

THE MICROBIOLOGY DEPARTMENT IS CALLING ALL CLIENTS!!!!



Jane Brooks, CLS and Microbiology Manager is calling you!



Mercedes Lopez, Micro Lab Assistant and Sherry Keigher, Micro CLS



Marian Jean, CLS and Virology Manager is calling you!

Pathologist John Blaustein, M.D. and Ginny White, CLS and Manager of Anatomic Pathology at SBCH Lab.



Microbiology Tips

Jane Brooks, CLS and Microbiology Manager would like to share some tips on submitting Microbiology specimens to PDL:

1). When testing for [Group B Strep](#), especially from Vaginal or Rectal sources, please note the refrigerated swab specimens will be optimal if they reach the Microbiology Lab [within 24 hours!](#)

REFRIGERATE-REFRIGERATE-REFRIGERATE!

We will need to **reject** any specimen **over 48 hours** old regardless of whether it was refrigerated.

2). Sterile Fluids (non-blood):

[Please send fluids in any sterile, leak proof container. Only Blood should be placed in Blood Culture bottles without special concentrating and handling. Let your PDL Micro Lab process all other fluids!](#)

Please Call (805) 692-4618 to reach the Microbiology Department with comments or culture questions.

Herpes Simplex and/or Varicella Zoster Tips

Marian Jean, CLS and Virology Manager at SBCH Lab would like to share some new information regarding [Herpes Simplex Virus](#) and [Varicella Zoster](#) testing effective February 2009:

Skin samples submitted for "viral culture" or "Herpes culture" will have the following performed unless otherwise designated by the physician:

1. Non-genital sites will be screened for Varicella (Herpes) zoster and Herpes simplex (if indicated)
2. Genital sites will be screened for Herpes simplex only.

Please be specific as to the specimen site.

Direct LDL

It is our pleasure to announce that we now perform Direct LDL at our local laboratory. A separate New Test Announcement is included with this Client Bulletin for your reference.

Related ordering options are -

Test Code	CPT Code	Test Name
1823	83721	Direct LDL
141	80061	Lipid Panel (includes Calculated LDL)
143	80061 & 83721	Lipid Panel w/ Direct LDL

For those clients that would like the Lipid Panel w/ Direct LDL custom printed on their requisition, please contact your sales representative.

If a client originally orders a Lipid Panel (w/ Calculated LDL), and wants to add a Direct LDL, please fax in an "Add On" form within five days of the specimen's collection.

If you have any questions, please contact your Sales Representative.

C Reactive Protein

Results of the JUPITER Trial

Background Info

Half of all heart attacks and strokes occur in individuals with LDL-Cholesterol (LDL-C) levels below current treatment thresholds, prompting clinicians to search for supplemental laboratory based cardiovascular (CV) risk markers.¹

High-sensitivity C-Reactive Protein (hs-CRP) is a simple test that measures inflammation and independently adds to CV risk stratification at all levels of LDL-C. In 2003, guidelines from the Centers for Disease Control and Prevention (CDC) and the American Heart Association (AHA) confirmed the utility of hs-CRP in detecting enhanced absolute risk for persons at moderate risk of CV events (10-year risk of 10% to 20% based on the Framingham risk score).²

During that same year (2003), Ridker and associates initiated the JUPITER trial (Justification for the Use of Statins in Primary Prevention: an Intervention Trial Evaluating Rosuvastatin), which was the first randomized trial examining whether therapy with a statin (rosuvastatin) would decrease the rate of first major CV events among subjects who otherwise did not qualify for statin therapy due to low LDL-C (< 130 mg/dl), but who were nonetheless at increased risk due to elevated hs-CRP (≥ 2 mg/L).³

Clinical Utility

Study results of the JUPITER trial were released at the American Heart Association meeting in November 2008, and subsequently published in the New England Journal of Medicine that same month⁴. Results suggest that even among patients with LDL-C < 130 mg/dl, there may be a subgroup of patients (estimated at 25-30 million in the U.S. alone) with elevated hs-CRP that would derive benefit from statin therapy. hs-CRP screening might then be indicated in all patients with CV risk factors, and for patients with hs-CRP levels ≥ 2 mg/L, high-intensity statin therapy would be appropriate irrespective of the LDL-C level.^{1,4}

In the 2003 statement the AHA and CDC concluded that measurement of hs-CRP is not useful for broad screening of the entire American adult population. Rather, at a physician's discretion, it was suggested to be useful for people at intermediate risk to determine the specific preventive measures that might be employed. For those at high risk, treatment should already be aggressive.

