

LABORATORY OUTREACH UPDATE

JULY 2009

NEW REPORTING VALUE – ESTIMATED AVERAGE GLUCOSE

Effective Monday, August 3, 2009 Bellin Health Laboratory will begin reporting an Estimated Average Glucose (eAG) value along with the Hemoglobin A1C assay. The Estimated Average Glucose value has been found to be a patient friendly value that has a linear relationship to the Hemoglobin A1C value. The Estimated Average Glucose is a calculated value, based upon the Hemoglobin A1C value, however it is reported in the same units patients use for daily monitoring.

NEW LABORATORY STANDARD – LABELING SPECIMENS

Accrediting agency CAP (College of American Pathologists) has clarified regulations regarding the labeling of any specimen being accepted into a clinical laboratory. **All** specimens regardless of origin must be labeled with two patient identifiers.

What this means is that not only does the specimen need to include the patient's full legal first and last names, but also must include another identifier by which this patient can be recognized. The most common identifier is the patient's date of birth.

Bellin Health Laboratory is asking each facility to review their specimen labeling practices to ensure the inclusion of this information. Knowing that a specimen label has a limited amount of space and ideal specimen should include a **minimum** of the two identifiers. Ideally the specimen would also include the date/time of collection, and tests to be performed.

CRITICAL VALUE/AUTOMATIC CALL BACK CHANGES

Based on recent literature and industry benchmarks, Bellin Health has made a few changes to our Critical Value/Automatic Call Back values. A copy of the entire list is attached to this document. The changes include:

Removal of an automatic call-back for:

BNP – B-type Natriuretic Peptide

BUN – Blood Urea Nitrogen

CK – Creatine Kinase

A change in the values prompting an automatic call-back:

Potassium < 2.8 mEq/L (Previous < 3.0 mEq/L)

Troponin > 0.12 ng/mL (Previous > 0.5 ng/mL)

Hemoglobin (Adult) < 7.0 g/L (Previous < 8.0 g/L)

D-dimer > 600 ng/mL (Previous > 500 ng/mL)

REMINDER –SPECIMEN VOLUME TESTOSTERONE TOTAL & FREE

Please note that this particular testing forwarded to Mayo Medical Laboratories has an unusually large required specimen volume. The testing requires 2.5 mL of serum (2.0 minimum) collected on a non-gel serum tube (red-top) that is allowed to clot, centrifuged, and removed to a plastic transport tube before refrigerated transportation.

Recently, a number of specimens submitted with an insufficient amount of specimen have caused unwanted test cancellations.

DISCONTINUED TEST – MAYO MEDICAL LABORATORY

Please note that effective immediately, Mayo Medical Laboratory has discontinued the Acetylcholine Receptor Blocking Antibodies testing.

NEW PRICING FOR MULTIPLE REFERRED TESTS

The following tests have been built in our Laboratory Information System and are now available at discounted pricing.

Immunoglobulin Free Light Chains, Serum CPT: 83883 x 2 Base Client Price: 181.99
Order Code: IG FREE LIGHT CHAINS

Fat, Feces CPT :82710 Base Client Price: 49.00
Order Code: FAT FECES

Chromogranin A, Serum CPT 86316 Base Client Price: 59.06
Order Code: CHROMOGRANIN A

Allergen, Peanut CPT: 86003 Base Client Price: 18.36
Order Code: ALLPEANUT

Felbamate, Serum CPT: 82491 Base Client Price; 62.34
Order Code: FELB

Intrinsic Factor Blocking Antibody, Serum CPT: 86340 Base Client Price: 38.85
Order Code: INTRIN FAC BLCK

Varicella-Zoster Antibody, IgM, Serum CPT: 86787 Base Client Price: 37.31
Order Code: VARZOS IGM

Myasthenia Gravis Evaluation, Adult CPT: 83519 x 2, 83520 Base Client Price: 295.44
Order Code: MG EVAL

Norovirus Antigen, Stool CPT: 87449 Base Client Price: 171.47
Order Code: NOROVIRUS

Tissue Transglutaminase Antibodies, IgA& IgG CPT: 83516 x 2 Base Client Price: 60.63
Order Code: TTG IGA & IGG (Please note there is also IGA only)

SS-A and SS-B Antibodies, IgG, Serum CPT: 86235 x 2 Base Client Price: 45.92
Order Code: SSA-SSB (Please note these tests also included in ENA)

Vitamin B6, Plasma or Serum CPT:84207 Base Client Price: 50.74
Order Code: VIT B6

CHANGE IN CPT CODES

A change is also in place for an established test. The Alpha-1-Antitrypsin Deficiency Profile will now have the following CPT codes.

82103 – 83890 – 83896 x 2 – 83898 x 2 – 83912 Base Client Price: 73.50

Mayo Medical Laboratory may add a reflex test, which is the Alpha-1-Antitrypsin Phenotype. This test has an additional CPT code of 82104. Base Client Price: 54.80

FETAL LUNG MATURITY

Effective immediately, a price decrease is in place for Fetal Lung Maturity Profile testing on amniotic fluid. The base client price is 137.03 and the CPT code remains at 83663.