PHYSICIANS LABORATORY SERVICES
www.physlab.com

TECHNICAL BULLETIN

Volume #9 **Issue #1** **January 2011**

PLS Appreciates Your Business!!

As the holiday season draws to a close, Physicians Laboratory would like to extend our appreciation to our clients. We are thankful for your loyalty to our company and we are determined to continue our high level of service. If there are new or additional ways that we can support your business, please do not hesitate to contact us. We look forward to continuing our relationship in 2011.

Centers for Medicare & Medicaid Services Extend Requirement for Physician Signature

The Centers for Medicare & Medicaid Services (CMS) announced on Tuesday, December 21, 2010 that the provider's signature requirement on laboratory requisitions has been delayed for the first quarter of 2011. Physicians Laboratory will continue to monitor the activity surrounding this regulation and provide our clients with additional information as it becomes available.

Please contact Kacey Moreland (800)642-1117 with any questions.

Vitamin D Assay Testing Medicare Coverage Policy

Effective 12/15/2010 a Medicare Local Coverage Determination (LCD) was issued for Vitamin D Assay Testing. Per LCD L31076, Vitamin D Testing may no longer be used for routine screening and payment will be restricted based on ICD9 Diagnosis Codes. A copy of the LCD and a listing of the appropriate diagnosis codes can be found at the following web address under Active Policies – Local Coverage Determinations:

http://www.wpsmedicare.com

PLS EMR Interfacing & IT Capabilities

Physicians Laboratory has the ability to interface to EMR systems. We currently have both orders and results interfaces in place with numerous clients. Our IT staff has experience working with several different vendors and is readily available to assist our clients during the interface validation process. If you are interested in pursuing an interface with your EMR, please contact Bob Frenzel at (800)642-1117.

Order Your Supplies Online

Physicians Laboratory offers our clients the ability to order supplies via mail, phone, and website. To place your order online, please visit www.physlab.com. Click on the Supply Order tab at the top of the screen and this will take you to the online form. You will need to enter your name, phone number, and clinic/hospital name. The online form provides our clients the ability to order requisitions, tubes/containers, and shipping supplies. This information is sent directly to our supply department so that all client orders can be expedited. If you wish to continue to order supplies via phone, our supply department personnel are available from 7:30am – 4:00pm Monday through Friday.

C. Difficile Testing and Stool Integrity

Current CDC guidelines recommend toxin testing only on liquid stools. Stools that are formed or solid run a significant risk for erroneous results and can produce false positive or false negative results. False positives may occur due to presence of non-toxogenic strains. False negatives can occur from lowered test sensitivity and also rapid toxin degradation. In addition, many people are asymptomatic carriers of toxogenic and/or non-toxogenic strains of C. difficile. Therefore, effective Jan 1, all stools that are formed will have this comment added to the result:

"Specimen submitted is formed stool. Current guidelines recommend toxin testing only from liquid stools. Testing asymptomatic patients (including test of cure) is not recommended or clinically useful."

Further information is available at the CDC's website (www.cdc.gov).

Allergen Testing – Dog Epithelium discontinued, replaced with Dog Dander

The IgE specific allergen for Dog Epithelium (Test # 1450) has been discontinued and was replaced with IgE specific Dog Dander (Test #1460). This allergen was a part of the Respiratory Panel II and as an individual order. Dog Dander cross reacts with Dog Epithelium and is more sensitive and specific for allergic symptoms resulting from sensitivity of canine exposure. This change was made in December 2010 as the old assay was no longer available.

MTHFR (Methyltetrahydrofolate Reductase)

Physicians Laboratory Services now offers Methylenetetrahydrofolate reductase (MTHFR) testing at our Omaha facility. MTHFR is an enzyme that catalyzes homocysteine to methionine. Several point mutations are known to occur and we test for the following mutations:

- C677T
- A1298C
- Wild type

A homozygous 677 mutation results in reduced activity, leading to elevated plasma homocysteine levels, which has been implicated as a risk factor for vascular and thromboembolic disease and neural tube defects.

A homozygous 1298 mutation shows a decreased MTHFR activity but no higher plasma homocysteine or lower plasma folate concentration is observed.

Compound heterozygotes (677 and 1298) show the same level of homocysteine increase and decrease of plasma folate concentration as 677 homozygotes.

The same mutations have been associated with methotrexate sensitivity. Homozygosity for 677 is associated with methotrexate related toxicity. Homozygosity for 1298 is associated with lower dose requirements.

Physicians Laboratory uses a Polymerase Chain Reaction (PCR) to amplify two portions of the MTHFR gene, which contain the mutation sites. The test number for MTHFR and specimen requirements are:

Test #	8140
Specimen:	5.0 mL Whole Blood Lavender (EDTA).
Performed:	Thursday
CPT Codes:	83891, 83900, 83896x4, 83912

Celiac Disease – Deamidated Gliadin Peptide Antibodies - IgG & IgM replacing Gliadin Antibodies – IgG & IgM

The prevalence of the recently described deamidated gliadin peptide antibodies was compared with that of the routinely used antigliadin, antiendomysial, and tissue transglutaminase antibodies in the sera of 128 untreated celiac patients and 134 controls. Sensitivity and specificity for celiac disease were 83.6 and 90.3% for IgA and 84.4 and 98.5% for IgG antibodies to deamidated gliadin peptides. The new test displayed higher diagnostic accuracy than antigliadin antibodies and effective February 1, 2011 will replace antigliadin antibodies in both Celiac Panels offered by Physicians Laboratory Services. Persistence of peptide antibodies after gluten withdrawal was an expression of low compliance with the diet and of the lack of improvement of the intestinal mucosa. The combined use of tissue transglutaminase and deamidated gliadin peptide antibodies seems to be a very useful tool for celiac disease diagnosis. Moreover, antibodies to deamidated gliadin peptides can be helpful in disease follow-up.

How to order Glucoses and get what you want!

INDIVIDUAL ORDERS:

 # 137 Random

 # 27 Fasting

 # 139 2 hour pp — 2-hour postprandial blood sugar measures blood glucose exactly 2 hours after you start eating a meal.

GLUCOSE TOLERANCE TEST ORDERS:

 # 20 1 hr Glucose — 1 hr after administration of glucose test dose. (Often used for OB pts)

 # 1142 ADA Glucose Tolerance — Includes Fasting, ½, 1 & 2 hr samples

#142 3 hr Glucose Tolerance — Includes Fasting, 1, 2 & 3 hr samples.

#2321 3 hr Glucose Tolerance (Plus ½ Hour) — Includes Fasting, ½, 1, 2 & 3 hr samples.

#144 5 hr Glucose Tolerance — Includes Fasting, 1, 2, 3, 4 & 5 hr samples.

Using the appropriate test order ensures a report that provides chronological results and is more interpretive with regards to glucose tolerance.