University of Virginia Health System

**Medical Laboratories**

***“Quality You Expect, Service You Deserve”***

***LABORATORY MEDICINE UPDATE***

May 28, 2015

**Urines Collected by In and Out Catheter (I&O) for Culture**

To aid in the distinction between asymptomatic bacteriuria and significant bacteriuria, 2 separate specimen types are now available in Epic for urines collected by I&O catheters.  Results for I&O urine cultures have historically been reported in the range from 102-104 CFU/mL.  *They will now routinely be reported in the range of 103-105 CFU/mL*.  This is also the appropriate range to meet NHSN CLABSI and CAUTI reporting criteria.

In some circumstances, clinicians may still wish to examine I&O urine specimens for the presence of low colony count bacteriuria (102 to 104 CFU/mL). Examples may include patients prior to urological surgery or symptomatic sexually active young women with negative routine urine cultures.

Please choose the appropriate specimen type; inoculation volumes are determined based upon the specimen type:

* **Standard Assessment In and Out Catheter** (lower and upper reporting limits: 103 and 105 CFU/mL)
* **Low Colony Count Assessment In and Out Catheter** (lower and upper reporting limits: 102  and 104 CFU/mL)

The effective date of this change is June 1, 2014. Please direct any questions or concerns to the Clinical Microbiology Director on call at PIC 1221.

**Patient-Collected Stool Specimens**

When sending a patient home with a stool collection kit for occult blood or stool pathogens, please remember to:

* Label the collection device with a clinic visit sticker
* Instruct the patient to document the COLLECTION DATE before sending the sample back to UVA Medical Laboratories

**Lipid Testing in the Medicare Patient**

Lipid testing: Lipid Panel, Cholesterol, Triglycerides, Lipoproteins (direct measurement)

In 2005 Medicare expanded the coverage law to include cardiovascular screening services once every 60 months when billed with V81.0, V81.1 or V81.2. While lipid screening may be medically appropriate, Medicare by statute does not pay for it any more frequently than once every 60 months.

Once a diagnosis has been established and is being monitored or when monitoring long-term anti-lipid therapy, it is reasonable to perform lipid testing annually. More frequent testing (up to 6 times a year) may be indicated if there are elevations in values or changes to anti-lipid therapy.

Medicare will only pay for testing that is deemed medically necessary. When submitting this type of testing on your patients, please be sure to submit the appropriate diagnosis codes to support the test you are requesting. Examples of appropriate codes might be 242.00, 244.9, 250.00, 272.4, 401.9, 585.9. If these or other appropriate codes are not applicable, please discuss with your patient and have them sign the Advanced Beneficiary Notice (ABN) for billing purposes.

**New Test Available – Fecal Calprotectin**

Calprotectin is a neutrophilic marker specific for inflammation in the gastrointestinal tract. It is elevated with infection, post-infectious Irritable Bowel Syndrome (IBS), and NSAID enteropathy, but typically not with IBS. Fecal calprotectin can be used to differentiate Inflammatory Bowel Disease (IBD) vs. IBS (pooled sensitivity and specificity of 93% and 94% in a recent review1), to monitor treatment in IBD, and to aid in determining which patients to refer for endoscopy and/or colonoscopy.

The specimen type is unpreserved stool (1 g) and is orderable in Epic. Results will be available from Quest Diagnostics within 4 to 6 days and will post under “Stool” in the laboratory results tree.

1. Waugh N, Cummins E. Royle P et al. Faecal calprotectin testing for differentiating amongst inflammatory and non-inflammatory bowel diseases: systematic review and economic evaluation. Health Technol Assess 2013;17(55):1-211.

**Change to Catecholamine Panel**

Effective June 1, 2015, VMA (vanillylmandelic acid) will no longer be included in the urine catecholamine panel performed in-house. The VMA test is available through our referral laboratory, Mayo Medical Laboratories.

**PTT Reference Interval Change**

Effective May 22, 2015, the reference interval for PTT changed to 27.8 – 37.6 seconds due to a reagent lot change.