

ICD-10 *What you can do now*

Effective October 2014, the Department of Health and Human Services will require the transition from ICD-9 diagnosis codes to ICD-10 codes. In an effort to prepare for this transition, the Clinical Laboratories encourage the following AAPC recommendations:

- **Designate one person to review all claim submissions and denials.** By designating one person for these responsibilities now, the process can be reviewed and changed if necessary to ensure easier workflow when the ICD-10 changes take place.
- **Eliminate unspecified ICD-9 codes and become more familiar with utilizing detailed diagnosis codes.** Making this change will help decrease the number of non-covered charges through insurance carriers after the ICD-10 transition.
- **Check with your electronic health record (EHR) vendor for available system updates related to ICD-10-CM changes.** Also confirm your EHR is in compliance with HIPAA regulations.

TSH reflex to Free T4

In response to requests from community providers, the Clinical Laboratories will launch a TSH reflex test December 17, 2013. When ordered, if serum TSH values are elevated above the normal range, a free T4 by equilibrium dialysis will automatically be performed. No need for an additional order or add-on test.

Note for providers collecting specimens in office; the TSH reflex to Free T4 requires a plain red top serum tube (NOT a gel, SST, or gold tube). The gel produces unacceptable background on the free T4 test performed by tandem mass spectrometry at Cincinnati Children's.

TSH without reflex will continue to be offered, and total T4 (without reflex) can be performed on serum or lithium heparin plasma.

Vitamin B12 and Folate

Cincinnati Children's Clinical Laboratories moved the Vitamin B12 and Folate assays to a new platform. The design of the new folate assay is superior to the previous assay design. Please note that there are minor reference range changes for both tests, as follows:

- **Folate normal range**
New platform: >7 ng/mL
Previous platform: >5.38 ng/mL
- **Vitamin B12 normal range**
New platform: 210-950 pg/mL
Previous platform: 211-911 pg/mL

For questions please call Dr. Paul Steele at 513-636-4898.

Nanosphere is Here

The Verigene Gram-Positive Blood Culture Test by Nanosphere is a multiplexed, automated nucleic acid test for the identification of genus, species, and genetic resistance determinants for a number of the most common blood culture isolates. The test is automatically run as part of a gram-positive blood culture workup.

Detectable agents include select *Staphylococcus* species including *S. aureus* Methicillin resistant or Methicillin susceptible, by detecting the MecA resistance genes. In addition, the system will detect *Streptococcus* species such as *S. pneumoniae*, *S. pyogenes* (group A strep), *S. agalactiae* (group B strep) and *S. anginosus* group. Finally, *Enterococcus faecium* and *E. faecalis* along with vancomycin resistance genes indicating VRE can also be detected with this methodology. Using Nanosphere, we can typically identify these organisms within 3 hours of a blood culture turning positive, compared to an average of more than 20 hours with previous methodology.

In addition, the Clinical Laboratories are engaged in clinical trials related to gram-negative bacilli and yeast and hope to add these groups of organisms to the testing platform in the near future. For questions please contact Dr. Joel Mortensen at 513-636-5310.

Laboratory Contacts

Laboratory Support Services

Available
24 hours a day - 7 days a week

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Clinical Director Contacts

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Preservative Tubes to Improve Urinalysis and Urine Culture

The Clinical Laboratories at Cincinnati Children's encourages the use of urine preservatives for urinalysis (if the sample is received beyond two hours after collection) and encourages, but does not require, the use of preservatives for urine culture.

The urine preservative tube for urinalysis improves the accuracy of reporting cellular elements in vitro; refrigeration alone does not maintain cell stability for cellular elements. However, the urine preservative for urinalysis cannot be used for culture.



For Urine Culture Only



For Urinalysis Only

To collect for a urinalysis and culture the preferred method is collecting the urine in a sterile container and splitting the urine into the two preservatives using a BD vacutainer adapter (available from the laboratory). This adapter is located in the lids of the urine collection cups; however, separate vacutainer straws are also available to transfer urine from collection cups to preservative tubes if preferred.

Specimen Integrity

To maintain specimen integrity and produce accurate results 7mL gold and 4mL green/black specimens need to be separated in a centrifuge:

- Specimens in gold top tubes are serum specimens; the specimen requires 15 to 20 minutes to clot before separation; green/black tubes may be centrifuged immediately.
- Balance tubes directly across the rotor.
 - A straight line drawn between the specimen and the balance tube the line should pass through the center of the rotor screw.
 - Water can be used to make a balance blank from unused specimen tubes.
 - Balances should be clearly marked to differentiate from specimen tubes.
- Centrifuge specimens for 15 minutes.
 - Properly balanced centrifuges should not make loud noise
 - Do not open lid while the rotor is moving; allow rotor to stop before opening.
- Remove specimens from centrifuge and inspect; gel barrier should completely separating the serum or plasma from the red blood cells.
- Specimens should be placed in a specimen bag with paperwork in the external pocket.
- Please refrigerate specimens after separation.

If you have any problems with the centrifuge contact 803-8010 or 803-8011.

