

Editor Notes

Have you thrown in the towel? Given up on management, or your profession. Resigned yourself to be unhappy in your job. When opportunity comes knocking, do you ask yourself “What is in it for me” or “what do I get out of it?”

How often have you complained about something at work that wasn’t going the way you wished? How often have you grumbled, “Why me?” How quick are you to jump on the negativity bandwagon?

I have been hearing an old familiar phrase a lot lately “What you get out of something, depends on what you put into it”. I find myself saying it to my children in regards to school, sports, and friendships. I tell them if you don’t put forth the effort, how do you expect to gain better understanding of concepts, games, or people? This seems to go hand in hand with the Golden Rule “do unto others, they way you would want them to do unto you”.

If you are finding yourself feeling discontented and frustrated, it may be time to do some self-evaluation. When you aren’t happy with what is happening around you, ask yourself “What can I do to make a difference?” What we get *out* of something, is dependant on what we put *into* it. If we don’t take the time to get involved, we most likely will not have a rewarding experience. We need to start taking responsibility for our own happiness. If you come to work just for the paycheck, that is all you are going to get. Would you like working with you? Are you an enthusiastic and dedicated professional?

You have a chance to make a difference, and there is no better time than the present. Our laboratory profession is in dire need of some new life. Clinical Laboratory Scientists are a vital part of caring for patients, and just as those patients need nurses and doctors, they also need the clinical laboratory professionals. We can be doing so much more to enhance patient care. If you haven’t been active in supporting your profession, now is the time. Join a professional association and make a difference. Get involved, make changes, enhance the laboratory career, and empower the future of clinical laboratory science. It is your responsibility to get involved. ♦

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VOLUME 2 NUMBER 5

September/October 2003

Retirement



Hired on August 31, 1964, Don Kraft officially retired on August 30, 2003 after 39 years of devoted service to the Avera St. Lukes Laboratory.

Don received his education at South Dakota State University and worked as a Microbiologist at Avera St. Lukes. Don’s hometown is Aberdeen, SD, and he has two grown children. His son Dave lives in Aberdeen, and daughter Kelly and granddaughter Taylor live in Phoenix, AZ. Don is an avid Hunter and fisherman. He has fished the Alaskan waters several times for Salmon and Halibut, as well as fishing in Mexico for Marlin.

Don is a consummate professional. He was a great resource to all of the healthcare providers served by Avera St. Lukes. He is retiring after 39 years to spend his days pursuing his fishing and hunting hobbies. Don was instrumental in teaching many MT and MLT students over the years. We want to thank him for his years of service to Avera St. Lukes and the entire laboratory profession. ♦

Case Study

A 31 year-old Caucasian female visited her family physician complaining of jaundice, dark urine, loss of appetite, nausea, and itchy skin. Her medical history was non-remarkable except that she had been receiving treatment for recurrent strep throat and chronic sinusitis. She had undergone a course of Augmentin XR nearly one month prior to the appearance of jaundice. Lab results were as follows

CBC: normal	PT/PTT: normal	ALP: 309*	
UA: positive bilirubin, positive ictotest	GGT: 187*	ALT: 276*	AST: 173*
TBIL: 6.2*	DBIL: 3.9*		

After ruling out viral, autoimmune, and bacterial causes of hepatitis, the diagnosis was drug-induced hepatitis. Drug-induced hepatitis is caused by toxic levels of certain medications which results in liver cell damage and destruction. Symptoms include fever, rash, hives, joint pain, sore muscles, fatigue, nausea, vomiting, decreased appetite, jaundice, and abdominal pain. Some medications known to cause reactions include acetaminophen, halothane, methyl dopa, isoniazid, methotrexate, amiodarone, erythromycin, chlorprimazone, anabolic steroids, and oral contraceptives.

Drug-induced hepatitis is usually a self-limiting condition with gradual improvement after discontinuation of the offending medication. It may take weeks for liver enzymes to return to normal.

