



**ALLINA MEDICAL LABORATORIES
APRIL/MAY 2009
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ALLINA MEDICAL LABORATORIES UPDATE

APRIL/MAY 2009

SWINE FLU (H1N1 NOVEL INFLUENZA) UPDATE

Allina leadership has been closely monitoring the Swine Flu outbreak since it became known last week. Allina has been in close contact with the Minnesota Department of Health (MDH), which, in turn, has been working closely with the U.S. Centers for Disease Control (CDC). State and local public health officials are taking aggressive steps in response to the unusual strain of swine influenza that has been making people ill in Mexico and parts of the U.S.

Because information is being rapidly updated by the MDH as need arises, the most current information from AML, as well as forms for patient screening and submission of laboratory specimens, will be available under a link titled [Swine Influenza A Information](http://www.allina.com/medicallaboratories) on our website at www.allina.com/medicallaboratories.

BILLING

❖ CPT Code Change Notification

AML has received notice from Mayo Medical Laboratories (MML) regarding a CPT code change. **Effective immediately**, the CPT Code for the Vitamin D 1, 25 Dihydroxy (293/VD1) has changed.

Test Name:	VITAMIN D 1,25 DIHYDROXY
Test Number:	293/VD1
Performing Lab:	Mayo Medical Labs (8822)
OLD CPT Code:	82544-90
NEW CPT Code:	82652-90

The AML Collection Manual has been updated to reflect this change.

❖ Complete ICD-9 Codes Required

We would like to remind all clients that when submitting ICD-9 codes, the 4th and/or 5th digit must be included when applicable. Without access to the patient's medical record AML Billing can only code to the unspecified digit. This can lead to medical necessity issues with certain payers. For example 428 is not coded to the highest specificity. Some specific codes only have 3 digits. For example 185 is a specific code for prostate cancer.

If you are unsure please contact your coding specialist at your facility or use the narrative diagnosis on the AML request form.

CHEMISTRY

❖ Specimen Retention Change

Allina Medical Laboratories has changed its specimen retention time, decreasing the retention time for routine serum specimens from 7 to 6 days. Specimens will be discarded on the morning of the 7th day (7AM).

Most Chemistry specimens are retained for 6 days from the date of collection; however, *AML will not perform or repeat a test on a specimen that has exceeded its useful life.*

- Bilirubin, Direct is stable for 3 days
- Bilirubin, Total is stable for 5 days
- Carbamazepine is stable for 5 days
- Carbon Dioxide is stable for 4 days
- Ethanol is stable for 5 days
- Lithium is stable for 5 days
- Measured LDL Cholesterol is stable for 5 days
- Progesterone is stable for 5 days
- PSA is stable for 5 days
- Vancomycin (Random, Trough, or Peak) is stable for 2 days

Hematology specimens are retained for 24 hours

Coagulation specimens are retained for 24 hours, if unopened and unspun

Other sample retention times vary

COURIER TRANSITION

As you know, Allina Hospitals and Clinics is consolidating all of our outsourced courier work to a single vendor, Dynamex.

Phase I of this transition began on Monday, February 23, 2009, and included the unscheduled and on request services provided by MedStat Systems.

Phase II, the transition of scheduled, routed services provided by MedStat Systems, began on Monday, April 6, 2009.

Phase III, the transition of the services currently provided to Allina Hospitals & Clinics by all other outsourced courier vendors will occur in mid-May.

The implementation of phase II scheduled routes did not impact the current unscheduled courier service policy. Clients with request services can call requests for pickups in to AML Customer Service Monday -Friday by either 1 or 3pm (dependent upon location, hours and lock box usage). Request pickups are not offered on weekends or holidays.

STAT courier requests, which will be charged back to your account, can be called in to AML Customer Service Monday-Friday from 7am-11pm. Requests outside of that time or on weekends and holidays should be directed to your own courier company. (Allina Facilities should call Dynamex directly to request STAT courier services)

This change does not affect the Allina Hospitals & Clinics Transportation provided courier service. If an Allina Transportation Service driver stops at your clinic, you will see no change in this routed stop.

WHAT DOES THIS MEAN FOR YOU?

It is our goal to continue to provide the convenient, reliable courier service that you have come to expect with minimal changes.

