



**ALLINA MEDICAL LABORATORIES
OCTOBER 2007
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ALLINA MEDICAL LABORATORIES UPDATE

OCTOBER 2007

MAYO MEDICAL LABORATORIES (MML) TRANSITION UPDATE

We are pleased to share that at this point in time, we have surpassed the half way point in the conversion of our referred testing to our managed lab send out program vendor, Mayo Medical Laboratories (MML). We continue to transition testing to MML in weekly batches.

Included at the end of this newsletter are documents containing detailed clinical information for the testing converted to MML on October 2nd, 9th, 16th and 23rd. These same documents can also be found on our website at www.allina.com/medicallaboratories.

If you are not currently receiving these documents via email and would like to do so, please contact your AML Account Representative and request to have your email address added to our email notification distribution list.

BILLING

❖ Billing Fax Communication Enhancement Announced

AML billing is happy to announce that effective immediately our billing fax correspondence letters have been expanded to include a list of covered ICD-9 codes.

For those patients that are subject to the medical necessity rules for Medicare and some of the replacement policies, our billing software is now able to print the covered diagnosis code list on the request for additional diagnosis codes or ABN request. This list should serve as a reference base only. This is not a suggested list of diagnosis codes nor are you required to pick one from the list.

If you have any questions in regards to this, please contact our Billing Department at 612-262-4000.

❖ Vitamin B12 LCD Policy Change

Allina Medical Laboratories has just received notice that the LCD (Local Coverage Determination) for Vitamin B12 was discontinued effective October 1, 2007. This LCD Policy was in effect for the service dates of June 1, 2007 through September 30, 2007 and any Vitamin B12 drawn during that time will still be subject to the LCD Policy.

CUSTOMER SERVICE

❖ Phone Options Updated

In order to better serve our clients, the options presented when you call into our Customer Service line have been changed.

Phone: 612-863-4678

Toll Free: 800-281-4379

Option 1: Customer Service

Option 2: Billing (CPT Codes or Fees)

Clients are encouraged to call with questions!

CYTOLOGY

❖ Use of Lubricants in the Collection of ThinPrep® Pap Smears

It has come to our attention that some of our clients may be converting to the McKesson MediPak brand of lubricant for use during collection of pap smear specimens.

This product contains Carbomer within its ingredient list. It has been proven that Carbomer causes problems with collection of ThinPrep Pap specimens resulting in unsatisfactory specimens due to scant cellularity. This product inhibits the collection brush from retaining cells removed from the cervix and it also inhibits the limited number of cells that do make it into the vial from staying on the ThinPrep® slide.

The McKesson MediPak brand of lubricant should NOT be used when a ThinPrep® Pap specimen is being collected. Please note that as published in past communications, MediChoice lubricant also interferes with ThinPrep® Pap specimens collections and also should not be used.

Cytec recommends that no lubricant be used, but, if necessary, the brands they recommend are KY Jelly, Surgilube, Astroglide, or Crystelle.

Please share this information with the appropriate providers and nursing staff.

SENDOUTS

❖ Celiac Disease Panel No Longer Offered

Effective immediately, the Celiac Disease Panel (2980/CEL) is no longer offered. Going forward, the three components of this panel (Tissue Transglutaminase IgA, Gliadin Antibody IgA and Serum IgA) will need to be ordered individually. Information for each of these tests is as follows:

Test Name: TISSUE TRANSGLUTAMINASE IGA
Test Number: 2993/TTA
Collect: 1 ml Serum
Container: SST- Serum Separator Tube
Processing: Spin
Transport/Stability: Refrigerated
Alternate Names: Endomysial Antibody, Celiac Disease Antibody
Performing Lab: Quest Diagnostics (#8821)
Days Set Up: 4 times/week
Expected TAT: 3 - 5 Days
Ref. Ranges: < 20: Negative
Collection/
Processing Details: Replaces Endomysial Antibody IGA, also see TTG.
CPT Codes: 83516-90

Test Name: GLIADIN ANTIBODY IGA
Test Number: 2992/GAG
Collect: 0.5 ML Serum – Plain Red
Peds Collect: 0.45 ml Serum
Alternate Collect: SST
Container: MAYO - Screw Cap Transfer Vial
Processing: Spin and Separate
Transport/Stability: Refrigerated
Alternate Names: Celiac Disease Antibody
Performing Lab: Mayo Medical Labs (83048)
Days Set Up: M - F, Su
Expected TAT: 1 Day
Ref. Ranges: <=25 EU
Collection/
Processing Details: If SST is drawn please transfer to screw cap vial before transport.
Method: ELISA
CPT Codes: 83516-90

Test Name: *IMMUNOGLOBULIN A (IGA)*
Test Number: 1141/IGA
Collect: 1 ml Serum
Container: Serum Separator Tube (SST)
Processing: Spin
Transport/Stability: Refrigerated
Performing Lab: AML
Days Set Up: Daily
Expected TAT: 1 day
Ref. Ranges: Adult: 80 -450 mg/dl
**Collection/
Processing
Details:** Also see Immunoglobulins. Submit two (2) microtainers for pediatric specimens.
CPT Codes: 82784

❖ Genital and Dermal Specimen Viral Testing

It has been brought to our attention that there is confusion about which tests to order when requesting viral testing on genital and dermal (skin) specimen types. The Viral Culture – General (7635/VGC) **should not** be ordered on specimens from genital or dermal sources. For these sources, one of the following three tests should be requested:

