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# The **DLO** NEWSLETTER

## Preparing for ICD-10: Now Is the Time

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Note: Excerpt from article posted on [www.medscape.com](http://www.medscape.com).

On October 1, 2015, ICD-10 is officially replacing ICD-9 in the United States as mandated by the Health Insurance Portability and Accountability Act (HIPAA) for diagnosis and inpatient procedure coding. Therefore, claims for dates of service on or after October 1, 2015, must use ICD-10 codes.

Although the transition from ICD-9 to ICD-10 will involve some planning, training, and re-evaluation of "business as usual," most practices stand to gain substantially from this important change. The use of ICD-10 recognizes varying levels of complexity and offers better representation of disease severity and risk. With respect to the financial aspects of the transition, use of ICD-10 offers better claim information to support automated processing.

In the United States, ICD-10 consists of 2 parts:

- **ICD-10-CM** is the diagnosis classification system for use in all health care treatment settings and consists of almost 70,000 codes. Based on the World Health

Supported by the Centers for Medicare & Medicaid Services, a U.S. Department of Health and Human Services Agency.

Concepts presented in this article can be studied in more detail at [cms.gov](http://cms.gov)

Organization's international ICD-10 system, ICD-10-CM is a "clinical modification" created by the Centers for Disease Control and Prevention for use in the United States.

- **ICD-10-PCS** is a "procedure coding system" for use in hospital inpatient settings only. Developed and maintained by the Centers for Medicare & Medicaid Services (CMS) and consisting of about 72,000 codes, ICD-10-PCS is not part of the international standard.

To continue reading this article and earn CME/CE credits, please visit

[www.medscape.org/  
viewarticle/830147\\_2](http://www.medscape.org/viewarticle/830147_2)

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## What's that date?

Would you drink milk after its expiration date?

Why use collection devices that have?

The primary goal for any specimen sent in for testing is to get the most accurate information for practitioners to provide a valid diagnosis. A test is only as valid as the specimen provided. A specimen is only as good as the device used to collect it. There may be times when incorrect results are caused because the collection device used has passed its expiration date.

Typically, every specimen collection device has an expiration date printed on it identified by a symbol used around the world. These dates are provided to ensure the integrity of the specimen. They are determined by the individual manufacturer of each collection device. In blood tubes, these dates are determined by the vacuum maintenance and anticoagulant effectiveness. If blood is collected in a tube that has passed its expiration date, the vacuum may not draw the correct amount of blood needed to fill the tube completely. Short-filled tubes may not be acceptable for testing and the specimen would have to be recollected. The anticoagulant might not work correctly which may not prevent the blood from clotting.

Expired collection swabs have been sent in for testing as well. When this happens the transport medium used could jeopardize the integrity of the specimen, potentially resulting in inaccurate test results. FDA guidelines suggest

### Resources

- <http://scholarworks.gvsu.edu/cgi/viewcontent.cgi?article=1484&context=theses>
- <http://www.fmcsa.dot.gov/regulations/drug-alcohol-testing/implementation-guidelines-alcohol-and-drug-regulations-chapter-7>
- [http://www.copanusa.com/media/productinfo/ESwab\\_LiquidAmies\\_FlockedSwab.pdf](http://www.copanusa.com/media/productinfo/ESwab_LiquidAmies_FlockedSwab.pdf)
- [https://www.medialabinc.net/spg263740/blood\\_tube\\_labeling\\_information.aspx](https://www.medialabinc.net/spg263740/blood_tube_labeling_information.aspx)

**Always check the date  
before specimen  
collection**

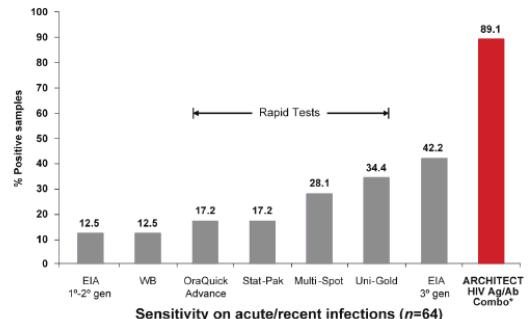


## Looking to the future with new testing technology

Throughout the past several months, DLO has focused time, effort and resources on acquiring the latest in testing technology.