Route Times

For Phase II we worked with Dynamex to develop route pick up times that are, for the most part, within 15 minutes of the pickup times established with previous MedStat services. Through the Dynamex route optimization software, we have created route loops that will deliver specimens to Allina Medical Laboratories within three hours. These loops have the potential to shorten the transit time for your specimens, and provide results quicker to your providers. These pick up times, however, are likely to migrate with the implementation of Phase III, but specimens will continue to be delivered to AML within three hours of pick up.

Barcode Tracking

Dynamex will continue to track your specimens using barcode technology and a color coded destination stickers. You will receive a location barcode that identifies your site as well as tracking barcodes. All packages sent to AML through Dynamex, both scheduled route stops and unscheduled pick ups, will need to be identified with a Dynamex barcode. Specimens that are sent to the AML central laboratory at Abbott Northwestern Hospital will only need the barcode label attached to the large courier transport bag. Specimen courier bags that need to go to Unity, Mercy, or United for flow or histology will need the barcode as well as a color coded sticker (Mercy/Blue; Unity/Pink; United/Yellow).

Supply Delivery/Receipt

AML and Dynamex have reinstated the practice of requesting signature verifying receipt of supply deliveries at your site. This is done in order to assist in tracking if questions should arise regarding supply shipments.

HOW WILL I RECOGNIZE THE DYNAMEX DRIVERS?

Dynamex drivers will all be identified with a Dynamex photo ID badge. They will be wearing a blue oxford shirt with navy blue slacks and a Dynamex jacket.

WHAT DOES THIS MEAN FOR YOUR PATIENTS?

We know that prompt, reliable courier service is essential to assuring our pre-analytic quality as well as our customer satisfaction. Dynamex has a proven track record in providing quality courier service to healthcare organizations. We will work with Dynamex to continue to meet that goal for you and your patients with a seamless transition.

If you have any questions or concerns during this transition time, please contact AML Customer Service at 612-863-4678.

CUSTOMER SERVICE

❖ Lab Reception Areas Closed Saturday May 9th

Due to a major upgrade in our electronic medical record, Excellian, laboratory reception areas at all four Allina Metro hospital sites (Abbott Northwestern, Mercy, Unity and United Hospitals) will be closed for all non-essential patient collections on Saturday, May 9. Please advise your patients to have routine testing such as TSH, A1C, PSA, maternal glucose tolerance testing etc collected during the week. Patients that present for test collection on Saturday, May 9, may experience significant delays.

MICROBIOLOGY

❖ RSV Rapid Antigen Reporting Change

In response to physician feedback, **positive RSV Rapid Antigen (6533/RSV) results will be called during clinic hours only**. Specimens will continue to be tested upon receipt at AML, and results entered immediately into the computer.

❖ Antimicrobial Susceptibilities Card

Enclosed with this newsletter is a card with the summary of the 2008 antimicrobial susceptibilities of the major pathogens isolated from patients from Allina Medical Laboratories Reference Lab, outpatient clinics, and emergency departments of Abbott Northwestern, Mercy, United, and Unity Hospitals. This information is also available on the AML website, www.allina.com/medicallaboratories.com under "Reference Guides". Contact AML Customer Service, 612-863-4678, or your account representative for additional cards.

The intent of this card is to provide a preliminary guide to susceptibilities. This information should be used together with the specific susceptibility results of the isolated organism and guidelines from current publications. For further information, contact Jo-Ellen Abraham, Microbiology Technical Consultant, JoEllen.Abraham@allina.com or Brenda Katz, M.D., Medical Director of the Microbiology Laboratories, Brenda.Katz@allina.com.

SENDOUTS

❖ Bacterial Antigen Test, Spinal Fluid

Due to reagent issues, this assay will be obsolete and Mayo Medical Laboratories (MML) will stop performing it as of March 19, 2009.

Allina Medical Laboratories had discontinued this test on **June 1, 2008**.

A Duke University study¹ of 5,169 bacterial antigen assays, with a 1.1% positivity rate, demonstrated no clinical benefit from this test. Of the positive bacterial antigen results, 54% were determined to be false positives, 38% were true positives, and 7% were indeterminate. All of the true positives were detected on the gram stain of the CSF. Antimicrobial therapy or other clinical management of the patient was not changed on the basis of the true positive bacterial antigen results. There were no positive bacterial antigen/culture negative results on patients with prior or current antimicrobial therapy. False positive bacterial antigen tests resulted in substantial negative clinical impact, including unnecessary antimicrobial therapy, lengthened hospital stays, subspecialty consultation, and clinical complications.