Results from the JUPITER study will undoubtedly prompt the AHA to re-examine and presumably expand the population who should be screened for hs-CRP.⁵ As noted by study co-author James Willerson, "JUPITER should dramatically change prevention guidelines. If your hs-CRP is high, you should be on statin therapy regardless of your cholesterol level. This is an approach we can start using tomorrow."⁶

Interpretation

- If hs-CRP level is lower than 1.0 mg/L, a person has a low risk of developing cardiovascular disease.
- If hs-CRP is between 1.0 and 3.0 mg/L, a person has an average risk.
- If hs-CRP is higher than 3.0 mg/L, a person is at high risk.

If, after repeated testing, patients have persistently unexplained, markedly elevated hs-CRP (greater than 10.0 mg/L), they should be evaluated to exclude noncardiovascular causes. Patients with autoimmune diseases or cancer, as well as other infectious diseases, may also have elevated CRP levels.

Clinical References

1. Cannon, CP and Acharjee, S. C-Reactive Protein and the JUPITER Trial, Perspectives in Cardiology, October 2008
2. AHA and CDC Guidelines-Markers of Inflammation and Cardiovascular Disease, Circulation 2003, 107:499-511.
3. Ridker PM: JUPITER Study Group. Rosuvastatin in The Primary Prevention of Cardiovascular Disease Among Patients With Low Levels of Low-Density Lipoprotein Cholesterol and Elevated High-Sensitivity C-Reactive Protein: Rationale and Design of The Jupiter Trial. Circulation 2003; 108(19):2292-7
4. Ridker, PM, et.al., Rosuvastatin to Prevent Vascular Events in Men and Women with Elevated C-Reactive Protein. NEJM 2008; 359(21):2195-2207.
5. Lite, J., Crestor (JUPITER) Trial: Statins for Even More People?, Scientific American November 10, 2008.
6. News Release: American Heart Association comment on JUPITER trial, November 9, 2008.



Cooper Ellsworth, CLS and Chemistry Manager with Tommy La Barge, Processing Supervisor



Tim Schroeter, CLS and Hematology Manager is ready to enter those CBC results.



Marci McGinnis, Client Services Supervisor is always ready to answer your questions and calls



Dexter Braden, Chemistry CLS loading up on reagents for testing.

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Pueblo III PSC
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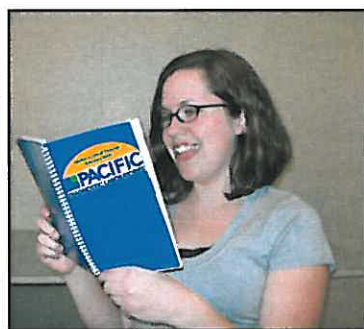
"Let's Keep the Science Local!"

Victoria Atkinson, Billing specialist, is available to discuss any questions about billing you may encounter. Call her at (805) 692-4604 with your billing concerns.



Tim Malone, Logistics Supervisor is always ready to pick up your specimens!

Introducing PDL's Medicare ICD-9 Booklet



PDL's Medicare Booklet has made this client very happy!

PDL is proud to provide our client's with an updated 2009 Medicare ICD-9 Coding Guide. The guide contains all of Medicare's limited coverage tests, and the ICD-9 codes that are acceptable for each type of testing. We hope this useful tool will assist you when selecting ICD-9 codes for your patients.

This booklet reflects the most recent edits made in January 2009 to the Medicare coding guidelines. If you would like to see more information on these recent changes, you may refer to the additional materials provided by your Sales/Service representative.

