reactive, Hepatitis B Surface Antigen confirmation will also be performed (CPT 87341).

CPT/HCPCS/Diagnosis code Reporting Requirements

Medicare will only cover HBV screening for adults and adolescents at high risk (non-pregnant women) when billed with new HCPCS code G0499 and **both** of the following ICD-10 codes:

- Z11.59 - Encounter for screening for other viral disease
- Z72.89 - Other Problems related to life style.

For subsequent annual screening, Medicare requires the following ICD-10 codes:

- Z11.59 **and one** of the high risk codes below
- F11.10-F11.99
- F13.10-F13.99
- F14.10-F14.99
- F15.10-F15.99
- Z20.2
- Z20.5
- Z72.52
- Z72.53

Medicare will only cover HBV screening for pregnant women at the first prenatal visit when all three tests Hepatitis B Core Antibody (CPT 86704), Hepatitis B Surface Antibody (CPT 86706), Hepatitis B Surface Antigen (87340) are billed with ICD-10 code Z11.59 "Encounter for screening of other viral diseases, and one of the following" and one of the following ICD-10 codes:

- Z34.00 - Encounter for supervision of normal first pregnancy, unspecified trimester
- Z34.80 - Encounter for supervision of other normal pregnancy, unspecified trimester
- Z34.90 - Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
- O09.90 - Supervision of high risk pregnancy, unspecified, unspecified trimester

Compliance Information Continued

Medicare will only cover rescreening at the time of delivery for pregnant women when all three tests Hepatitis B Core Antibody (CPT 86704), Hepatitis B Surface Antibody (CPT 86706), Hepatitis B Surface Antigen (87340) are billed with both ICD-10 codes **Z11.59** “Encounter for screening for other viral diseases” **and Z72.89** “Other problems related to lifestyle” **and one of the following** ICD-10 codes:

- Z34.00 Encounter for supervision of normal first pregnancy, unspecified trimester
- Z34.01 Encounter for supervision of normal first pregnancy, first trimester
- Z34.02 Encounter for supervision of normal first pregnancy, second trimester
- Z34.03 Encounter for supervision of normal first pregnancy, third trimester
- Z34.80 Encounter for supervision of other normal pregnancy, unspecified trimester
- Z34.81 Encounter for supervision of other normal pregnancy, first trimester
- Z34.82 Encounter for supervision of other normal pregnancy, second trimester
- Z34.83 Encounter for supervision of other normal pregnancy, third trimester
- Z34.90 Encounter for supervision of normal pregnancy, unspecified, unspecified trimester
- Z34.91 Encounter for supervision of normal pregnancy, unspecified, first trimester
- Z34.92 Encounter for supervision of normal pregnancy, unspecified, second trimester
- Z34.93 Encounter for supervision of normal pregnancy, unspecified, third trimester
- O09.90 Supervision of high risk pregnancy, unspecified, unspecified trimester
- O09.91 Supervision of high risk pregnancy, unspecified, first trimester
- O09.92 Supervision of high risk pregnancy, unspecified, second trimester
- O09.93 Supervision of high risk pregnancy, unspecified, third trimester

Deductible and Coinsurance

Medicare will only waive patients deductible and coinsurance for screening of adults and adolescents at high risk (G0499). They are not waiving deductible and coinsurance for screening or rescreening of pregnant women.

Medicare Advance Beneficiary Notice

HBV screening of patients who don't meet criteria 1 or 2 above is not covered by Medicare. In addition, screening of patients more often than what is allowed by the frequency limit is not covered. A Medicare ABN must be obtained under these circumstances in order to submit the claim to the patient secondary insurance or to the patient for payment. Attached is the most current version of the UVMC approved ABN form.

Here is a link to the Medicare MLN Matters article: <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM9859.pdf>

Medicare did make this coverage retroactive to September 28, 2016, but they were not set up to accept/process claims until January 2, 2018.

Please share this information with anyone I may have missed and please let me know if you have any questions.

Thank you,

Christine

Christine Leibold, COC, CPC

Compliance Analyst Sr.

Office of Compliance and Privacy



111 Colchester Avenue
Burlington, VT 05401

POSTAGE
HERE

PATHOLOGY & LABORATORY MEDICINE COMMUNIQUÉ — APRIL, 2018

**PATHOLOGY & LABORATORY
MEDICINE COMMUNIQUÉ**

NEWSLETTER EDITORS

Lynn Bryan, Laboratory Manager
Monica Sullivan, Laboratory Manager
Amy Graham, Customer Service
Colleen Williams, Communication Strategist

ADDRESS

111 Colchester Avenue
Mail Stop: 233MP1
Burlington, Vermont 05446

PHONE LABORATORY CUSTOMER SERVICE

(802) 847-5121
(800) 991-2799

FAX LABORATORY CUSTOMER SERVICE

(802) 847-5905

WEBSITE

UVMLabs.TestCatalog.org/

Memorial Day Holiday Monday May 28

All phlebotomy sites will be closed
in observance of Memorial Day

For more information, visit
UVMHealth.org/MedCenterDrawSites
For directions or additional information,
please call
(802) 847-5121 or (800) 991-2799

Hologic ThinPrep® Pap Test: Preparation and Specimen Collection

Preparing for a Pap Test: Information for Patients

To ensure that the Pap Test is most effective, patients should follow the following guidelines:

- Try not to schedule a Pap Test during your patient's menstrual period. Although the test can be done, it's best to avoid this time, if possible.