Alternate tests: CSF Culture and Gram Stain (CSF/6557)

Streptococcus pneumoniae Antigen (SPN/7764)

- CSF specimen for the diagnosis of *Streptococcus pneumoniae* meningitis in patients of any age)

¹Perkins, M., S. Mirrett, and L.B. Reller. Rapid Bacterial Antigen Detection Is Not Clinically Useful. J. Clin. Microbiol. 33: 1486-1491. June, 1995.

❖ 5'-Nucleotidase Reporting Change

Mayo Medical Laboratories (MML) announced that effective immediately, the reference ranges for the 5'-Nucleotidase (8/5NU) have changed. This change was due to a change in reagents. The methodology remained the same and there was no change to CPT code or price.

Current Reference Range: 4.0-11.5 U/L

New Reference Range: 2.0-8.0 U/L

❖ 17-Keto Steroids, 24 Hr Urine (11/KSU) Being Made Obsolete

AML has received notice from Mayo Medical Laboratories (MML) that due to low test volume, effective April 27, 2009 the 17-Keto Steroids, 24 Hr Urine (11/KSU) will no longer be available. The recommended alternative tests are *Total Cortisol* (76/CAM or 77/CPM), *Androstenedione* (644/AND) and *17-Hydroxyprogesterone* (645/17P). Specimen collection details are as follows:

Test Name: **CORTISOL, AM**
Test Number: 76/CAM
Collect: 1 ml Serum
Container: Serum Separator Tube (SST)
Processing: Spin
Transport/Stability: Refrigerated
Stable 5 day at 2 -8 C.
Performing Lab: AML -CM
Days Set Up: Daily
Expected TAT: 1 Day
Ref. Ranges: 5 - 25 ug/dl
**Collection/
Processing Details:** Specify on tube time specimen was collected - note AM or PM specifically.
CPT Codes: 82533

Test Name: **ANDROSTENEDIONE**
Test Number: 644/AND
Collect: 1 ml Frozen Serum - Plain Red
Peds Collect: 0.25 ml Frozen Serum - Plain Red
Container: MAYO - Screw Cap Transfer Vial
Processing: Spin, Separate and Freeze
Transport/Stability: Frozen
Performing Lab: Mayo Medical Labs (9709)
Days Set Up: M - F
Expected TAT: 2 - 3 days
Ref. Ranges: Adult F: 30-200 ng/dl; Adult M: 40-150 ng/dl
**Collection/
Processing Details:** Spin, Separate and Freeze
Method: LC-MS/MS
CPT Codes: 82157-90

Test Name: **17 OH PROGESTERONE**
Test Number: 645/ 17P
Collect: 1.0 ml Serum - Plain Red
Peds Collect: 0.3 ml Serum - Plain Red
Alternate Collect: Plasma (Heparin or EDTA)
Container: MAYO - Screw Cap Transfer Vial
Processing: Spin and Separate
Transport/Stability: Refrigerated; Frozen: OK; Ambient - OK
Performing Lab: Mayo Medical Labs (9231)
Days Set Up: M - F
Expected TAT: 2 - 5 Days
Ref. Ranges: Adult: Males <220 ng/dl Females: Follicular-<80ng/dl; Luteal <285 ng/ml; Postmenopausal: ,51 ng/ml
**Collection/
Processing Details:** Draw in Plain Red top tube, spin and separate. SST is NOT ACCEPTABLE.
Method: LC/MS/MS
CPT Codes: 83498 - 90

❖ Amino Acid Tests Made Obsolete

Mayo Medical Laboratories (MML) has announced that the following tests have been made obsolete due to the replacement of instrumentation; *Amino Acid Screen-Qualitative, Plasma* (290/AAL, MML 83172) and *Amino Acid Screen-Qualitative Urine* (291/AAU, MML 8400).

The following tests are recommended as alternatives:

Test Name: **AMINO ACIDS, QUANT, PLASMA**
Test Number: 2314/AAQ
Collect: 1.0 ml Heparin Plasma
Alternate Collect: EDTA
Container: MAYO - Screw Cap Transfer Vial
Processing: Spin, Separate and Freeze
Transport/Stability: Frozen: Refrigerated: NO; ambient: NO
Alternate Names: Amino Acid Ion Exchange
Performing Lab: Mayo Medical Labs (9265)
Days Set Up: M - F
Expected TAT: 3 - 5 Days
Ref. Ranges: Age-dependent. See Report
Method: Ion- Exchange Chromatography
CPT Codes: 82139-90

