

## Transfusion Medicine Timeline

- 1628: English physician William Harvey discovers circulatory system
- 1665: first recorded successful transfusion occurs in England, dog to dog
- 1795: American physician Phillip Syng Physick performs first human transfusion
- 1867: English surgeon Joseph Lister uses antiseptics to control infection during transfusion
- 1884: saline infusions are used to replace blood volume
- 1900: Karl Landsteiner, an Austrian, discovers first three blood groups: A, B, and C (later changed to O)
- 1902: AB blood type added
- 1907: Reuben Ottenberg performs first transfusion using blood types and crossmatching, New York
- 1908: antiglobulin reaction described
- 1912: the terms "universal donor" and "universal recipient" are coined
- 1914: sodium citrate preservative developed
- 1932: first blood bank established in Leningrad, Russia
- 1937: first American hospital blood bank created at Cook County Hospital in Chicago
- 1939: Landsteiner discovers Rh blood group
- 1940: ACD (acid citrate dextrose) introduced
- 1945: Coomb's test described to identify "incomplete" antibodies
- 1947: AABB is formed to promote common goals among blood banks
- 1950: introduction of plastic bags for donor units
- 1957: AABB forms its committee on inspection and accreditation
- 1958: AABB publishes 1<sup>st</sup> Edition of *Standards for Blood Transfusion Services*
- 1967: Rh immune globulin commercially available
- 1970: blood banks change to all-volunteer donations
- 1971: HBsAg testing begins
- 1981: first case of AIDS reported
- 1999: implementation of NAT testing begins under the FDA's Investigational New Drug application process ♦

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## Editor Notes January/February 2003

A co-worker directed me to an article on the ASCP Member news from November of 2002. This can be found on the ASCP website. This article conveys information from a book written by Les Krantz. According to this author in the sixth edition of the Jobs Rated Almanac, medical laboratory technicians and medical technologists are very high on the list of best jobs.

MLTs and MTs ranked 23rd and 36th (respectively) in a list of 250 jobs. These same positions also ranked fifth and tenth in the "Healthcare/Medicine" occupational category. Factors such as salary, stress levels, work environment, outlook, security, and physical demands were used to score the study. Each criteria was weighted equally and a cumulative score was tabulated.

In this book it is expected that employment opportunities for MLT's will increase through the year 2005. Workers with extensive experience with computerized lab equipment will have the best prospects for continuing employment." (p. 164) For MTs, Krantz cites an income growth potential of 90% (p. 112), and in the book's "Outlook" section, the author says, "The volume of laboratory testing will increase sharply in the coming years and advances in medical technology will serve to create new tests and laboratory procedures perhaps even overloading the present capacity of the system. Workers and new laboratories are always in demand." (p. 164)

The book also acknowledges that skill and pressure are involved with the jobs, stating that the work pace may be very hectic. Laboratorians must follow proper sterilization and handling procedures to reduce the possibility of exposure to infectious substances." (p. 55) In the "Physical Demands" section for MLTs it reads, "Since the lives of patients may depend on the work of medical lab technicians, these workers may experience fatigue from the pressure of having to perform accurately and quickly." (p. 212)

Although none of this information is new to us in the laboratory field, it is good to see that our field is gaining ground and being recognized. I remain optimistic in my belief that soon the world will realize the crucial role we play in healthcare. Now is not the time to let apathy take hold. Roll up your sleeves, dig in your

heels, and continue to promote your field. We are valuable! Our jobs are evolving and we can "reinvent" our industry. We are being asked to do more with less staff. It is time to get creative. If you have ideas, develop a plan and present it. It could be as straightforward as adjusting your workflow, or the shifts you work. Replace frustration with questions like "how could this be handled differently". Don't expect others to make you happy. You need to make yourself happy. Smiles and laughter are infectious... and that is something safe to spread around!

Some very high paying jobs were considered to be undesirable: NBA basketball player ranked 188, NFL football players ranked 204, and U.S. president ranked 175. Other jobs getting negative press included carpenters (ranked 228), taxi drivers (ranked 245), dishwasher (ranked 231), and farmers (ranked 243).

Lori Murray, MT(ASCP)



NEVER CATCH  
SNOWFLAKES WITH  
YOUR TONGUE UNTIL  
ALL THE BIRDS HAVE  
FLOWN SOUTH FOR  
THE WINTER.

Avera Laboratory Network *Lab News* is published every other month to provide the latest updates on services from labs of the Avera Laboratory Network.

