



“Keeping Our Client Informed”
Questions or Comments
Call 651-232-3500

HML UPDATE

For Our Valued HML Clients
Healtheast.org/hml

Winter 2018

Inside:

ICD-10 and Why 1

CPT Code Changes for 20182-3

Resident and Billing Expectations 4

Assisted Living/ Memory Care -
STAT / URGENT REQUESTS.....5

HML Testing Transitions - Wave 2..... 6-7

Human Papilloma Virus (HPV) Testing Transition..7

Online Supply Ordering.....8

Influenza Testing9

Consultant’s Corner9-10

Panel Changes.....11

* Tumor Necrosis Factor, Plasma



ICD-10 Code and Why

ICD-10 CODES

ICD-10 codes must be furnished by providers placing Laboratory orders. It is not the responsibility of the Laboratory to obtain or provide ICD-10 Codes. If an ICD-10 code is not furnished or incorrect – the laboratory request may be rejected and/or your facility will be invoiced and responsible for payment of the Laboratory request. By compliance the Laboratory does not have to render services without proper ICD-10 code and Patient information.

WHAT IS ICD-10

Insurers use ICD codes to classify conditions and determine reimbursement. Healthcare professionals use ICD codes to record and identify health conditions.

WEBSITES FOR ICD-10 CODES

- www.findacode.com
- www.cms.gov
- www.icd9data.com www.aapc.com/icd-10/codes
- Google

CPT Code Changes for 2018

The following CPT code changes will be effective on January 1st, 2018 for specimens collected on or after January 1, 2018. Please contact Jamie Lemieux, HealthEast Medical Laboratory CLS Specialist at 651-232-3528 for any questions.

CPT Description	NEW CPT/HCPCS	Current CPT/HCPCS	HML Panel
Almonds IgE	86008	86003	ALD or LAB634
Alpha Lactalbumin IgE	86008	86003	ALA or LAB457
Alternaria alternata IgE	86008	86003	ATT or LAB457
Aspergillus fumigatus IGE	86008	86003	ASF or LAB598
Beta lactoglobulin IgE	86008	86003	BLG or LAB461
Brazil Nut IgE	86008	86003	BZN or LAB1707
Carrot IgE	86008	86003	CRO or LAB1615
Casein IgE	86008	86003	CAS or LAB611
Cashew IgE	86008	86003	CSW or LAB607
Cat Dander IgE	86008	86003	CTE or LAB1668
Cedar, mountain IgE	86008	86003	CMT or LAB1635
Chestnut (sweet) IgE	86008	86003	CSN or LAB638
Chicken IgE	86008	86003	CKN or LAB632
Cladosporium herbarum IgE	86008	86003	CHB or LAB606
Clams IgE	86008	86003	Clams IgE or LAB633
Cockroach, German IgE	86008	86003	CKR or LAB1675
Codfish IgE	86008	86003	COD or LAB602
Common Silver Birch IgE	86008	86003	CSB or LAB601
Corn IgE	86008	86003	CON or LAB594
Cottonwood Tree IgE	86008	86003	COT or LAB1636
D farinae IgE	86008	86003	DF or LAB595
Dandelion IgE	86008	86003	DAN or LAB628
Dog Dander IgE	86008	86003	DOG or LAB591
Dust, House, Greer IgE	86008	86003	HDG or LAB612
Dust, house, Hollister IgE	86008	86003	House Dust or LAB613
Egg, white IgE	86008	86003	EGW or LAB588
Egg, yolk IgE	86008	86003	EGY or LAB589
Elm IgE	86008	86003	ELM or LAB608
English Plantain (Ribwort) IgE	86008	86003	EPL or LAB639
Fescue, Meadow IgE	86008	86003	MFS or LAB1646
Hazelnut IgE	86008	86003	HAZ or LAB1704
IgE Allergen Panel Childhood March with Total IgE	86008 x12 82785	86003 x12 82785	R01 or LAB2159