Test Name: **AMINO ACID FRACTIONATED - URINE QUANT**
Test Number: 322/AQU
Collect: 24 hour Urine Collection
Container: Screw Cap Urine Aliquot Bottle
Processing: Submit 25 ml Well Mixed Frozen Aliquot
Transport/Stability: Frozen; Refrigerated: NO; Ambient: NO
Performing Lab: Mayo Medical Labs (8392)
Days Set Up: M - F
Expected TAT: 3 - 5 Days
Ref. Ranges: Age Dependent - See Report
Collection/Processing Details: Keep refrigerated throughout collection. Freeze within 4 hours of completion.
Method: ION Exchange
CPT Codes: 82139-90

❖ Angio-1-Converting Enzyme Reference Value Change

AML has received notice from Mayo Medical Laboratories (MML) that due to a change in reagents, *effective April 21, 2009*, the reference value for Angio-1-Converting Enzyme (14/ACE) will be changing.

Current Reference Value: 0-17 Years 7-46 U/L
≥18 Years 7-46 U/L

NEW Reference Value: 0-17 Years 8-53 U/L
≥ 18 Years 8-53 U/L

According to information shared by MML in this notice, the reference interval for children and adolescents may be as much as 50% higher than specimens from adults.

❖ **Brucella IgG & IgM Antibody (2782/BRV) Change**

AML has received notice from Mayo Medical Laboratories (MML) that due to recommendations from the Center for Disease Control (CDC) that specimens testing positive or equivocal for *Brucella* antibodies by an ELISA method be confirmed by bacterial agglutination, they will be making the Brucella IgG & IgM Antibody (MML #84327) obsolete effective immediately.

This new profile will reflex to a bacterial agglutination assay, at an additional charge, if either the Brucella Ab Screen IgM or IgG test positive or equivocal.

Test Name: Brucella Antibody Screen, IgG & IgM, Serum
Test Number: 2782/BRV
Collect: 2.0 ml Serum – Plain Red
Container: MAYO- Screw-Capped Transfer Vial
Processing: Spin & Aliquot to Mayo transfer vial
Transport/Stability: Refrigerated
Performing Lab: Mayo Medical Labs (89476)
Days Set Up: M, W & F
Expected TAT: 2 - 6 Days
Ref. Ranges: Negative (Reflex Titer <1:80)
**Collection/
Processing Details:**
Method: Enzyme-Linked Immunosorbent Assay (ELISA)-Screen
Bacterial Agglutination – Reflex Titer
CPT Codes: 86622X2 (86622X3 if the reflex titer is performed)

❖ **IgG Subclasses (387/GGS) Reference Value Change**

AML has received notice from Mayo Medical Laboratories (MML) that due to a change in reagents, effective immediately, IgG Subclasses (387/GGS, MML #9259) will have new reference values. This change in reagent does not affect CPT codes or pricing of the test.

OLD REFERENCE VALUES

TOTAL IgG

0-4 months: 141-930 mg/dL
5-8 months: 250-1,190 mg/dL
9-11 months: 320-1,250 mg/dL
1-3 years: 400-1,250 mg/dL
4-6 years: 560-1,307 mg/dL
7-9 years: 598-1,379 mg/dL
10-12 years: 638-1,453 mg/dL
13-15 years: 680-1,531 mg/dL
16-17 years: 724-1,611 mg/dL
≥18 years: 600-1,500 mg/dL

NEW REFERENCE VALUES

TAL IgG

0-<5 months: 100-334 mg/dL
5-<9 months: 164-588 mg/dL
9-<15 months: 246-904 mg/dL
15-<24 months: 313-1170 mg/dL
2-<4 years: 295-1156 mg/dL
4-<7 years: 386-1470 mg/dL
7-<10 years: 462-1682 mg/dL
10-<13 years: 503-1719 mg/dL
13-<16 years: 509-1580 mg/dL
16-1<18 years: 487-1327 mg/dL
≥18 years: 767-1590 mg/dL

IgG1

0-1 month: 240-1060
 2-3 months: 180-670
 4-5 months: 180-700
 6-11 months: 220-770
 12-17 months: 250-820
 18-23 months: 290-850
 2 years: 320-900
 3 years: 350-940
 4-5 years: 370-1000
 6-8 years: 400-1080
 9-11 years: 400-1150
 12-17 years: 370-1280
 > = 18 years: 490-1140