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January 1 not only marked the “ringing in of the new year” it also marks the start of the changes in the National Medicare Reimbursement Coverage. As many of us are beginning to realize this is a very complicated and very important issue, one not to be taken lightly. There is one piece of positive news mixed in with all of the changes though, in that there will be a 1.1% increase in the Medicare payments of all clinical laboratory tests performed after Jan 1, 2003. This is the first time Congress has authorized an automatic increase in Medicare payments in the past five years. While the whole process of coding, diagnosis, compliance, and reimbursement may leave us all a bit confused, it is such an important issue to us all that it’s worth taking a moment to familiarize ourselves with a few of the new changes. Here are just a few things to keep in mind as we get ready for the Medicare year 2003:

- Pap smears will also have a national minimum increase in payment of 1.1% to make the new payment \$14.76. Remember, however, that reimbursement is always the lower of the submitted charge or the fee schedule amount. Any claim for less than the fee schedule value will be paid the submitted amount.*
- The payment of \$3.00 for routine venipunctures and catheterized urine collections will remain \$3.00 and will not be subject to the 1.1% increase.*
- Claims for a test listed in the “HCPCS Codes” must be submitted with an ICD-9-CM diagnosis code or comparable narrative. Codes that describe symptoms and signs, as opposed to diagnoses, should be provided for reporting purposes when a diagnosis has not been established by the physician.*
- Diagnoses documented as “probable,” “suspected,” “questionable,” “rule-out,” or “working diagnosis” should not be coded as though they exist. Rather, code the condition(s) to the highest degree of certainty for that encounter/visit, such as signs, symptoms, abnormal test results, exposure to communicable disease or other reasons for the visit.*
- When a nonspecific ICD-9 code is submitted, the underlying sign, symptom, or condition must be related to the indications for the test.*

- Tests for screening purposes that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered by Medicare except as explicitly authorized by statute. While these may include exams required by insurance companies, business establishments, government agencies they are not covered by Medicare.*
- Since the final ruling on the 2003 Physician Fee Schedule has been postponed, it still is not known what changes will apply to Pathologist payments.*

Please remember this is only touching on a very few points and changes for the upcoming year, and it is very important to familiarize yourself with all of the changes. If any problems or concerns do arise please feel free to contact your own Compliance Officer, ALN’s Customer Service, or your ALN Account Representative.

There is a short window period from Jan 1- March 31 to implement the 2003 CPT changes, with the final changes being implemented April 1.

The following is a complete list of the updated 2003 CPT Codes and changes:

**AUTOMATED PANELS**

Deleted  
80090 TORCH antibody panel

**CHEMISTRY**

New  
83880 Natriuretic peptide  
84302 Sodium; other source

**HEMATOLOGY**

New  
85004 Blood count; auto diff WBC count  
85032 Blood count; manual cell count (erythrocyte, leukocytes or platelet)  
85049 Blood count; platelet, auto  
85380 Fibrin degradation product, D-dimer; ultrasensitive (eg, for evaluation for venous thromboembolism, qual or semi-quant)

**REVISED**

85007 Blood count; blood smear, microscopic exam with manual diff WBC count

**REVISED (CONT.)**

85008 Blood count; blood smear, microscopic exam without manual diff WBC count  
85009 Blood count; manual diff WBC count, buffy coat  
85014 Blood count; hematocrit  
85018 Blood count; hemoglobin  
85025 Blood count; complete CBC, automated (Hgb, Hct, RBC, WBC, and platelet count) and automated differential WBC count  
85027 Blood count; complete CBC, automated (Hgb, Hct, RBC, WBC, and platelet count)  
85041 Blood count; red blood cell (RBC), automated  
85044 Blood count; reticulocyte, manual  
85045 Blood count; reticulocyte, automated  
85048 Blood count; leukocyte (WBC), automated  
85378 Fibrin degradation products, D-dimer; qualitative or semiquantitative

**Deleted**

85021 Blood count; hemogram, automated (RBC, WBC, HGB, HCT, & indices only)  
85022 Blood count; hemogram, automated, manual diff WBC count; CBC  
85023 Blood count; hemogram and platelet count, manual diff WBC count  
85024 Blood count; hemogram and platelet count, auto, and auto partial diff WBC count (CBC)  
85031 Blood count; hemogram, manual, complete CBC  
85585 Platelet; estimation on smear only  
85590 Platelet; manual count  
85595 Platelet; automated count

