

Mark Your Calendars!!

P.A.C.E stands for Professional Acknowledgement for Continuing Education. Basically, it's an administrative system that provides quality educational programs to clinical lab professionals.

Each year, P.A.C.E provides hundreds of academic programs. The credits you gain are accepted by just about every agency a medical professional can belong to. Programs are provided in different formats, allowing you to choose which ever makes you feel comfortable. Generally, meetings are most common, however, programs are also on the internet, CD-ROM, or audio/visual cassettes.

A number of programs are offered through joint efforts of the Avera Laboratory Network and our regional hospitals. A minimum of 5 laboratory programs are being offered throughout the year 2004. The first of which is our day long, Annual ALN Symposium on **March 18, 2004**. The day will be filled with information on Cardiac Risk Markers, Diabetes, and Molecular testing, and time for networking with your peers. Information regarding sign-up for this program will be in the mail soon.

Other regional events:

February 26 – Avera McKennan Regional Advisory Council Meeting

April 14-16 – THE 2004 COMBINED ASCP, CLMA, NSCLS STATE MEETING – Omaha, Nebraska

May 5-7 – SDSCLS and CLMA Siouxland Chapter Spring Meeting- Huron, SD

May 11-14 – 2004 Collaborative Spring Meeting of Laboratory Professionals (MN) Mystic Lake Casino – Twin Cities ♦

Specimen Transport Update

Clarification of Medical, Diagnostic and Infectious
Check out the ARUP website for information

http://www.aruplab.com/media/pdf/testing/hot_lines_2003/sp_specimentransport_nov03.pdf

Avera St. Luke's, Aberdeen
Avera Queen of Peace Health Services, Mitchell
Avera McKennan Regional Lab, Sioux Falls
Avera Sacred Heart Hospital, Yankton
3900 West Avera Drive
Sioux Falls, SD 57108



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Medical Laboratory Personnel Shortage Act of 2003

On February 5, 2003 a bill was introduced into the House of Representatives before the Committee on Energy and Commerce to address the issue of lab personnel shortages. The bill would be an amendment to the Public Service Health Act. Original sponsors of the bill are Representatives John Shimkus (R-IL), Jesse Jackson Jr. (D-IL), and Michael Bilirakis (R-FL). Six new cosponsors have since been named. The bill is aimed at providing federal funds to help increase the national medical laboratory personnel workforce.

The bill asks that the Secretary establish a program of scholarships and loan repayments which would include a period of obligated service in a designated shortage area. Eligible entities would include schools of allied health and health care institution-based programs that train medical lab personnel. Preferences would be made to assist entities in meeting the costs associated with expanding or establishing programs that would increase the number of trained lab personnel.

It was also requested in the bill that public service announcements be developed to highlight the advantages and rewards of careers in laboratory medicine in the hopes of encouraging individuals to enter the medical lab profession. There is also a provision to make grants available to appropriate public and non-profit entities to provide training to increase the number of cytotechnologists who are available with respect to screening women for cervical cancer.

We often hear of the shortage of nursing personnel, but the future of lab professionals is also precarious. According to the US Bureau of Labor Statistics there are 5,300 new clinical lab position created each year. There are also 4,000 vacancies each year due to retirement, career change, etc. which means a total of 9,300 lab professionals are needed annually. There are only 4,100 individuals graduating from accredited programs each year. The number of accredited training programs has declined from 1,000 to about 500. In 1999 ASCP certified fewer med techs than in 1959 (2,216 vs. 2,349, respectively). **The full ASCP Wage and Vacancy Survey can be seen in the September 2003 issue of Laboratory Medicine or on-line at: www.ascp.org/bor/center/center_research.ascp**

During the 2001 anthrax crisis, much routine public health lab testing was halted because staff was diverted to B. anthracis testing. Even a relatively mild US SARS outbreak last winter strained lab capacity and this winter we are looking at a severe influenza season. Our government must address the issue of medical laboratory personnel shortages if we are going to maintain a strong healthcare system. ♦

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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Consumer Laboratory Testing Information Page

Do you wish you could give your patients more information about laboratory testing? Here is a great link to review for yourself, or to offer to patients.

Consumer Laboratory Testing Information Page
<http://www.ascls.org/labtesting/index.asp>

OIG 2004 Workplan

In October 2003, the OIG issued its Work Plan for 2004. This Work Plan outlines what the government intends to audit, evaluate or investigate during the coming year. The OIG's objective is to evaluate vulnerable areas in the programs provided through three major entities of the Department of Health and Human Services (HHS): CMS, the public health agencies, and the Administrations for Children, Family and Aging. Healthcare providers should use this plan as a method for ongoing internal compliance efforts.

Among the top priorities will be to examine excessive billing for laboratory and imaging services furnished to nursing homes. Medicare pays more than \$200 million a year for such services, and the OIG plans to examine a sample population of nursing facilities to determine the extent and nature of any medically unnecessary services.