Test Name: *HSV by RAPID PCR*
Test Number: 4495/HSD
Collect: Multiple Specimen Types
Container: Appropriate Container for Specimen Type
Processing: Submit Entire Specimen
Transport/Stability: Refrigerated
Alternate Names: Herpes Simplex Types 1 & 2 DNA, HSV DNA PCR Types 1 & 2.
Performing Lab: Mayo Medical Labs (80575)
Days Set Up: M - Sa
Expected TAT: 1 - 2 Days
Ref. Ranges: Negative = No DNA Detected
**Collection/
Processing Details:** Submit ONLY one of the following: Body Fluids, CSF, Bronchial - in Sterile Conical Screw Cap Vial; Dermal, Genital or Throat Swab in RT- M4 (red cap) or Refrigerated M5 (green cap) transport media.
Method: PCR
CPT Codes: 87529-90

Test Name: **VZ VIRUS BY RAPID PCR**
Test Number: 4771/VZP
Collect: Multiple Specimen Types
Container: Appropriate Container for Specimen Type.
Processing: Submit Entire Specimen
**Transport/
Stability:** Refrigerated
Alternate Names: Varicella Zoster PCR
Performing Lab: Mayo Medical Labs (81241)
Days Set Up: M - Sa
Expected TAT: 1 - 2 Days
Ref. Ranges: Negative = No DNA Detected
**Collection/
Processing
Details:** Submit only One of the Following: Dermal, Vesicle or Genital Swab in RT-M4 (red cap) or Refrigerated M5 (green cap) transport media; CSF in Sterile Vial (Blue Conical Screw Cap only); Tissue.
Method: PCR
CPT Codes: 87798-90

Test Name: **HSV + VZV PCR, DERMAL**
Test Number: 7898/HVP
Collect: Swab fro Lesion or Vesicle in M4/M5 Media
Container: Swab in RT- M4 (red cap) or Refrigerated M5 (green cap)
Processing: Submit Entire Specimen
**Transport/
Stability:** Refrigerated
Alternate Names: Herpes Simplex plus Varicella Zoster Virus
Performing Lab: Mayo Medical Labs (82048)
Days Set Up: M - Sa
Expected TAT: 1 - 2 Days
Ref. Ranges: Negative = No DNA Detected
**Collection/
Processing
Details:** Swab vesicle or lesion and place swab in RT-M4 (red cap) or Refrigerated M5 (green cap) transport media.
Method: PCR
CPT Codes: 87798-90 87529-90

Please share this message with all ordering providers.

❖ Homocysteine, Nutritional, Not Available

Please note that if a request for a Homocysteine, Nutritional and Congenital (Quest Diagnostics test #36362) is received at AML, the specimen will no longer be forwarded to Quest. AML performs a Homocysteine test in house that differs from the Quest test only in reference range.

When an order for the Homocysteine, Nutritional and Congenital is received at AML, the ordering facility will be contacted with notification that the test order is being changed to the in house test (see information included below). If this is not acceptable with the ordering provider, they will need to contact Dr. Chris Chong, AML Medical Director at 612-262-5013, to discuss the request

Test Name: HOMOCYSTEINE, CARDIAC
Test Number: 4775/HOM
Collect: 1 ml Plasma / PST Tube
Alternate Collect: "EDTA Plasma also acceptable, spin and separate. Container MUST be clearly labeled as EDTA Plasma".
Container: Plastic Transfer Vial
Processing: Spin, Separate and Refrigerate within 30 minutes of collection
Transport/Stability: Refrigerated; Room Temp specimens will be rejected.
Performing Lab: AML
Collection/ Processing Details: SST tube also acceptable - Clot on ice or in refrigerator for 60 min; Spin, separate and refrigerate. CANNOT BE ADDED ON TO PREVIOUS SAMPLES
CPT Codes: 83090

SUPPLIES

❖ CellSave Tube Supply and Distribution Changes

The Cell Search™ test that is performed by Quest Diagnostics requires that the specimen be collected in a CellSave tube. Quest has informed AML that due to the high number of tubes distributed to our clients (27) in comparison to the much lower number of specimens submitted for testing (3), in conjunction with the short expiration date and high cost of the tubes, they will no longer allow AML to pre-stock our clients with the CellSave tubes.

If one of your providers requests a Cell Search™ test on a patient in the future, you will need to schedule the draw with the patient and contact AML Customer Service to order a CellSave tube.

Because the specimen must get to Quest within 72 hours of the draw, it is best if the specimen is drawn in the morning and couriered to AML on the same day, Monday through Thursday only, so that the specimen may be forwarded to Quest Laboratories the same day.

Test Name: CELL SEARCH(tm)
Test Number: 994/MSO
Collect: 10 ml CellSave(tm) Tube
Peds Collect: 7.5 ml CellSave(tm) Tube
Container: CELLSAVE TUBE ONLY!
Processing: Submit Entire Specimen
Transport/Stability: Ambient (RT): 72 Hours from Draw; Refrigerated: UNACCEPTABLE
Frozen: UNACCEPTABLE

Alternate Names: Cell Search circulating tumor cells, breast cancer
Performing Lab: Quest Nichols (16011x)
Days Set Up: M - Sa
Expected TAT: 2 - 3 Days
Ref. Ranges: See Report

❖ **Viral Supply Notice**

At this time in our transition to Mayo Medical Laboratories (MML), it is appropriate that you have supplies of both the room temperature M4 (red cap) and refrigerated M5 (green cap) viral transport media at your clinic.

Please make sure that you have supplies of both types of media on hand at your and return all purple capped UTM-RT to AML with your regular courier.

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 videotapes available for viewing.

Upcoming CEU event information as well as a listing of available tapes and 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