

LABSCOPE

The AMA Laboratory Newsletter

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CONTENTS

New ABN Forms

5 Rights

Regulatory Reminders

Laboratory Update

Phlebotomy Tip

NEW ABN FORMS IN EFFECT

The new ABN Forms took effect March 1, 2009. The new forms are available through AMA Laboratory in both English and Spanish. Providers (including independent laboratories), physicians, practitioners, and suppliers will use the revised ABN (Form CMS-R-131) for all situations where Medicare payment is expected to be denied. The revised ABN replaces the existing ABN-G (Form CMS-R-131G), ABN-L (Form CMS-R-131L), and NEMB (Form CMS-20007). Some key features of the new form are that it:

- Has a new official title, the “Advance Beneficiary Notice of Noncoverage (ABN)”, in order to more clearly convey the purpose of the notice;
 - Replaces both the existing ABN-G and ABN-L;
 - May also be used for voluntary notifications, in place of the Notice of Exclusion from Medicare Benefits (NEMB);
 - Has a mandatory field for cost estimates of the items/services at issue; and
- Includes a new beneficiary option, under which an individual may choose to receive an item/service, and pay for it out-of-pocket, rather than have a claim submitted to Medicare.

AMA Laboratory Promotes the Five Rights of Laboratory Testing

Analogous to the “Five Right of Medication” which is familiar to most physicians, nurses, and other healthcare providers, a campaign has been launched recently to promote the newly formulated “Five Rights of Laboratory Testing,” which emphasizes that every patient is entitled to receive the proper benefits from laboratory testing.

Sunquest Information Systems, Inc. has launched a campaign to promote the Five Rights of Laboratory Testing. The goal is to increase awareness among all healthcare workers of

the need to exercise vigilance when ordering laboratory tests and using laboratory test data in patient care decisions.

Similar to its counterpart in medication, the “Five Rights of Laboratory Testing” is a patient safety initiative. It is designed to call attention to the patient’s right to have every aspect of laboratory testing occur in an accurate, flawless manner. As described by Sunquest Information Systems, Inc., the “Five Rights of Laboratory Testing” are as follows:

- ONE, the **right lab test**, performed on...
- TWO, the **right patient**, at the...
- THREE, **right time**, for the...
- FOUR, **right indicators**, leading to the...
- FIVE, **right diagnostic** decision.

AMA Laboratory has always promoted these 5 rights as evidenced by the reminders and notices to clients and through continuous quality management in all aspects of laboratory operations. Watch out for future reminders to promote these five rights of laboratory testing in your facility.

REGULATORY REMINDERS

In order to comply with State and Federal regulations, the following reminders are being provided to all our valued clients:

1. Write the Diagnosis Code, ICD-9-CM or Family PACT specific “S” Code.

We still receive some requisitions without diagnosis codes or even narrative diagnosis indicated on the test request form. We need diagnosis, the ICD-9-CM or Family PACT specific “S” code. Remember that we need the diagnostic code to the highest degree of certainty to process specimens. If we don’t have the diagnostic code on the requisition form, we have to call the client to obtain the diagnosis code.

2. Indicate the name of the licensed practitioner ordering the test/s.

By federal and state regulations, only a licensed health care provider or practitioner may order clinical laboratory tests. The name of the ordering licensed practitioner is required on every test order.

3. Use only the Medicare-approved Organ/Disease Panels.

These are the Basic, Comprehensive, Lipid, Prenatal/Ob-Gyn, Renal and Electrolyte Panels. The components are indicated in the AMA requisition form. Any other panel established for any client is considered customized and must be documented with a medical necessity statement. You may order any component of the panels separately if you don’t need to order the entire panel. Ordering tests for screening purposes is not allowed by Medicare.

4. A signed Advanced Beneficiary Notice (ABN) is required for some patients (USE THE NEW ABN FORM).

If you think that a test may not be covered by Medicare, the patient must be notified that he/she may have to pay for the test you are ordering. The patient has to sign the ABN in this case.

5. Label all specimen containers properly with the patient's full name.

We occasionally receive specimens with incomplete or illegible name, incorrect or not matching the requisition form, or in some cases, containers without any name at all. All these specimens undergo delay in testing because establishing positive identification, correcting names or, in some cases, outright rejection of the specimen has to be done. To avoid this situation, label the containers properly with the correct full name of the patient that matches what is in the submitted requisition form.

6. Patient signature required on test requests for all Medi-Cal patients.

Pursuant to California Welfare and Institutions Code section 14043.341 as it applies to a clinical laboratory, "Each provider ...who obtains a biological specimen from a Medi-Cal beneficiary for the performance of a clinical laboratory test or examination shall maintain a record of the signature of the person ...from whom a biological specimen was obtained." Additionally, "The signature and printed name of the person from whom a biological specimen is obtained on the requisition provided to the clinical laboratory for the performance of the test or examination for which the specimen was obtained shall be sufficient to comply with this section if a copy of the signed requisition is kept by the provider obtaining the biological specimen."

Therefore, ALL requisitions for Medi-Cal beneficiaries MUST contain the signature of the patient in the appropriate location in the requisition. Requisitions without patient signatures shall be returned and the specimens not tested.

LABORATORY UPDATE

In order to improve patient care, laboratory service, turn-around time and client satisfaction, AMA Laboratory continues to strive for excellence. One way is to increase laboratory automation which standardizes laboratory operations and decreases human intervention and eventually leads to less human errors. To this end, the following laboratory departments have installed and implemented new instrumentations and equipments to improve workflow and quality of test results

Chemistry

1. Installation of the automated Lab Manager finished. This automates specimen handling in chemistry and immunochemistry for better turn-around time.

Hematology/Urinalysis/Coagulation

1. Currently installing new automation for hematology; scheduled to be operational in about 4-6 weeks which will improve workflow and turn-around time.
2. New sedimentation rate instruments will be installed by end of April, 2009. Based on a new optical detection technology; this will not be dependent on collection time. The new method improves workflow since no decapping and pouring involved.
3. New coagulation instruments have been installed and currently ooperational . These instruments eliminate decapping and are fully automated.
4. Automated urinalysis instrumentation will soon be installed that will improve workflow by decreasing the rate of microscopic review, improve accuracy and improve turn-around time.

PHLEBOTOMY TIP

ARTIFACTUALLY HIGH POTASSIUM MAY RESULT FROM FIST PUMPING

In a study published in the Archives of Pathology and Laboratory Medicine (Vol. 129, April 2005) study was conducted comparing the serum potassium levels of patients whose blood was drawn with and without fist pumping, a practice traditionally taught phlebotomists in order to expand the veins for easier visualization.

Using a paired t-test at the 99% level of confidence as a statistical tool, the results show there is a statistically significant difference in the potassium level results when patients were fist pumping compared to when they are not. The sample mean difference was 0.72 meq/L with a lower limit of 0.53 meq/L at the 99% confidence level. When fist pumping was eliminated during phlebotomy, there was a reduction of 73% in the number of elevated potassium values.

The conclusion: do not instruct patients to clench or pump their fist when drawing blood.

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