CPT Description	NEW CPT/HCPCS	Current CPT/HCPCS	HML Panel
IgE Allergen Panel Food	86008 x13	86003 x13	FOO or LAB2281
IgE Allergen Panel Midwest 7	86008 x7	86003 x7	MW7 or LAB2156
IgE Allergen Panel Midwest Large	86008 x20	86003 x20	MWL or LAB2157
IgE Allergen Panel Mini	86008 x11	86003 x11	MIN or LAB2158
IgE Allergen Panel Nut Food	86008 x8	86003 x8	NUT or LAB585
IgE Allergen Panel Regular	86008 x16	86003 x16	REG or LAB1528
IgE Allergen Panel Respiratory with Total IgE	86008 x18 82785	86003 x18 82785	R02 or LAB2160
IgE Allergen Seafood Panel	86008 x 6	86003 x6	FO1 or LAB596
Kentucky Bluegrass IgE	86008	86003	JKB or LAB603
Latex, IgE	86008	86003	LTX or LAB1737
Lobster IgE	86008	86003	LBS or LAB642
Maple / Box Elder IgE	86008	86003	BOX or LAB1634
Marsh Elder,Rough IgE	86008	86003	RMS or LAB1694
Milk Cow IgE	86008	86003	MCW or LAB1171
Oak IgE	86008	86003	OAK or LAB1439
Oat IgE	86008	86003	OAT or LAB643
Olive Tree IgE	86008	86003	OLV or LAB1640
Peanut IgE	86008	86003	PNT or LAB592
Pecan Nut IgE	86008	86003	PCE or LAB1622
Penicillium notatum IgE	86008	86003	IPE or LAB1220
Pistachio Nut IgE	86008	86003	PSO or LAB1147
Ragweed Giant IgE	86008	86003	RGG or LAB644
Ragweed, Short, Common IgE	86008	86003	RGS or LAB1661
Red Top (Bent Grass) Grass IgE	86008	86003	RTP or LAB1648
Rice IgE	86008	86003	RIC or LAB624
Rye Grass IgE	86008	86003	RYE or LAB624
Salwort,Russian Thistle IgE	86008	86003	RTH or LAB1664
Scallop IgE	86008	86003	SCP or LAB1708
Shrimp IgE	86008	86003	SHR or LAB617
Soybean IgE	86008	86003	SOY or LAB587
Staphylococcal Enterotoxin B IgE	86008	86003	SEB or LAB2111
Timothy Grass IgE	86008	86003	TIM or LAB1652
Tomato IgE	86008	86003	TOM or LAB625
Tuna IgE	86008	86003	TNA or LAB640
Walnut Food IgE	86008	86003	WNT or LAB1642
Wheat IgE	86008	86003	WHT or LAB1445
White Ash Tree IgE	86008	86003	ASH or LAB1632

Resident and Billing Expectations

PATIENT DEMOGRAPHICS *(Face Sheet/Claim Sheet/ Insurance Information Form)*

Patient Demographics - contains all the basic demographic information about an individual, patient or resident.

Patient demographics *(Face Sheet, Claim Sheet, Insurance Information Form)* include:

<i>Patient name</i>	<i>Date of Birth</i>	<i>Address</i>
<i>Health insurance information</i>	<i>Primary Insurance Group #</i>	<i>Primary Insurance Policy #</i>
<i>Guarantors</i>	<i>Emergency contact information</i>	<i>Gender</i>
<i>Phone number</i>	<i>Provider Information</i>	<i>Other</i>

Each piece of information is important because correct and quality entry of such information will directly impact billing of the resident's insurance or back to the facility. A good patient demographic form is the key to obtaining accurate information which is required for claim submission. Providing as much information as possible will reduce unnecessary contact and proper billing.

Your resident's insurance coverage **must** be provided before any Laboratory services are rendered. This information must be furnished before services begin and within 3 days of admission to your facility. Information for Laboratory billing services are no different than the billing information and expectation of your Pharmacy or X-ray partners.