Reflex Urine Cultures

When a physician orders a urinalysis with "reflex positive UA with culture" or "UA, C&S" if indicated, a urine culture will be set up if any of PDL's criteria for reflex urine culture are met in the results of the urinalysis:

Test Criteria	Result indicating culture	ICD-9 Code Assigned
Nitrate	Positive	599.0*
Leukocyte Esterase	Positive or ≥ 1+	599.0
WBC	> 6	599.0
Bacteria	≥ 1+	599.0
Dipstick Blood	≥ 1+	599.70*
Microscopic	> 4 RBC (for males)	599.70
Microscopic	> 20 RBC (for females)	599.70

PDL will automatically assign ICD9 coding to the urine culture based on the reflex criteria met in the UA. The auto ICD9 coding is defined in the chart above.

If the urinalysis meets one of our criteria for reflex culture, but it is not specified on the requisition to "culture if positive", you may be contacted for further instruction.

* 599.0—Urinary Tract Infection, site not specified 599.70—Hematuria, unspecified

NOTE: Blue Cross & Tumor Marker Testing

For Blue Cross patients on whom you may order tumor markers (even a screening CA125) you are likely to get a request from Blue Cross for medical notes and records in order to substantiate the medical necessity for the testing. Even cancer patients who have had tumor marker testing for years with no problems will randomly have a claim reviewed for medical necessity. Blue Cross has stricter criteria for medical necessity on tumor markers than even Medicare has. If you receive such a request for records on one of your patients please note 1) this is not uncommon for Blue Cross and 2) if the requested information is not provided to Blue Cross, the insurance will not process ANYTHING on the claim even though it may be only one test they are questioning.



Connected Community and IT Solutions

Volume 2, Issue 1

February 9, 2009

PDL is committed to employing state of the art information technology to help our clients provide the highest level of care to patients.

Currently we offer a spectrum of tools to assist with this goal:

- **PDL Access (CyberLab):** A simple and useful option is to connect directly to our laboratory information system via the internet. A PDL icon can be installed on you web connected PC for quick access to patient results. This tool is utilized by many of our clients.
- **Cottage Connect:** As you may know, PDL is the only outpatient laboratory that is interfaced with Cottage Hospital. For those that use Cottage Connect, access to inpatient and outpatient results enhances care.
- **PDL Lifepoint Information System:** This e-solution may be installed on your web connected PC. For those that prefer to keep laboratory ordering and records separate, PDL may install a dedicated PC for this purpose.

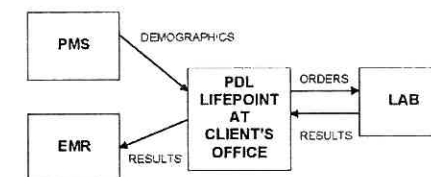


Norm Montgomery, IT specialist is hard at work making our LIS the best!

Lifepoint offers the following features:

- Ability to submit orders and receive results electronically
- Organizes laboratory reports in a single location
- Keeps patient demographics on file
- Offers custom test menus
- Ability to produce Advanced Beneficiary Notices
- Provides cumulative reports and other custom client features
- Delivers on screen notification of unviewed reports, including alerts for out of range results
- Streamlines report delivery to a single manageable process
- Ability to interface with your Practice Management System. This will allow for patient demographics to flow directly to Lifepoint from your system. Eliminates duplicate entry of data
- Ability to e-prescribe

- **Integration of lab results with an existing EMR:** For those of you that currently utilize an EMR system, PDL has the capability to interface to that system directly. Let's meet to discuss the best approach. Some solutions are simple with little or no cost, such as auto faxing directly to your system. Other solutions are true interfaces that require more resources and may provide more features.



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Lynette Hansen PhD, Education Director at SBCH Lab and Esther McKinley, SBCH Lab Director are hard at work

As you may know, Medicare has begun encouraging transition to electronic prescription ordering. This trend will most certainly continue. Our laboratory is here to support you as you choose the course best suited for your practice. Please contact your Sales Representative to discuss you needs in more detail.

Sincerely,
Mike Darley
Director of Business Development

Gary Gill
Director of Information Technology



Gary Gill