**TRANSFUSION MEDICINE**

Deleted  
86915 Bone marrow or peripheral stem cell harvest, modification or treatment to eliminate cell type(s) (eg, T-cells, metastatic carcinoma)

**MICROBIOLOGY**

New  
87255 Virus isolation; including ID by non-immunologic method, other than by cytopathic effect (eg, virus specific enzymatic activity)  
87267 Enterovirus, direct florescent antibody  
87271 Cytomegalovirus, direct florescent antibody

**CYTOPATHOLOGY**

New  
88174 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, auto thinlayer prep; screening by auto system, under physician supervision

**CYTOPATHOLOGY (CONT.)**

88175 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, auto thinlayer prep; with screening by auto system and manual rescreening, under physician supervision  
Deleted  
88144 Cytopathology, cervical or vaginal (any reporting system), collected in preservative fluid, auto thinlayer prep; with manual screening and computer assisted rescreening under physician supervision  
88145 With manual screening and computer assisted rescreening using cell selection and review under physician supervision

**OTHER**

New  
89055 Leukocyte count, fecal  
36416 Collection of capillary blood specimen (eg, finger, heel, and ear stick) however, continue to use G0001 for Medicare patients for both venipuncture and capillary punctures

**REVISED**

36415 Collection of venous blood by venipuncture  
83910 Semen analysis; motility and count (not including Huhner test) ◆

**Customer Satisfaction Survey**

We would appreciate you taking a few minutes to complete the following survey.

**You can fax or mail to us at:**

Avera Laboratory Network  
3900 West Avera Dr., Suite 100  
Sioux Falls, SD 57108

Fax: 605-322-4666

You can also complete this survey on-line at [www.averalabnet.com](http://www.averalabnet.com)

This survey will give us the opportunity to evaluate your opinion of our services and identify areas for improving services to you and your patients.

Thank you for your cooperation.

Date \_\_\_\_\_

Please Rate our Services	Excellent	Good	Average	Below Average	Poor	Not applicable
1. Stat testing turnaround time						
2. Routine test turnaround time						
3. Esoteric test turnaround time						
4. Quality/Reliability of results						
5. Critical value notification						
6. Courier service						
7. Adequacy of test menu						
8. Courtesy of Laboratory Staff						
9. Consultation services						
10. Educational materials						
11. Business Development representatives						

Additional Comments.

If services are rated below average or poor, please provide specifics or suggestions for improvement. ◆

## JCAHO Notes

-The Joint commission on Accreditation of Healthcare Organizations (JCAHO) has instituted a policy change prohibiting its surveyors from providing JCAHO accreditation-related consulting services to health care organizations effective Jan 1, 2004.

-The American Proficiency Institute (API), the American Society for Clinical Pathology (ASCP) and JCAHO have announced a collaborative relationship to offer a package of laboratory accreditation services, customized proficiency testing and technological and scientific educational services. Labs will be able to utilize menu driven, Web-based API proficiency testing that meets JCAHO requirements and participate in ASCP technological and scientific educational programs that are uniquely designed for customer needs. ♦

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### ALN Helps Provide Mission Support

Five people from Avera Health spent the week of October 27 to November 2 in Jeremie, Haiti learning and working with the Haitian Health Foundation(HHF). These five were the first from Avera Health to visit the HHF mission, which was recently chosen for the focus of Avera's efforts to relieve third-world poverty.

Jeremie has one hospital and this is the only hospital facility in the region, an area with 400,000 people. People must pay up front for medicine and supplies they need. Access to medical care and medication in this impoverished area is minimal. Disease such as typhoid, dysentery, malaria, impetigo, uterine infections, parasites, high blood pressure, and others plague the people of this area. An special need is assistance with complicated deliveries, for currently 1 in 17 Haitian women die in childbirth. A high percentage of newborns die from pneumonia or other

complications. Training is needed to provide agents in the villages with the skills they need to manage these emergencies, and others, in the remote villages.

The HHF has established a mission clinic to provide care and services to the Haitian people. Avera Health has chosen to assist this group with their ministry. As part of our efforts to assist the People of God Clinic in Jeremie, the Avera Laboratory Network has begun reading pap smears for the clinic . The Avera St Lukes Service Center is currently reading 40-60 pap smears a month, and sending the results back to Jeremie via email. The service we are providing has increased the turn-around time for their pap results by about 3 months. It is our hope that this service will allow those women to receive more timely care and treatment. ♦

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