Examples of information required by HML to bill correctly:

Facility Name	Today's Date	Provider First & Last Name
New Resident or Change in Billing Information	Gender	Resident Name
Patient Address (if different from facility)	DOB	
Medicare Number	Welfare Number	Medica Number
HealthPartners Plan Number	Member Number	Other Insurance Company
Resident's Medicare Insurance primary or secondary	Insurance Policy #	Insurance Address

Per your request, HML can provide a form with the above listed information.

Patient Demographic Information
Fax: (651) 232-3990 or emailed: hmlsnf@healtheast.org

HML Partners - **Assisted Living/ Memory Care**

ANNOUNCEMENT

STAT / URGENT REQUESTS

Beginning February 1st, 2018, ALL STAT/URGENT requests MUST include a provider's order.

STAT/URGENT requests will not be fulfilled without a provider's order

Why is HML asking for this?

- *High volume of billing denials related to STAT/URGENT requests.*
- *Missing Information for the STAT/URGENT request*
- *STAT/URGENT requests being ordered that are not a Medical Emergency or Necessity*
- *Compliance concerns related to the STAT/URGENT request*

Please contact HML Customer Service 651-232-3500 option 5 with questions or concerns.

HML Testing Transitions - Wave 2

As noted in previous communications, The HealthEast Care System, including HealthEast Medical Laboratory is now part of Fairview Health Services. This is an exciting opportunity for HealthEast Medical Laboratory and Fairview Diagnostic Laboratory to come together and offer the best services for our clients. Our early integration efforts have been around external contractual agreements where our combined organization can reach better overall agreements. Over the last few weeks, HealthEast Medical Laboratory has been working on transitioning some of the testing we currently refer to Mayo Medical Laboratories to either Fairview, where they perform internally or to ARUP (Associated Regional Pathology Laboratory) based out of Salt Lake City, Utah. ARUP is a nationally renowned referral laboratory associated with the University of Utah.

The second wave of this transition is ready to move forward! The following charts show the highlights for what is changing in Wave 2. Future announcements will follow with the subsequent waves expected to occur every 6 weeks.

See the additional worksheet for the full detail of changes including testing method, reference ranges, specimen requirements. Changes from current are noted in red. The online HML Reference Manual will reflect the changes on the listed go-live dates.

Please contact Craig Rousar, HealthEast Laboratory Manager at 651-232-3002 for any questions.

Effective Tuesday, December 19th the following tests will be moving from Mayo to ARUP

Current Test Code	New Test Code	Test Name	CPT Code(s)	Pricing
LAB693	LAB693	Bile Acids, Total, Serum	82239	\$23.59
LAB1257	LAB1257	Babesia microti Antibody, IgG by IFA	86753	\$26.08
LAB786	LAB786	Blastomyces dermatitidis Antibodies by Immunodiffusion	86612	\$21.00
LAB475	LAB475	Lamotrigine	80175	\$18.00
LAB171	LAB171	Prostate Specific Antigen (PSA), Total & Free	84153 84154	\$22.00
LAB125	LAB125	Vitamin B1 (Thiamine), Whole Blood	84425	\$20.00
LAB130	LAB130	Vitamin E, Serum or Plasma	84446	\$18.00
LAB557	LAB557	Aldosterone, Serum	82088	\$25.00
LAB777	LAB777	Cancer Antigen-GI (CA 19-9)	86301	\$20.00
LAB179	LAB179	Angiotensin Converting Enzyme, Serum	82164	\$17.00
LAB826	LAB826	F-Actin (Smooth Muscle) Antibody, IgG by ELISA with Reflex to Smooth Muscle Antibody, IgG Titer	83516 +86256	\$17.00 + 27.00
LAB873	LAB873	Erythropoietin	82668	\$18.00
LAB154	LAB154	Complement Activity Enzyme Immunoassay, Total	86162	\$20.00
LAB908	LAB908	Hepatitis Be Antigen	87350	\$23.00
LAB1240	LAB1240	Hepatitis Delta Virus Antibody	86692	\$24.23
LAB796	LAB796	Hepatitis Be Antibody	86707	\$24.00

