

TECHNICAL BULLETIN

Volume 3 Issue 1 March, 2005

MICROBIOLOGY TEST CHANGES

*** EFFECTIVE APRIL 15, 2005

New Test # 688 Beta Strep Culture- Throat

CPT code: 87081
Reason: Current guidelines recommend culturing only for *beta hemolytic streptococcus* from throat specimens. Beta hemolytic strep can result in serious secondary infection, so rapid testing is important.

Specimen: Swab from throat or pharynx
Cost: Client \$10
3rd party \$15

NOTE: If a clinical situation warrants special considerations (such as bacterial pathogen carrier state or the presence of yeast), please order:

#601 Routine Culture
Source: Throat

NOTE: *Test #602 Throat Culture will be deactivated.*

Test #614 Beta Strep Screen – Genital
will be used exclusively for genital beta strep. cultures. Please note source as vaginal, rectal, vag/rectal or urine.

New Test #699 Giardia/Cryptosporidium Antigen

CPT code: 87328 87329
Reason:

1. Antigen tests show greater sensitivity and specificity than traditional ova and parasite concentrations.
2. This test offers better turnaround time since only one specimen is submitted as opposed to three specimens for O & P.

Specimen: Semi-formed or liquid stool submitted in both vials of a Para-pak stool transport system, refrigerated.

Testing: Performed Monday through Friday and reported within 24 hrs. Specimen will be held for four (4) days in case the traditional O & P (test #936) is needed.

Cost: Client \$ 35
Patient \$ 40

Note: To obtain Para-pak transport media, contact our Supply Dept.

Note: *Test# 1000 Giardia Antigen will be deactivated.*

Questions: Contact Shari Talbert,
Microbiology Supervisor

NEW TESTS AVAILABLE

*** EFFECTIVE APRIL 1, 2005

Test #9290 Cyclic Citrullinated Peptide Antibody, IgG (Also known as “CCP”)

RF (Rheumatoid Factor) has been the serologic indicator for RA (Rheumatoid Arthritis). However, AKA (Antikeratin antibodies) are detected in 40-55% of RA patients and 40-50% of clinically diagnosed RA patients who are RF negative.

“CCP” is an AKA and more specific than RF Factor. A positive CCP may precede the clinical appearance of Rheumatoid Arthritis by months or years.

Specimen: 1 mL serum, refrigerated
Reporting: Interpretation with report.

Cost Client \$ 50
3rd party \$ 55

Note: Severely lipemic, contaminated or hemolyzed specimens are not acceptable.

Questions: Contact Lisa Hart,
Processing Coordinator.

Test #9304 Testosterone, Total and Free for Females and Adolescent Males (13 years of age and under)

Testing methodology has changed to provide specific testing for females of any age and males, 13 years of age and younger.

For males 14 years of age and older, continue to order test #369 Testosterone, Total and Free.

CPT code: 84403 84270
Specimen: 1 mL serum, refrigerated
Collect specimen between 6AM and 10AM.
Cost: Client \$50
3rd party \$107
Questions: Contact Lisa Hart,
Processing Coordinator

**Test # 955 GFR
(Glomerular Filtration Rate)**
CPT code: There is no CPT code since this is a calculation.

GFR is a calculation based on the serum creatinine, patient's age and gender.

Estimation of the GFR (Glomerular Filtration Rate) is the best overall indices for the level of kidney function. A low or decreased GFR is a good index of chronic kidney disease. The level of GFR is a strong predictor of the time of onset of kidney failure as well as the risk of complications of chronic kidney disease. Estimation of the GFR in clinical practice allows proper dosing of drugs excreted by glomerular filtration to avoid potential drug toxicity.

Specimen: 1 mL serum, refrigerated for the creatinine. **Also include patient's age and gender.**
Reporting: ml/min/1.73 m²
Cost: None; since this is a calculation.
Questions: Contact Jan Nelson
Chemistry Supervisor

*****IMPORTANT: TEST CHANGES*****

Effective immediately, several tests have new specimen requirements or reference range as listed below. **Changes are underlined.** CPT codes remain the same.

Test #65 HLA B27
Specimen: 5.0 mL Whole Blood Heparinized "**Hemoguard**" tube or Whole Blood EDTA "**Hemoguard**" tube, ambient.

Test# 93 RBC Folic Acid
Specimen: 1.0 mL Whole Blood EDTA, frozen, protected from light and hematocrit value

Test #705 Carnitines Free and Total
Specimen: 0.5 mL Heparinized Plasma (sodium or lithium), frozen

Test #1533 Helicobacter Pylori Antigen, Stool
Specimen: 5.0 grams unpreserved stool, frozen

Test #1565 Troponin I
Ref. Range: <0.05 ng/mL
This was previously reported as <0.5 ng/mL

Test #1581 E. Coli Shiga Toxin
Specimen: 5 grams preserved stool in enteric transport media (Cary-Blair), frozen

Test #1889 Galactose-1-Phosphate Uridyltransferase (G1PUT)
Specimen: 7.0 mL Whole Blood Heparinized (sodium or lithium) or Whole Blood EDTA, refrigerated, and completed "Patient History for Galactosemia" form.

Test #7582 Legionella Pneumophilia Antigen, Urine
Specimen: 5 mL random urine, refrigerated

To obtain Hemoguard tubes, "Patient History for Galactosemia" form, or Cary-Blair media, contact our "Send Out Dept."

Questions: Contact Lisa Hart,
Processing Coordinator

CLIA ACCREDITATION

Based on the results of a recent on-site inspection, Physicians Laboratory Services, Lincoln, Nebraska, has been reaccruited by CLIA (Clinical Laboratory Improvement Amendments). An inspector examined the laboratory's test results, quality control and quality assurance records, proficiency test records, qualifications of the staff, laboratory's equipment, the general facilities, the safety program, and the overall management of the laboratory for the preceding two years.

REQUESTS TO FAX REPORTS

In complying with HIPAA standards, our Client Service Department will fax reports to other physicians as requested by the provider when the fax number is provided. Submitting only the other physicians' name is not acceptable since "secured" faxes can't be guaranteed.

MEDICARE WAIVER

1. **Only the "standard" Medicare waiver Advanced Beneficiary Notice (ABN) can be used, and it must be in the correct font. Do not print your own form.**
2. Enter the patient's name and patient's Medicare number at the top of the form.
3. Provide a valid reason.

This information can be found in the CMS Program transmittal AB-02-168. For further questions, contact the Medicare office or www.nebraskamedicare.com

