

WHAT'S CYSTIC FIBROSIS?

Cystic Fibrosis (CF) is caused by mutations in the cystic fibrosis transmembrane conductance regulator (*CFTR*) gene. There have been over 1500 different *CFTR* mutations reported. Each of us inherits two *CFTR* genes (one from each parent). Children who inherit an abnormal *CFTR* gene from each parent will have CF. Children who inherit an abnormal *CFTR* gene from one parent and a normal *CFTR* gene from the other parent will not have CF, but will be CF carriers.

CF carriers have no symptoms, live normal lives, but can pass the abnormal *CFTR* gene on to their children.

When two CF carriers have a baby, the baby has a:

- 25% chance in having CF
- 25% chance of not having CF
- 50% chance in being a CF carrier

Without enough functional *CFTR*, the salt concentration in sweat is elevated, and the viscosity of the mucus in the lungs and pancreas is increased leading to obstruction, which sets the stage for chronic infection, inflammation, and eventual epithelial injury.

Screening should be offered to:

- Expectant couples or those planning a pregnancy
- Men with congenital bilateral absence of the vas deferens and their partners
- Individuals with a positive family history

Test #1765 Cystic Fibrosis 70 (CF70) GenotypR™ Carrier Study

Specimen: 5 mL whole blood EDTA or ACD and completed "Cystic Fibrosis Information Sheet"

Note: "Information Sheet" may be printed from our Website, www.physlab.com, under "Test Directory"

Storage: Ambient or refrigerated 3 days

Testing: Performed M-F and reported within 4-7 days

Reference range: By report.

CPT code: 83891, 83892x2, 83900, 83901x19, 83909, 83912, 83914x70

Cost: \$180

Questions: Contact Crystal Waymire Processing Day Supervisor

Treatment involves chest physiotherapy, antibiotic treatment of infections, inhalant treatment, and nutritional

supplementation, when necessary. Lung transplantation improves quality of life, but not survival rate.

Gregory R. Post, Ph.D.
Director of Clinical Services

Vitamin D 25-hydroxy

vs.

Vitamin D 1,25-Dihydroxy

Vitamin D 25-hydroxy is a fat soluble vitamin that is found in food and can be made in your body after exposure to ultraviolet (UV) rays from the sun. The major biologic function of vitamin D 25-hydroxy is to maintain normal blood levels of calcium and phosphorus.

Vitamin D 25-hydroxy requires chemical conversion in the liver and kidney to form Vitamin D 1,25-Dihydroxy, the physiologically active form of the vitamin. Active Vitamin D (Vitamin D 1,25-Dihydroxy) sends a message to the intestines to increase the absorption of calcium and phosphorus. By promoting calcium absorption, vitamin D helps to form and maintain strong bones.

What to order?

It is recommended to measure Vitamin D 25-hydroxy rather than Vitamin D 1,25-Dihydroxy. Vitamin D 25 hydroxy is present at 1000 times higher concentration in serum than Vitamin D 1,25-Dihydroxy. Only in severe deficiency, when substrate is depleted, does the Vitamin D 1,25-Dihydroxy become low.

Vitamin D 25-hydroxy can be ordered as an EIA or RIA test. The EIA is recommended as it approximates the physiological level in the bloodstream and closely correlates with clinical symptoms.

Gregory R. Post, Ph.D.
Director of Clinical Services

Test #9277 Vitamin D 25-hydroxy

Specimen: 1 mL serum or EDTA or heparinized plasma

Methodology: EIA

Storage: Frozen

Testing: Performed Sun-Sat and reported within 1-2 days

Reference range: 20-57 ng/mL
Target range is 40 ng/mL

CPT code: 82306

Cost: \$30.00

Questions: Contact Crystal Waymire Processing Day Supervisor

NAME CHANGES FOR ALLERGY TESTING

Our allergy tests that were titled "Rast" or "Allergen" have been renamed to "ImmunoCap®" to reflect the new methodology, ImmunoCap® FEIA-IgE. This method is more sensitive, more specific and is considered the "gold standard" in allergy testing. Look under ImmunoCap® in our "Test Directory" at www.physlab.com to see the changes. CPT codes, pricing, and specimen requirements remain the same for all of the ImmunoCap® tests.