During the two days prior to the Pap test have patients **AVOID**:

- Intercourse
- Douching
- Any vaginal medicines or creams
- Any birth control foams, creams or jellies
- The use of tampons

Following these guidelines will decrease the presence of interfering factors in the Pap Test.

Prepare the Speculum

For patients without physical or physiological need for lubricant, use lukewarm water to warm and lubricate the speculum. Water lubrication has the fewest risks to the quality of the Pap sample collected. When necessary, sparingly apply carbomer-free lubricant on the exterior of the speculum blades. If lubricant is necessary due to patient discomfort or the use of a plastic speculum, sparingly apply a thin film of carbomer-free lubricant on the speculum's surface, avoiding the tip.

Do not use an excessive amount of lubricant jelly to lubricate the speculum

Hologic evaluated a variety of popular lubricants and found those containing carbomer or carbopol polymers (thickening agents) may interfere with obtaining a representative cervical sample or cause artifact in the alcohol-based transport medium. Hologic recognizes the varying availability of different types of lubricants and recommends that, if used, any lubricant should be applied sparingly.

Acceptable Lubricants

Lubricant	Manufacturer
PAP Test Lubricating Jelly	Aseptic Control Products
Surgilube Surgical Lubricant	HR Pharmaceuticals

Remove excess mucus or other discharge present before taking the sample.

This should be gently removed with ring forceps holding a folded gauze pad. The excess cervical mucus is essentially devoid of meaningful cellular material and when present in the sample vial may yield a slide with little or no diagnostic material present.

Remove inflammatory exudate from the cervical canal before taking the sample.

Remove by placing a dry 2-by-2-inch piece of gauze over the cervix and peeling it away after it absorbs the exudate or by using a dry procto swab or Scopette swab. The excess inflammatory exudate is essentially devoid of diagnostic cellular material and, when present in the sample vial, may yield a slide with little or no diagnostic material present.

Collection of the Pap Test

Submit a ThinPrep Vial at ambient temperature. Endo and Exocervical samples desired. Rinse collection device into ThinPrep Vial (PreservCyt). **Remove the broom/spatula device from the ThinPrep vial and Close the vial tightly.** Include all clinical patient information. For Medicare patients, please designate whether low-or high-risk screening or diagnostic.

Thin Prep Pap Test Sample Collection Utilizing the Broom Device

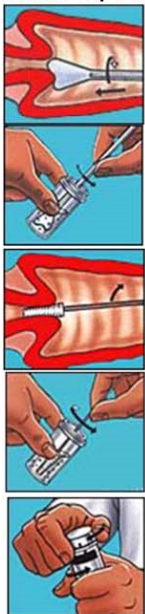


1. Obtain an adequate sampling from the cervix using the broom like device. Insert the central bristles of the broom into the endocervical canal deep enough to allow the shorter bristles to fully contact the ectocervix. Push gently, and rotate the broom in a clockwise direction **five** times.
2. Rinse the broom into the PreservCyt Solution vial by pushing the broom into the bottom of the vial **10 times**, forcing the bristles apart. As a final step, swirl the broom vigorously to further release material.

Remove the broom from the ThinPrep vial and close the vial tightly. Discard broom device.

3. Tighten the cap of the PreservCyt vial so that the torque line on the cap **passes** the torque line on the vial.
4. Record the patient's name on the vial. Place the vial and requisition in a specimen bag for transport to the laboratory.

Thin Prep Pap Test Sample Collection Utilizing the Spatula Combination



1. Obtain an adequate sampling of the ectocervix using the **plastic** spatula.
2. Rinse the spatula into the PreservCyt Solution vial by swirling the spatula vigorously in the vial **10 times**. Discard the spatula.
3. Obtain an adequate sampling from the endocervix using an endocervical brush device. Insert the brush into the cervix until only the bottommost fibers are exposed. Slowly rotate the brush **¼ or ½ turn** in one direction. **DO NOT OVER ROTATE.**
4. Rinse the brush in the PreservCyt Solution by rotating the device in the solution **10 times** while pushing against the PreservCyt vial wall. Swirl the brush vigorously to further release material.

Remove the broom from the ThinPrep vial and close the vial tightly. Discard broom device.

5. Tighten the cap of the PreservCyt vial so that the torque line on the cap passes the torque line on the vial.
6. Record the patient's full name on the vial. Place the vial and requisition in a specimen bag for transport to the laboratory.

PATHOLOGY & LABORATORY MEDICINE

111 Colchester Avenue | Mail Stop: 233MP1 | Burlington, Vermont 05401

PHONE LABORATORY CUSTOMER SERVICE

(802) 847-5121 | (800) 991-2799

WEBSITE

UVMLabs.TestCatalog.org/



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