### Abbott Architect HIV Ag/Ab

The Abbott Architect HIV Ag/Ab Combo assay became standard processing for all HIV testing in February of 2015. This technology enables the lab to perform the **CDC-recommended testing method** HIV Generation 4 which **detects HIV p24 antigen and antibodies** to HIV-1 group M and group O and/or HIV-2, differentiates HIV-1 from HIV-2, allows for same day reporting, pediatric and in vitro testing as well as eliminates most inconclusive results.



\*ARCHITECT HIV Ag/Ab Combo data generated using reagents not available for sale in the US (LN 4J27)  
Adapted from Pandori et al. J Clin Microbiol 2009; 47:2639-2642



### VITEK MS MALDI-TOF technology

The new bioMerieux FDA-approved VITEK MS system uses a revolutionary technology which reduces microbial identification from days to minutes. The Matrix Assisted Laser Desorption Ionization Time-of-Flight or **MALDI-TOF technology** **reduces turnaround times by 24 to 48 hours** for infectious diseases, bacteria, anaerobes and yeast. According to bioMerieux, in just minutes, this technology can provide clear identification at the species, genus and family level. It can provide clinicians with quick information to start appropriate treatment, contributing to overall patient care and outcomes. Our significant investment in this process illustrates DLO's commitment to our clients by being the first laboratory to offer this technology in Oklahoma.

### Diasorin Liaison XL

This month DLO began using the fully-automated Diasorin Liaison XL to perform all Vitamin D assay testing. This immunoassay expands DLO's in-house test menu by **providing next day high-quality quantitative results** for physicians who require an accurate and reliable **total Vitamin D result**. This new assay received CDC Vitamin D Standardization-Certification in November 2014. For patients already using pharmaceutical Vitamin D2 therapy, pediatric <3 years of age and where quantitation of D2 and D3 levels are needed, QuestAssureD will still be available to meet those testing needs.



#### Test Code      Test Name

17306	Vitamin D Immunoassay
92888	QuestAssureD™ LC/MS/MS
91935	QuestAssureD™, Pediatric

# QNatal™ Advanced NIPS

## Noninvasive prenatal screening for high-risk obstetrics patients

With cell-free DNA technology, noninvasive prenatal screening (NIPS) can provide physicians and patients a safe way to screen for chromosomal abnormalities in high-risk pregnancies. Most NIPS is limited in which

aneuploidies it can detect, the types of pregnancies that can be analyzed and the reliability of data. With QNatal™ Advanced NIPS, you can expect more and know more from the results.

### Count on greater accuracy across a wide range of conditions

#### QNatal Advanced is comprehensive

- Analyzes more chromosomal regions than most other NIPS to date
- Reports both common and rare fetal chromosomal abnormalities, from trisomies 21, 18 and 13 to fetal sex aneuploidies and select copy number variants
- Appropriate for all high-risk pregnancies, including multiple gestations and IVF using donor egg



Excerpt from Quest Diagnostics' QNatal Advanced NIPS brochure

#### QNatal Advanced delivers accurate results

- Obtain clear, direct Yes/No results with high sensitivity and specificity
- Low validation non-reportable rates

#### QNatal Advanced uses validated technology

- MPSS technology\* with GC correction has been validated in the largest-of-its-kind clinical study of 4,664 women with high-risk pregnancies
- Validation study designed, analyzed and confirmed by independent investigators

#### QNatal Advanced results are timely

- You can order the screen as early as 10 weeks' gestation

### QNatal Advanced microdeletion technology can detect:

- Angelman Syndrome and Prader-Willi Syndrome
- 1p36 Deletion Syndrome
- Cri-du-chat Syndrome
- DiGeorge Syndrome
- Jacobsen Syndrome
- Wolf-Hirschhorn Syndrome
- Langer-Giedion Syndrome

\*MPSS: Massively Parallel Signature Sequencing

## CMS Releases Diagnosis Coding: Using the ICD-10-CM Web-Based Training Course

This Medicare Learning Network® web-based training (WBT) course is designed to provide education on the International Classification of Diseases, 10th Edition, Clinical Modification/Procedure Coding System (ICD-10-CM/PCS). It includes ICD-10-CM/PCS implementation guidance, information on the new ICD-10-CM classification system, and coding examples.

