

# TECHNICAL BULLETIN

Volume 2 Issue 2 June, 2004

## Physicians Laboratory Services, Inc. is pleased to welcome Gregory R. Post, Ph.D., DABCC as “Director of Clinical Services”.

**Dr. Gregory R. Post** joined Physicians Laboratory on April 26, 2004. Dr. Post will divide his time between the Corporate Centre in Lincoln and Omaha. He has over 18 years of experience in the clinical field and is available for clinical consultation.

Dr. Post received his Ph.D. in Biochemistry from North Dakota State University and was a postdoctoral fellow in Clinical Chemistry at Mayo Graduate School of Medicine in Rochester, MN. He is board certified in Clinical Chemistry and Toxicology with the American Board of Clinical Chemistry. Dr. Post was Chief Operating Officer for Nebraska LabLinc, L.L.C., and Clinical Director for Pathology Medical Services, P.C. and Clinical Consultant and Director of Chemistry, Co-Medical Director, for Quest Diagnostics Incorporated.

Currently, he is the Laboratory Representative for the Nebraska Medicare Carrier Advisory Committee and is Chairperson for the Combined Institutional Review Board. He has served on the Newborn Screening Technical Advisory Board and State of Nebraska Genetics Advisory Board. He lectures for the Nebraska Wesleyan University Forensic Science Program, Southeast Community College MLT Program, University of Nebraska Dental School, and the local SCIP programs for the public schools.

Dr. Post is offering seminars to our clients as a “Lunch and Learn” program or other venue. Topics include areas of “Nutrition”, “Cardiovascular Risk”, “Drugs of Abuse”, “Bone Metabolism”, “HPV and Cervical Cancer”, “Coagulation Tests”, and “Hepatitis”.

If you would like a brochure detailing the specific seminars, please contact Dr. Post or Ruth Ann Bartels at 402 488-7710 in Lincoln or Pam Otto at 402 731-4145 or 1-800-642-1117 in Omaha.

### **NEW ORDER OF SPECIMEN DRAW**

In December 2003, The National Committee for Clinical Laboratory Standards (NCCLS) has revised Standard H3-A5 for the “Collection of Diagnostic Blood Specimens by Venipuncture”.

The following order of draw is recommended when drawing multiple specimens for clinical laboratory testing during a single venipuncture.

1. Blood Culture bottles
2. Coagulation tube (e.g. citrated tube)
3. Serum tube with or without clot activator or gel (e.g. red, gold, or speckle-top)
4. Heparin tubes (e.g. green top)
5. EDTA tubes (e.g. lavender top)
6. Oxalate/fluoride tubes (e.g. gray top)

This change helps to avoid possible test result error due to cross contamination of blood additives. This procedure should be followed for both glass and plastic venous blood collection tubes.

Center for Phlebotomy Education, Inc. offers other “Tips for Successful Venipunctures”. They are as follows:

1. Do not leave tourniquet on longer than one minute prior to the puncture.
2. Instruct patients to “clench and hold” their fist instead of “pumping” it.
3. Invert each tube 5-10 times immediately upon filling.
4. **Completely label all specimens before leaving patient.**
5. Serum tubes should be centrifuged and serum separated within one (1) hour of collection.

Questions: Contact Betsy Hildebrandt,  
Client Services Coordinator

## **SUBMITTING "STATS"**

To provide the utmost service to our clients, please follow the following recommendations when submitting "stats":

1. On the requisition, please indicate "stat".
2. Place the specimen in a "STAT" biohazard bag.  
Note: "Stat" bags are red, biohazard bags with the word "STAT" clearly marked on the bag. These bags may be obtained by calling our Supply Dept.
3. Call "Dispatch" for a "stat" pick-up. The Dispatch Coordinator will assign the pick-up.
4. When the courier arrives, be sure and notify him/her that he is receiving a "stat" specimen. The courier will bring this to the attention of the Processing department when he/she returns to the lab.

Questions: Contact Lisa Hart,  
Processing Coordinator  
or  
Sid Lathrop,  
Dispatch Coordinator

## **COMPLETING THE REQUISITION**

We receive over 2500 requisitions a day. To aid in processing the specimens in a timely manner, the following information must be included required on the requisition. In doing so, please confirm the "current" information is correct.

Patient's complete legal name (No nicknames)  
Sex

Date of Birth

Date and time of sample collection

First and last name of requesting physician

Indicate billing to doctor, patient or patient's Insurance.

Please indicate: Medicare, Medicaid or Private insurance.

Patient Identification Number

Policy group number, if applicable

ICD 9 code(s) (Multiple codes may be listed)

Optional information: Patient's phone number

Note: If we need to contact the physician after hours, this may help if he/she needs to contact the patient immediately.

Questions: Contact Lisa Hart,  
Processing Coordinator

## **NEW NORMAL VALUES**

**Effective June 2004:**

**CK (Creatine Kinase)** did not differentiate normal values into sexes, but as of June 2004, reporting has changed.

**Males** <190 u/L  
**Females** <160 u/L

**CO2 (Carbon Dioxide):** Normal range is now 23-32 mmol/L.

Questions: Contact Jan Nelson,  
Chemistry Supervisor

## **PRICE UPDATE FOR MEDICARE NCD AND LIMITED COVERAGE**

New price sheets are available for Medicare NCD and Limited Coverage tests. If you desire a price sheet, please call Bev Ruch and give your name and account number. A copy will be then be forwarded to you.

## **HIV DIAGNOSIS CODES FOR MEDICAID**

We have noticed an increase in the numbers of denials for HIV testing of Medicaid patients. We contacted Medicaid, and they informed us that the only codes for which they will pay for HIV testing are:

V69.2 High Risk Sexual Behavior  
V22 and V23 Pregnancy Codes

All other codes are considered non-specific and will be denied.

Questions: Contact Ruth Ann Bartels,  
Director of Marketing

## **WEST NILE VIRUS ANTIBODY**

**Test # 9282 SERUM CPT code 86317 x 2**  
**# 9283 CSF CPT code 86317 x 2**

**\*\*\* Effective July 1, 2004**

**Specimen:** 1 mL serum or CSF,  
refrigerated

**Reporting:** **We are sending specimens to UNMC Regional Laboratory, which will test for IgG and IgM.**

**\*\*\*Cost** Serum Client \$ 58  
Patient \$ 68

**\*\*If CSF is submitted with the serum, there is no charge. IgM is usually detectable by the time symptoms appear. IgG is suggestive of current or past exposure.**

**Note:** IgM is usually detectable by the time symptoms appear. IgG is suggestive of current or past exposure.

Questions: Contact Lisa Hart, Processing Coordinator.

**Would you like to receive the Technical Bulletin via e-mail?**

If so, please contact Ruth Ann Bartels,

ruthann@physlab.com

and we will put you on our mailing list.

