

# THE PATHOLOGY CENTER NEWSLETTER

Volume 8, Issue 1

January 2003

## UPDATES AND CHANGES FOR 2003

### LIQUID BASED CYTOLOGY

To enhance our services in cytology, we will begin performing the liquid based cytology by Tripath during the first quarter of 2003. Watch for technical bulletins and additional information on Tripath technology. Our cytology staff will be available for on site education and training for physicians and staff if needed. Additional literature and training videos can be obtained from The Pathology Center. The Tripath technology will provide improved specimen quality for the detection of premalignant and malignant lesions. HPV reflex testing can be performed from the same specimen vial.

New anatomical/cytology requisitions will be used to accommodate the liquid based cytology orders and reflex to HPV.

### NEW WEBSITE

Check out our new website at [www.thepathologycenter.org](http://www.thepathologycenter.org). The website contains information about our laboratory and pathologists. There are past issues of technical bulletins, microbiology briefs and newsletters. You can order supplies on line and we will return an email acknowledgement of the order with any backorders and shipping dates. There is a link to our reference laboratory (ARUP) test directory. We hope to continue to enhance the website to bring you up-to-date information on laboratory issues.

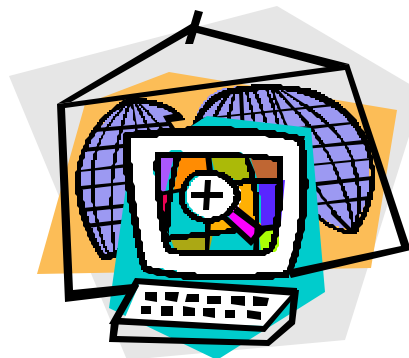
We would appreciate your comments on the contents of the website and any suggestions for improvement. You may e-mail us at [clientservices@nmhs.org](mailto:clientservices@nmhs.org) or call our Client Services department.

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## Core Lab Updates

The preferred specimen for CEA is now serum (SST). The core lab has experienced better specimen integrity using serum with our current methodology. Please submit an SST tube or 1mL of serum, refrigerated. EDTA plasma is still acceptable. Clearly mark tube as "plasma" if submitting an EDTA sample.

\*\*\*\*\*

AMA & ASMA---- Effective 1/6/2003 the anti-mitochondrial (AMA) and the smooth muscle antibody, IgG (ASMA) will be sent to ARUP.

The methodology for the mitochondrial antibody will change from IFA (CPT 86255) to ELISA (CPT 83516). The specimen requirements are 1 ml serum refrigerated. Plasma, severely lipemic or hemolyzed samples are unacceptable. Reference ranges for the new ELISA method is:

- <1.0 units: No antibody detected
- 1.0 – 1.3 units: Inconclusive
- >1.3 units: Positive

ARUP performs this assay Monday – Friday.

The methodology for smooth muscle antibody, IgG (ASMA) will remain the same as currently performed in-house. Specimen requirements are the same as for the AMA (see above).

Reference ranges are:

- <1:20 Normal. No antibody detected
- 1:20 – 1:80 Positive: Suggestive of liver disease
- >1:160 Suggestive of chronic active hepatitis

ARUP performs this assay Monday – Friday.

**Please make the necessary changes in your Test Directory.\***

Core Lab Continued on Page 3

## Microbiology Updates

Fungal Cultures-----Please indicate the source of the specimen for fungal cultures. The CPT number is dependant on the source of the specimen.

Description	CPT
Culture Fungus, Definitive ID, Mold	87107
Culture Fungus, Definitive ID, Yeast	87106
Culture Fungus, Presump ID, Blood	87103
Culture Fungus, Presump ID, Other	87102
Culture Fungus, Presump ID, Skin/Hair/Nail	87101

It is necessary to provide the laboratory with the appropriate source for specimens submitted for fungus cultures. This information allows the laboratory to set the specimen on the fungal culture media that will provide optimal recovery of possible pathogens. The correct source information also allows the laboratory to maintain regulatory compliance with respect to ordering under the correct CPT code.

\*\*\*\*\*

Due to a manufacturer's recall of the C. difficile antigen EIA test kit, the temporary replacement test being offered is the C. difficile cytotoxicity test. This test is more sensitive and specific. Results for 90% of positive stools are available within 24 hours. Negative results should be available within 48 hours. The test is performed by Children's Hospital. There is no additional charge for the cytotoxin test.\*

Core Lab Updates

Hemoglobin A1C---Effective January 8, 2003 we will change the formula used to calculate the mean (average) glucose which is reported with the hemoglobin A1C. The mean blood glucose formula was implemented several years ago to support the HPLC technology in use at the time. With recent instrument updates in our lab and guidelines published by the American Diabetes Association (ADA), we will implement the mean plasma glucose formula recommended by the National Glycohemoglobin Standards Program (NGSP) for certified methods traceable to the Diabetes Control and Complications Trial (DCCT). The mean plasma glucose result will be slightly higher than the result seen using the mean blood glucose formula.\*

**2003 CPT Numbers**

New CPT numbers effective January 2003:

83880 BNP (B Type Natriuretic Peptide)

85049 Platelet Count

84302 Sodium, Other (Body Fluid)

82438 Chloride, Other ( Body Fluid)

Some hematology codes have been revised or deleted. Verify the correct CPT code for the hematology instrument in your laboratory. The Pathology Center CBC (with automated differential count) is coded 85025 (unchanged from last year). A hemogram with manual differential will be coded 85027 (hemogram) and 85007(manual differential).\*

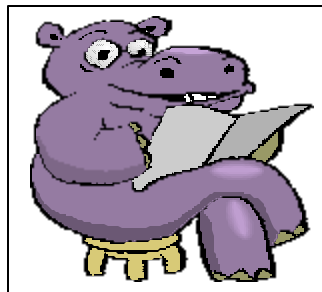
**ODDS AND ENDS**

There has been confusion about the royal blue tubes. The royal blue tube with no additive is used for Copper and serum manganese.

There was also a royal blue (Na EDTA) tube used for heavy metals (Arsenic, Mercury, and Lead). We no longer stock the royal blue EDTA tube. It has been replaced by a 3 ml tan (K<sub>2</sub> EDTA) tube. To eliminate the confusion and specimen rejection, please discard any royal blue EDTA tubes.

\*\*\*\*\*

Do not label slides with ink. Ink washes off when the slide is processed for cytology or hematology. For positive patient identification, label the slide with pencil only.



**HIPPA  
GUIDANCE**

The HHS Office for Civil Rights (OCR) issued a statement December 3 clarifying the Health Insurance Portability & Accountability Act of 1996 (HIPPA). Specifically, OCR indicated that hospital labs and the physician are not required to have a business associate contract with reference labs in order to disclose protected health information to that lab for treatment of patients.

The HIPPA medical privacy rule goes into effect April 14, 2003 for most healthcare entities. The business associate contract

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HIPPA GUIDANCE

is based on the function of the entity performing the service.

The laboratory does not need a business associate contract or permission to notify the public health officials of a reportable disease. Health information can be disclosed as required by law, as in cases of workmen's compensation.

The business associate contract is not required for workers whose services do not involve direct access to protected health information. This would include janitors, plumbers, electricians, and couriers. However, if a service is hired to handle records or shred documents there should be a business associate contract. \*

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