IgG2

0-1 month: 87-410
 2-3 months: 38-210
 4-5 months: 34-210
 6-11 months: 34-230
 12-17 months: 38-240
 18-23 months: 45-260
 2 years: 52-280
 3 years: 63-300
 4-5 years: 72-340
 6-8 years: 85-410
 9-11 years: 98-480
 12-17 years: 106-610
 ≥18 years: 150-640

IgG3

0-1 month: 14.0-55.0
 2-3 months: 14.0-70.0
 4-5 months: 15.0-80.0
 6-11 months: 15.0-97.0
 2-<4 years: 17.0-84.7 mg/dL
 18-23 months: 15.0-113.0
 2 years: 14.0-120.0
 3 years: 13.0-126.0
 4-5 years: 13.0-133.0
 6-8 years: 13.0-142.0
 9-11 years: 15.0-149.0
 12-17 years: 18.0-163.0
 ≥18 years: 20.0-110.0

gG1

0-<5 months: 56-215 mg/dL
 5-<9 months: 102-369 mg/dL
 9-<15 months: 160-562 mg/dL
 15-<24 months: 209-724 mg/dL
 2-<4 years: 158-721 mg/dL
 4-<7 years: 209-902 mg/dL
 7-<10 years: 253-1019 mg/dL
 10-<13 years: 280-1030 mg/dL
 13-<16 years: 289-934 mg/dL
 16-<18 years: 283-772 mg/dL
 > or =18 years: 341-894 mg/dL

gG2

0-<5 months: 1-82 mg/dL
 5-<9 months: 11-89 mg/dL
 9-<15 months: 24-98 mg/dL
 15-<24 months: 35-105 mg/dL
 2-<4 years: 39-176 mg/dL
 4-<7 years: 44-316 mg/dL
 7-<10 years: 54-435 mg/dL
 10-<13 years: 66-502 mg/dL
 13-<16 years: 82-516 mg/dL
 16-<18 years: 98-486 mg/dL
 ≥18 years: 171-632 mg/dL

gG3

0-<5 months: 7.6-82.3 mg/dL
 5-<9 months: 11.9-74.0 mg/dL
 9-<15 months: 17.3-63.7 mg/dL
 15-<24 months: 21.9-55.0 mg/dL
 12-17 months: 15.0-107.0
 4-<7 years: 10.8-94.9 mg/dL
 7-<10 years: 8.5-102.6 mg/dL
 10-<13 years: 11.5-105.3 mg/dL
 13-<16 years: 20.0-103.2 mg/dL
 16-<18 years: 31.3-97.6 mg/dL
 ≥18 years: 18.4-106.0 mg/dL

IgG4

0-1 month: 4.0-55.0
2-3 months: <= 36.0
4-5 months: <= 23.0
6-11 months: <= 43.0
12-17 months: <= 62.0
18-23 months: <= 79.0
2 years: <= 106.0
3 years: <= 127.0
4-5 years: <= 158.0
6-8 years: <=189.0
9-11 years: 3.0-210.0
12-17 years: 4.0-230.0
≥ 18 years: 8.0-140.0

IgG4

0-<5 months: < or =19.8 mg/dL
5-<9 months: < or =20.8 mg/dL
9-<15 months: < or =22.0 mg/dL
15-<24 months:< or=23.0 mg/dL
2-<4 years: 0.4-49.1 mg/dL
4-<7 years: 0.8-81.9 mg/dL
7-<10 years: 1.0-108.7 mg/dL
10-<13 years: 1.0-121.9 mg/dL
13-<16 years: 0.7-121.7 mg/dL
16-<18 years: 0.3-111.0 mg/dL
≥18 years: 2.4-121.0 mg/dL

WEB SITE

❖ CEU Tapes Available for Checkout

AML sponsors quarterly continuing education presentations in the Twin Cities area. For those unable to attend, we record each presentation and make the DVD's available for viewing.

Upcoming CEU event information as well as a listing of available tapes & DVD's along with a Tape Request Form can be found by clicking on the ***Continuing Education Listings*** link on our website homepage at www.allina.com/medicallaboratories.

HELP US HELP YOU

❖ Keeping Your Physician List Current

Please review your AML requisitions on a regular basis to make sure that we are maintaining a complete and accurate physician listing for your clinic. If any updates (removals or additions) are needed, please contact your Account Representative.

THANK YOU FOR CHOOSING ALLINA MEDICAL LABORATORIES! WE VALUE YOUR BUSINESS!

www.allina.com/medicallaboratories