In this case, Augmentin XR which was prescribed for the patient’s strep throat and sinusitis was the causative agent. Hepatotoxicity is very rare with this medication, occurring in about 1.7 in 10,000 prescriptions, according to one report. Other reports indicate an even lower incidence, 1 in 100,000. Hepatitis from Augmentin XR therapy occurs more often in patients 60 years or older, with males affected 4:1 over females. Augmentin XR is comprised of two antibiotics, amoxicillin and clavulanic acid. It is believed that the clavulanic acid causes the adverse reaction, not the amoxicillin.

The woman’s liver enzymes returned to normal about 8 weeks after diagnosis. Follow-up hepatic panels have remained normal. ♦

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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Questions may be directed to your Avera Laboratory Network representative or contact Lori Murray at (800) 657-8095, lori.murray@avera.org

Coding and Billing for Blood Products and Services

Every day in our hospitals, blood is required and given to help save the lives of patients undergoing surgery, accident victims, and for the treatment of cancer. The cost of providing these blood products along with the collection, processing and transfusion fees are costly and the reimbursement guidelines have become very complex. In recent years the health care system has endure tough economic pressures and it's important now more that ever that hospitals recognize the importance of proper reimbursement for blood products and services. Many hospitals do not properly bill for these products and services and therefore may not get the most reimbursement possible.

Even though the cost of blood and blood products are included in a patient's DRG it is critical that hospitals thoroughly and accurately code and bill for these services. Even though there is no single diagnosis code that will always justify the use of blood, the following points are to help assist us when coding and billing for blood products and services.

- Blood processing refers to the confirmatory, preparatory, collections or safety practices preformed prior to transfusion and are reported on a per unit basis to a third-party payers.
- Both blood suppliers and hospitals can perform blood processing.
- General administrative costs like time required to manage the Blood Bank, specific capital costs and overhead can be passed along.

- The only processing cost that should not be reported is the cost of spoiled or defective blood products.
- Although its policies are defined and executed at the state level, Medicaid tends to follow CMS policies and Medicare's methods for reimbursing providers are also increasingly being adopted by private insurers.
- Hospitals use the five following code sets to bill for blood utilization:
 1. Revenue codes are used to bill facility charges.
 2. HCPCS codes are used to bill for costs for blood, blood components and plasma derivatives.
 3. CPT codes are used to bill for procedural services.
 4. ICD-9-CM diagnosis codes
 5. ICD-9-CM procedure codes
- CMS currently allows hospitals to bill and be reimbursed for only units transfused, not all units ordered.
- If hospitals report a HCPCS blood unit code and no accompanying transfusion CPT code, payment will be denied.

With the ever-changing health care system it is important that hospitals consistently review the costs and charges associated with specific codes, keep current with coding and reimbursement updates and monitor compliance and billing rule changes. If you have any questions relating to reimbursement for blood and related services please contact you ALN Representative or Corporate Compliance Officer. ♦

AVERA LABORATORY NETWORK COURIER SERVICE.



On September 2, 2003, we launched our own fleet of courier cars. Look for the new Avera Laboratory Network courier cars in your community.

John Kangas Receives Award

John Kangas has been recognized as the recipient of the 2003 CLMA Management Award. John is a Business Development Representative for the Avera Laboratory Network and has been acknowledged for all his efforts in strengthening and making a positive impact on our laboratory profession.

The CLMA Management Award is presented at SDAHO's Joint Luncheon Award each year. This award recognizes a fellow member who has contributed to the forward movement, educational support, business management, or customer relations of the clinical laboratory profession.

Bands V. Segs

Ahh... the age-old question "Is it a band or is it a seg?"

This article is intended to give you some insight on how to tell the difference.