Current Test Code	New Test Code	Test Name	CPT Code(s)	Pricing
LAB138	LAB138	Triiodothyronine (T3), Reverse	84482	\$33.83
LAB656	LAB656	Mycoplasma pneumoniae Antibodies, IgG & IgM	86738 x 2	\$31.76
LAB653	LAB653	Poliovirus (Types 1, 3) Antibodies	86658 x 2	\$87.00
LAB1110	LAB1110	Vitamin K1, Serum	84597	\$35.00
LAB1070	LAB1070	Bone Specific Alkaline Phosphatase	84080	\$30.00
LAB180	LAB180	Angiotensin Converting Enzyme, CSF	82164	\$25.00
	LAB3129	Chikungunya Antibodies, IgG and IgM	86790 x 2	\$60.00
LAB498	LAB498	Topiramate	80201	\$24.00
LAB556	LAB556	Aldolase, Serum	82085	\$14.00
LAB769	LAB769	C1-Esterase Inhibitor Functional	86161	\$35.13
	LAB3130	Anti-Mullerian Hormone	83520	\$50.00
LAB1333	LAB1333	Coxsackie A Antibodies (Serotypes 2, 4, 7, 9, 10 and 16), Serum	86658 x 6	\$87.70
LAB207	LAB207	Treponema pallidum (VDRL), Cerebrospinal Fluid with Reflex to Titer	86592	\$17.35
LAB3089	LAB3089	Treponema pallidum (VDRL) Titer, CSF	86593	\$33.38
LAB522	LAB522	Dehydroepiandrosterone, Serum or Plasma	82626	\$25.00
LAB2123	LAB2123	C-Telopeptide, Beta-Cross-Linked, Serum	82523	\$30.00
LAB2168	LAB2167	Metanephrines, Plasma, Free	83835	\$30.00
LAB1352	LAB1352	Legionella Species by Qualitative PCR	87541 87798	\$95.00

Human Papilloma Virus (HPV) Testing Transition

Effective December 14, 2017, HPV testing off gynecological specimens (Pap smears) will be transitioned to Fairview Diagnostics Laboratory. Testing will be performed on the Roche Cobas 4800 system, which utilizes automated extraction and simultaneous amplification of the HPV L1 region and beta-globulin.

The Roche Cobas 4800 will detect 14 high-risk HPV DNA genotypes (31, 33, 35, 39, 45, 51, 52, 56, 58, 59, 66 and 68.) Only HPV genotypes 16 and 18 will be individually identified.

Results will be reported as positive or negative for the following values:

HPV16 DNA
HPV18 DNA
Other HR HPV

A final diagnosis comment, including a summary of testing methodology, will accompany these values.

Previously, HML allowed HPV testing to be performed up to 30 days after collection of the SurePath liquid based Pap test. **With this transition, HPV testing must be completed within 14 days of specimen collection.**

There will be no change to how HPV tests are ordered or reflexed in Epic, and there is no anticipated change to current turnaround time.

If you have any questions or concerns regarding this transition, please contact Jessica Sedivy Gunderson CT/MP (ASCP), at 651-232-3633.

