



LAB-LINK

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CPT (Current & Procedural Terminology) is a trademark of the AMA. Codes listed are guidelines and are for informational purposes only. Coding questions should be directed to the third party payor and/or the AMA. OIG guidelines recommend tests ordered should be reasonable and necessary for the patient, given their clinical condition. Physicians who order medically unnecessary tests for which Medicare reimbursement is claimed may be subject to penalties. Individual components of profiles or panels may be ordered individually at an additional charge. Physicians who consider Reflex testing unnecessary may order an initial test without the Reflexed test. Reflex or confirmation tests are performed at an additional charge.

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ADDITIONAL INFORMATION

Fasting versus Non-Fasting for Lipid Studies

Fasting for bloodwork may not be easy for all patients. A recent study evaluated the effects of fasting and non-fasting on lipid studies addressing the question: Is it necessary to require patients to fast for their lipid studies?

Citing an extensive study recently published in Europe and an accompanying editorial recommending the use of non-fasting specimens for lipid studies, a recent editorial in Clinical Chemistry (Nordestgaard, et al., 2016) is advocating for a similar change to lipid testing in the U.S.

The European study reported that “extensive observational data, in which random non-fasting lipid profiles have been compared with those determined under fasting conditions, indicate that the maximal mean changes at 1-6 hours after habitual meals are not clinically significant”, noting those changes as:

Triglycerides:	+26 mg/dL
Cholesterol:	-8 mg/dL
LDL Cholesterol:	+8 mg/dL
Calculated Remnant Cholesterol:	-8 mg/dL
Calculated non-HDL Cholesterol:	-8 mg/dL

Concentrations of the following lipid fractions are not affected by fasting/non-fasting status:

- HDL Cholesterol
- Apolipoproteins A1, B
- Lipoprotein (a)

Furthermore, it was observed that non-fasting and fasting concentrations vary similarly over time and are comparable in the prediction of cardiovascular disease.

The Clinical Chemistry editorial further stated that “to improve patient compliance with lipid testing, we therefore recommend the routine use of non-fasting lipid profiles, whereas fasting sampling may be considered when non-fasting triglycerides are >440 mg/dL”, when hypertriglyceridemia is known or suspected, or when other laboratory tests ordered require fasting or morning samples.

Fasting is less critical for first-stage screening, but may be more important when trying to establish a phenotypic diagnosis of genetically determined dyslipidemias.

Reference

Nordestgaard, B., Langsted, A., Mora, S., Kolovou, G., Baum, H., Bruckert, E., et al. (2016). Fasting is not routinely required for determination of a lipid profile: clinical and laboratory implications including flagging at desirable concentration cut-points. Clinical Chemistry, 930-946.

For more information, please contact Lisa Crowthers at 1-877-402-4221

ADDITIONAL INFORMATION

Unspecified Diagnosis Codes Notice

October 1, 2016, will mark the end of a one-year “grace period” that allowed unspecified ICD-10-CM codes on physician Medicare claims.

This grace period was a joint initiative between the Centers for Medicare and Medicaid Services (CMS) and the American Medical Association. It was created to help ease the transition from ICD-9 to ICD-10 codes for physician practices.

On October 1, 2016, per the required coding guidelines, providers will be required to code and accurately reflect the clinical documentation in as much specificity as possible. This will require:

- Avoiding unspecified ICD-10 codes when documentation supports a more detailed code.
- Checking all coding to make sure it aligns with clinical documentation.

While it is expected everyone reports specific diagnosis codes, when sufficient clinical information is not known or available about a particular health condition, it will be acceptable to report the appropriate unspecified code (for example, a diagnosis of pneumonia is charted, however, the specific type has not yet been determined).

For more information visit the CMS website: <https://www.cms.gov/Medicare/Coding/ICD10/Clarifying-Questions-and-Answers-Related-to-the-July-6-2015-CMS-AMA-Joint-Announcement.pdf> or call the HNL Billing Office at 484-425-5700.