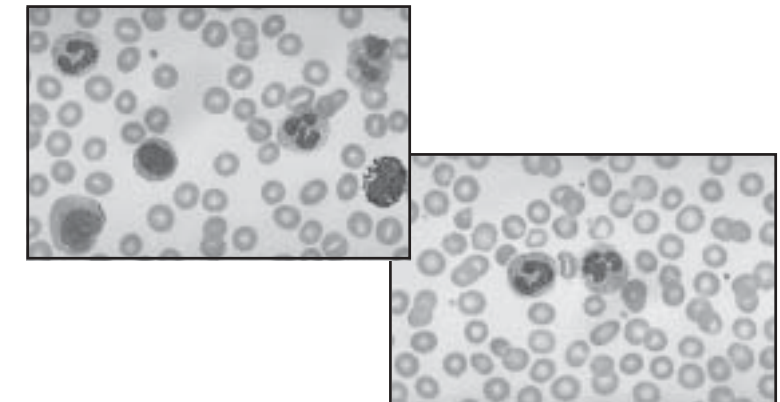
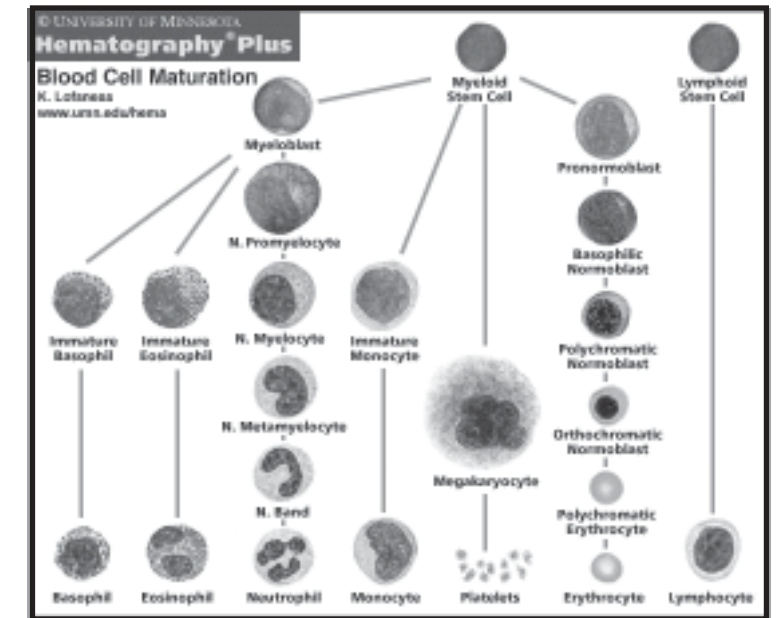
What's a band?

A band is a neutrophil that isn't fully mature. It's called a band because of the nucleus. The shape of the nucleus is the easiest way to differentiate between bands and segs. In a band neutrophil, the nucleus can be central or eccentric. The nucleus can be shaped like a sausage. It can also look like the letters C,U, or S. If small extensions of the nucleus are seen, it can still be classified as a band as long as there is no filament present. The chromatin is usually coarse and clumpy. The cytoplasm can be a light pink or colorless. The N:C (Nucleus: Cytoplasm) ratio is about 1:2. Sometimes, azurophilic granules are present.

What's a seg?

A seg, or segmented neutrophil, is the most mature cell of the myelocytic line. It's called a seg because of the nucleus. The nucleus of the seg is lobed. There are usually between two and five lobes in a typical seg. Each lobe is connected by a filament of chromatin. The N:C ratio is 1:3. The cytoplasm is pink or colorless with specific or secondary granules.

Each lab has it's own set of criteria to identify bands and segs. More than likely, we all identify them with the same criteria. The information presented above is just a little reminder on the differences between bands and segs. ♦



GENERAL OPERATION PROCEDURES

Abbott Representatives will be present to demonstrate general Maintenance, troubleshooting, and calibration on Abbott Cell Dyne 1700, 1800, and 3200

November 13, 2003

Limited seating.
Pre-registration required
Call 605-322-4652 for information