To access the WBT, on the MLN Products web page, visit and click on "Web-Based Training Courses." [http://www.cms.gov/Medicare/Coding/ICD10/Latest\\_News.html](http://www.cms.gov/Medicare/Coding/ICD10/Latest_News.html)





Let's face it...

She might be 😬 to have a 💬 about chlamydia and gonorrhea, but women under 25 are at the highest risk. 😱 And most don't know it.<sup>1-3</sup> 🤔 🤐 🥴

Model used for illustrative purposes.



IT'S BEST  
TO TEST

## Make testing for chlamydia and gonorrhea part of your routine

Ask your DLO Sales Representative about implementing universal screening in your practice.

Visit [ItsBestToTest.com](http://ItsBestToTest.com) for more information.

1. Centers for Disease Control and Prevention. Sexually Transmitted Disease Surveillance 2013. Atlanta, GA: Centers for Disease Control and Prevention. US Department of Health and Human Services; 2014.
2. The American Congress of Obstetricians and Gynecologists. Gonorrhea, chlamydia, and syphilis/ [http://www.acog.org/Patients/FAQs/Gonorrhea-Chlamydia-and\\_Syphilis](http://www.acog.org/Patients/FAQs/Gonorrhea-Chlamydia-and_Syphilis). Accessed February 23, 2015.
3. Quest Diagnostics. Data on file.

# Researchers discover molecule that could treat allergen-induced asthma

Written by Honor Whiteman  
Medical News Today  
May 13, 2014

Asthma affects more than 25 million people in the US, with around 60% of these cases resulting from allergies. Now, researchers have discovered a molecule that they say could prevent symptoms triggered by allergen-induced asthma.

The research team, including Minoru Fukuda, PhD, of the Tumor Micro-environment and Metastasis Program at Sanford-Burnham Medical Research Institute in Orlando, FL, recently published their findings in the Proceedings of the National Academy of Sciences (PNAS).

Asthma is a chronic disease that inflames and narrows the airways to and from the lungs. Asthmatics are often more sensitive to environmental allergens, or "triggers," such as pollen, dust, fumes and smoke.

Such exposure can prompt inflammation, airway constriction and mucus production, which can lead to wheezing, coughing, chest tightness and shortness of breath.

The Asthma and Allergy Foundation of America (AAFA) state that asthma prevalence has been increasing since the early 1980s. Death rates from the condition have increased more than 50% from this period, with death rates among children under 19 years old increasing by almost 80%.

**The Asthma and Allergy Foundation of America (AAFA) state that asthma prevalence has been increasing since the early 1980s. Death rates from the condition have increased more than 50% from this period, with death rates among children under 19 years old increasing by almost 80%.**

There is no cure for asthma, but patients can manage their symptoms through various treatments, such as antibiotics, anti-inflammatories and bronchodilators - the medication used in inhalers that helps clear mucus from the lungs and reduce inflammation.

However, many people fail to have proper control over their asthma, only treating it during asthma attacks.

"Asthma control remains elusive for many patients, so there is still a need for research to find new therapies," says Mike Tringale, senior vice president at the AAFA.

According to this latest research, a new treatment specifically for allergen-induced asthma may be on the horizon.

## Molecule 'blocks T cell signaling that triggers asthma attacks'

Through using mouse models, investigators found a synthetic molecule that was able to obstruct signaling that calls for T cells to start an asthma attack.



In detail, the team discovered that sulfate monosaccharide blocks the communication between chemokine CCL20 - a protein that sends for T cells - and heparin sulfate - a molecule that protects CCL20 and ensures it stays on epithelial cells on the lungs.