In the area of laboratory, the items below will also be under scrutiny:

- Testing outside certified specialties: Medicare currently does not compare billed testing with CLIA specialty certification before paying claims. The OIG wants to determine the extent at which Medicare is paying for testing outside the scope of a lab's CLIA certification. The OIG will compare claims with certification records in order to quantify improper payments and lost CLIA certification fees.
- ESRD payments: The OIG wants to find out if hospitals separately bill Medicare for laboratory services already included in their end-stage renal disease (ESRD) composite rate. Under Medicare's composite rate reimbursement, ESRD facilities are paid 100% of their costs. Because lab services are paid for under the composite rate, hospitals should not bill for them separately.
- Proficiency testing: The OIG will assess whether labs are complying with CLIA requirements to participate in Proficiency testing.

A copy of the OIG's 2004 Work Plan is available at <http://oig.hhs.gov/publications/workplan.htm> ◆

Chargemaster Compliance Reminders

Six new CPT laboratory codes will be recognized in 2004 by CMS. These codes relate to kidney function, gastroenteritis, blood platelets and Trichomonas infection. Medicare will reimburse these via the Part B fee schedule.

| New Code | Procedure |
|----------|--|
| 84156 | Protein, urine |
| 84157 | Protein, other source |
| 85055 | Reticulated platelet assay |
| 87269 | Infectious agent antigen detection by immunofluorescent technique: Giardia |
| 87329 | Infectious agent antigen detection by enzyme immunoassay technique; qualitative or semiquantitative, multiple step method, Giardia |
| 87660 | Trichomonas vaginalis, direct probe technique |

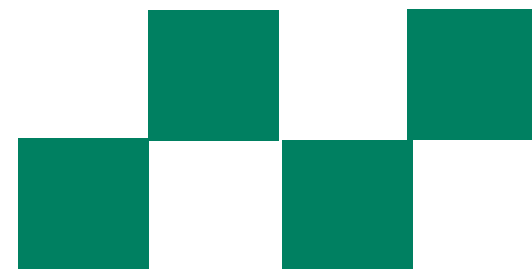
Appendix B of CPT manual summarizes all CPT coding changes

New codes are identified with a • to the left of the code.

Codes with a description change are identified with a △ to the left of the code.

Always assign codes with the description that most specifically describes a service.

Be certain to scrutinize the CPT 2004 manual. Above items are not the only new codes projected. Cytopathology and reproductive medicine sections should see changes also. ◆



CMS recommends payment for each of these codes be crosswalked to existing payment for similar procedures

| New Code | Crosswalk Code | 2003 National Limitation amount |
|----------|----------------|---------------------------------|
| 84156 | 84155 | \$5.12 |
| 84157 | 84155 | \$5.12 |
| 85055 | 86361 | \$37.41 |
| 87269 | 87272 | \$16.76 |
| 87329 | 87328 | \$16.76 |
| 87660 | 87470 | \$28.02 |

Phlebotomy: Specimen Collection Application Guide

In the daily routine of phlebotomy, we are often seemingly bombarded with an incomprehensible array of specimen collection tubes. What makes it seem even worse is the different types of additives, activators, and anticoagulants. In reality, there are several basic tubes and a few specialty tubes. The following is a guide to most of the commercially available blood collection tubes.

Test tubes are designed to maximize their particular function and preserve specimens for analysis. Some tubes contain nothing... a plain glass tube is a very effective tube for obtaining a serum specimen. However, as some facilities shy away from glass tubes, plastic tubes are available. Since plastic is an inert substance a clot activator must be added which is usually silica particles which mix with the blood and promote coagulation. At times it is desired to separate the plasma/serum from the cells without taking the time and effort to prepare and label an aliquot. An SST tube (serum separator tube) contains a gel layer which migrates to a position between the plasma/serum and blood cells during centrifugation. The primary anticoagulants act by removing or binding calcium from the specimen, thereby inhibiting the coagulation cascade. These include EDTA, sodium oxalate, ammonium oxalate, potassium oxalate, and sodium citrate. Heparin is the other main anticoagulant which prevents clotting by inactivating thrombin and thromboplastin.

| Stopper Color | additive | anticoagulant | used for |
|--|--|------------------------|---------------------------------------|
| RED | none (glass) clot activator (plastic) | none clots <60 min. | blood bank chemistry immunology |
| RED/BLACK OR GOLD HEMOGARD | clot activator and SST | none clots >30 min. | chemistry |
| LAVENDER | EDTA | yes | hematology |
| BLUE | sodium citrate | yes | coagulation |
| GREEN/GRAY OR GREEN HEMOGARD | heparin | yes | hematology chemistry |
| GRAY | K+ oxalate and Na+ fluoride or Na+ fluoride and thymol | yes | chemistry (especially glucose) |
| PINK | K2 EDTA | yes | hematology blood bank |
| YELLOW | acid citrate dextrose or sodium polyanethole sulfate (SPS) | yes | preserve RBC microbiology |
| NAVY/ROYAL | none sodium heparin sodium EDTA | no yes yes | trace minerals |
| ORANGE HEMOGARD OR GRAY/ YELLOW | thrombin | no clots >5 min. | chemistry |
| TAN | sodium heparin (plastic) K2 EDTA (glass) | yes | lead testing |