Online Supply Ordering

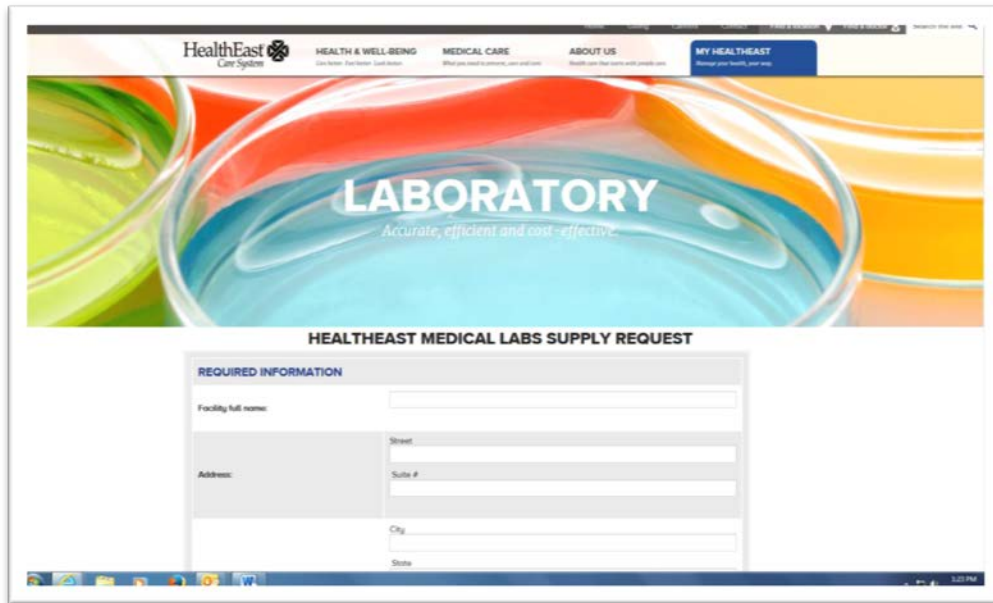
LABORATORY SUPPLIES - Online Ordering!

Please visit the Online Supply Order Page at:

www.healtheast.org/hml

OR

<https://www.healtheast.org/forms/form-hml-supply-request.html>



Complete the requested information and click on “Submit Request”,

You will receive an email receipt confirming your order.

(If you do not receive an email confirmation of your order – your order did not go through, PLEASE RESEND)

Please allow 5 to 7 business days plus delivery time to receive your order. We are not able to accommodate urgent supply requests. If you are in need of stat or urgent supplies, please make alternate plans.

Faxed supply requests are not accepted

Questions? Please call HML Customer Service 651-232-3500 #5

Influenza Testing

Influenza A/B Rapid Test (LAB924)



Submit: Nasopharyngeal wash in sterile screw-top container or Nasopharyngeal swab using a minitip E-swab (pictured above). Only one swab needs to be submitted per patient. Refrigerate specimen, if not tested immediately.

Nasopharynx (N/P) Collection Instructions

- A. Remove secretions or exudate from the anterior nares.
 - B. Insert mini-tip Eswab through cleaned nasal passages until it just meets resistance at the posterior nasopharynx, taking care not to touch anterior nares.
 - C. Gently rotate swab and hold for 10 - 15 seconds.
 - D. Carefully remove swab and place in transport media.
 - E. Label culture transport with patient's full name and date of birth.
- If you have specific questions regarding Influenza Minnesota Department of Health (MDH) and the Center for Disease Control (CDC) will refer to the following link:

<https://www.cdc.gov/flu/pdf/professionals/interim-guidance-outbreak-management.pdf>

Consultant's Corner

Obtaining a Quality Capillary Blood Specimen

Collection of a high quality capillary blood sample requires well-trained, skilled health care workers to provide an adequate sample for accurate and precise results. While performing a venipuncture typically provides a higher quality specimen, there are certain instances in which a venipuncture is not possible or in some cases not the preferred specimen (certain point-of-care testing). Capillary blood collection is inappropriate for patients who are severely dehydrated, individuals with poor circulation, coagulation studies requiring plasma specimens, and tests that require large volumes of blood. Below are some useful tips to obtain high quality capillary blood specimens provided by manufacturer BD Diagnostics.