TEST # 9289 CHROMAGRANIN A

Effective March 17, 2008, the storage and shipment requirements for test #9289 Chromagranin A have changed from refrigerated to **FROZEN**. Refrigerated specimens are no longer acceptable. CPT code and pricing remain the same.

EDTA PLASMA FOR TESTING

When submitting EDTA plasma for certain tests, e.g BNP, homocysteine, please mark "EDTA Plasma" on the pour off tube.

Once the plasma has been removed, the cells and the small amount of plasma remaining are not suitable for any other testing. Do not submit the EDTA tube from which you obtained the plasma. That tube should be discarded in a red, biohazard container at your facility.

CALLING PROTIME (PT) RESULTS

Effective May 1, 2008, Physicians Laboratory will no longer call protime results unless the result is critical (>4.0 INR) or the specimen is requested "stat". Due to advances in technology, reports are often generated prior to the phone calls, and verbal reports have more potential for error in communicating the results.

RECEIVING TEST RESULTS

If you have not received test results in a reasonable amount of time, please contact us as soon as possible. The sooner we are notified, the sooner we can determine if a problem exists and not disrupt your workflow.

NEW FDA REQUIREMENT

FDA is now requiring all personnel who perform laboratory tests, which have a color determination, be tested for color blindness. The only requirement is that it be done and documented. Sites on the Internet may have color blindness charts, which may be copied for your use.

"TEST DIRECTORY" UPDATES ONGOING

Changes in specimen requirements, testing sites, CPT codes, reference ranges, etc. are posted on our Website, www.physlab.com in the "Test Directory" as soon as they become available. Please review the "Test Directory" often to become aware of any changes.

MOLECULAR DIAGNOSTICS

Physicians Laboratory Services celebrated its first year of service in the area of Molecular Diagnostics and has noted the following statistics:

Chlamydia is the most common sexually transmitted disease in the United States. The Chlamydia/Gonorrhea nucleic amplification test replaced a direct probe assay we were performing and the positivity rates doubled, 6.0% and 1%, respectively, due to the increased sensitivity of the molecular tests. The assay can be performed on urine, endocervical swabs, or ThinPrep® specimens.

Factor V Leiden and Factor II (Prothrombin) Mutation increase the risk of developing a blood clot. These tests are typically ordered after hospitalization following a blood clot or due to a family history of thrombotic events. Our positive rate (carrier status) for the two tests average 15% for Factor V Leiden and 4% for Factor II Prothrombin Mutation.

HPV (Human Papilloma Virus) is also a sexually transmitted disease and chronic infections are linked to the development of cervical cancer. Liquid based Pap specimens are tested following an ASCUS (Atypical Cells of Undetermined Significance) diagnosis. Of all of the samples tested, we have a positive rate of 52% from month to month. Type 16 is the most common "high risk", and Type 6 is the most common "low risk" forms found in our population tested.

Gregory R. Post, Ph.D.

Director of Clinical Services

NPI NUMBERS

If you have not submitted your physicians' NPI numbers, please do so. Insurance claims may be delayed until this information can be obtained.

Contact Erin Johnson at (402) 731-4145 or 1-800-642-1117

REQUESTS TO FAX REPORTS

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

MEDICARE DENIALS

Code V70.0 is used for a "screen for well-patient physicals" or code V70.6 is used for "health examination in population surveys" and **Medicare NEVER pays for screening. When these codes are used, laboratories may bill the patient, even though no waiver was signed.**

If your Medicare patient has diagnosis codes that will pay for the tests, please use them.

For those Medicare patients that are truly seen for a physical and have no other diagnosis codes, it is not necessary to get a waiver signed. Physicians Laboratory will bill the patient for those orders that have V70.0 or V70.6 as one of the diagnosis codes.