Whether delivered by inhalation or intravenously, the team found that the sulfate monosaccharide molecule effectively reduced asthma symptoms in the mice, including inflammation, narrowed airways and mucus production.

Commenting on the team's findings, Fukuda says:

"Pulmonary inhalation of this new molecule may help reduce asthma symptoms by suppressing chemokine-mediated inflammatory responses. We look forward to the further development of the molecule to treat the millions of people who suffer from this chronic disease."

Medical News Today recently reported on a study suggesting that people who live in urban areas are more likely to develop asthma, allergies and other inflammatory disorders because they have reduced exposure to "healthy microbes" in rural settings.

Earlier this year, other research found that a high-fiber diet may protect against asthma. The authors of this study explain that when gut bacteria digest dietary fiber, they also release fatty acids into the bloodstream, which affects how the immune system behaves in the lungs.

# ICD-10 IMPLEMENTATION STRATEGY

The process of transitioning a practice to ICD-10 begins by examining every setting in which diagnosis codes are captured, stored, analyzed, or reported. This assessment process is an opportunity to review current work flow and medical documentation patterns, allowing practices to make improvements that streamline future processes and strengthen the basis for code assignment.

## Implementation is roughly divided into five steps:

### 1. Make a Transition Plan

- a. Determine where diagnosis codes are used in your practice
- b. Identify who on your staff will help with the ICD-10 transition
- c. Prepare a budget

### 2. Train Your Staff

- a. Training needs will vary among practices and individuals
- b. Some practices may want to obtain an ICD-10 code book or software for staff to try before deciding whether more training is necessary

### 3. Update Your Processes

- a. Confirm that good clinical documentation processes are in place
- b. Revise paper forms/templates
- c. Modify policies and procedures

### 4. Talk to Your Vendors and Payers

- a. Contact your clearinghouses, EHR and practice management system vendors, billing services, and other vendors

### 5. Test Your Systems and Processes

- a. Perform internal testing of systems and work flow processes using ICD-10 diagnosis codes
- b. Conduct external testing with vendors and payers using data that contain ICD-10 diagnosis codes
- c. Practice coding in ICD-10 and validate supporting clinical documentation

Contributor: Dr. Joseph Nichols, Principal, Health Data Consulting, Seattle, WA

## Helpful resources

- [www.cms.gov](http://www.cms.gov)
- [www.aapc.com/icd-10](http://www.aapc.com/icd-10)
- [www.cdc.gov/nchs.icd](http://www.cdc.gov/nchs.icd)

Find all these links and more at **DLOlab.com**

## Discover the connection between asthma and allergy.

ImmunoCAP Specific IgE testing helps you identify allergic triggers and develop an exposure reduction plan for improved patient well-being.

Seasonal Allergies

Dog dander

Pollen





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Oklahoma City, OK 73114

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Anywhere, USA 45678

**Action from Insight**

## Education Center

### Online Education Presentations Now Available



#### Noninvasive Prenatal Screening: The Evolving Landscape

Dr. Strom will discuss with participants when non-invasive prenatal screening is appropriate to use versus other screening and diagnostic tests for fetal aneuploidy, help them understand the validation and clinical use data supporting the Massively Parallel Sequencing (MPS) technology and discuss the benefits of Quest's new laboratory developed test, QNatal™ Advanced NIPS.

<http://education.questdiagnostics.com/events/107>



#### The Importance of Measuring and Monitoring Inflammation in the Cardiovascular Patient

Dr. Levenson will help attendees understand the potential factors causing inflammation, review the risk factors critical that can lead to inflammation and discuss the biomarkers and their value in diagnosing and managing cardiovascular disease.

<http://education.questdiagnostics.com/events/108>

**Free CME Webinar**



#### Vaginitis: Is it that Simple to Diagnose?

Dr. Dale Schwab helps the viewer to understand the Vaginal Microbiome Diversity and the complexities of diagnosing vaginitis and cervicitis as well as discusses how to diagnose occult CT/GC infections in women with vaginitis. <http://www.education.questdiagnostics.com/events/109>