Keys to Obtaining a High Quality Capillary Blood Specimen

Warming the Puncture Site – Not just for cold weather months! Only a limited amount of blood will easily flow from a capillary puncture. Warming the puncture site can increase blood flow up to seven times. CLSI guidelines recommend warming the skin puncture site for three to five minutes with a moist towel or commercially available warming device at a temperature of no greater than 42° C. If available, you can also have the patient wash their hands in a sink using warm water.

Cleaning the Puncture Site – Allow the alcohol to **air dry**. Performing skin puncture through residual alcohol may cause hemolysis and can adversely affect test results. It may also cause additional discomfort for the patient.

Select the Proper Puncture Site and Collection Device – The patient’s age, accessibility of the puncture site, and the blood volume required should all be taken into consideration when selecting the skin puncture device type and puncture site. Using the wrong size lancet/incision device may result in excessive squeezing, prolonged or incomplete collection, poor specimen quality, possible redraws, and potential injury to the patient (mainly children). Follow your facility’s guidelines for proper site and device selection.

Wipe Away the First Drop of Blood – Immediately following skin puncture, platelets aggregate at the puncture site to form a platelet plug, initiating the clotting process. Without wiping away the platelet plug, bleeding may stop prior to completion of the blood collection. In addition, the first drop of blood contains tissue fluid, which can cause specimen dilution, hemolysis, and clotting. **Exception: For point of care testing (e.g. INR testing), use of the first drop of blood may be appropriate. Always follow the manufacturer’s instructions for use.**

Order of Draw – The recommended Order of Draw for capillary blood collection is different from blood specimens drawn by venipuncture. CLSI recommends the following order of draw for skin puncture.

- Blood gases
- EDTA tubes
- Other additive tubes
- Serum tubes

Mix the specimen – Microcollection tubes must be inverted the appropriate number of times to ensure that the blood and anticoagulant are sufficiently mixed. Mixing is essential to prevent the formation of microclots and platelet clumps, which can cause inaccurate test results.

Use the tips referenced above to help ensure a successful capillary blood collection but always follow your facilities guidelines for specimen collection. A high-quality specimen minimizes errors and possible re-draws, while enhancing customer satisfaction and patient care.

Panel Changes

Explanation: Effective January 9, 2018 per notification received from Mayo Medical Laboratories, Tumor Necrosis Factor panel will reflect to following specimen requirement and pricing changes.

Panel Name: Tumor Necrosis Factor, Plasma

Panel Code: TNF

CPT Code: 83520

Collect: Lavender Top EDTA on Wet Ice

Submit: 0.5 mL plasma FROZEN immediately in a separate tube.

Unacceptable: Plasma not frozen within 30 minutes of collection, Red Top Tube, markedly hemolyzed, lipemic or icteric specimen.

Test Performed at: Mayo Medical Laboratories

List Price: \$135.00

HML

Looking to order supplies? HML notifications? HML CLIA License?

Check out our Web Page - healtheast.org/hml - IT'S A WEALTH OF INFORMATION!

The screenshot shows the HealthEast Medical Laboratory website. The header includes the HealthEast logo and navigation links for Health & Well-Being, Medical Care, About Us, and My HealthEast. The main banner features the word "LABORATORY" in large white letters on a colorful background of laboratory glassware, with the tagline "Accurate, efficient and cost-effective." Below the banner, there are links for "HealthEast Medical Laboratory", "Cytology", "Continuing Education", and "Consulting Services". A section titled "HEALTHFAST MEDICAL LABORATORY" provides a brief description of the lab as a full-service, locally-owned and operated reference laboratory. The footer contains three columns of links: "CONTACT HEALTHFAST MEDICAL LABORATORY" with phone and fax numbers and an online contact button; "PDF FORMS" listing various forms like the Accession Form, Referral Form, and Request for Test; and "ONLINE FORMS" listing online versions of the same forms. There is also a section for "OTHER TOOLS" including a guide for ordering, a list of addresses, and a link to the CLIA license page.