SHARP

System Laboratory Services

TECHNICAL BULLETIN / SBAR

August 17, 2022

☐	Sharp Hospital Lab Operations	☒	Sharp Lab Client Services
☐	Sharp Rees-Stealy Lab Operations	☒	Physician Offices
☐	Accumen IT	☒	SCMG Physician Communication

eGFR Update

Situation	Race neutral eGFR is becoming industry standard and expected/mandated eGFR reporting for certain customers.
Background	Laboratories, including Sharp labs, historically have reported race based eGFR results with patients serum creatinine measurements. According to NEJM article dated August 2020, race adjustment may be problematic because race is a social rather than a biological construct.
Assessment / Analysis	Sharp laboratories will transition from race based to race-neutral eGFR reporting to help dispel perceived inequities in treatment and to comply with UNOS reporting requirement for transplant patients on waiting lists.
Recommendation	Effective Tuesday August 2, 2022 Sharp laboratories will report a single, race-neutral eGFR CKD-EPI value and updated interpretive data with all Creatinine, BMP, CMP and Renal Panel results.

Procedure	Result	Co...	Normal Values	Units
Creatinine	0.8 (i)		0.5 - 1.3	mg/dL
eGFR CKD-EPI	>90 N(i)		>= 90	mL/min

eGFR CKD-EPI Interpretive Data

Result:

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e GFR Reference Ranges

GFR Categories in Chronic Kidney Disease (CKD)

GFR Category  GFR (mL/min/1.73 square meter) Interpretation
G1            90 or greater                  Normal or high*
G2            60-89                          Mild decrease*
G3a           45-59                          Mild to moderate decrease
G3b           30-44                          Moderate to severe decrease
G4            15-29                          Severe decrease
G5            14 or less                     Kidney failure

*In the absence of evidence of kidney damage, neither GFR category G1 nor G2
fulfill the criteria for CKD (Kidney Int Suppl 2013;3:1-150)
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Please contact 1-800-82-SHARP (1-800-827-4277) with any questions.

SHARP Laboratory Services

Technical Bulletin

November 18, 2021

Situation:

Sharp Copley Laboratory is updating the testing platform for Chlamydia trachomatis and Neisseria gonorrhoeae (CT/NG) to the cobas 6800 instrument using a new CT/NG PCR assay.

Background:

The new CT/NG assay has better sensitivity than the previous version, but it does show an increase in Invalid results when certain carbomer-containing lubricants are used during sample collection.

Assessment:

Sample collection is a critical part of the diagnostic testing journey. With urogenital specimens used for STI testing, the presence of interfering substances that potentially impact NAAT results can be quite common, especially with recent advances in test sensitivity.

When moving to the latest STI portfolio assays on the cobas® 6800/8800 Systems, care needs to be taken with certain products potentially used by patients as well as products used in the process of sample collection. Similar to PAP test collection, urogenital specimens from patients who have used carbomer-containing products may generate invalid or false negative results. In addition, products containing carbomer(s) used to lubricate a speculum, including vaginal lubricants, creams and gels may interfere with the test and should not be used during or prior to collecting urogenital specimens.

Carbomer-free products	Carbomer-containing products
Lubricants*	
HR Lubricating Jelly	DynaLube Lubricating Jelly
KY Jelly	McKesson Lubricating Jelly
Surgilube Surgical Lubricating Jelly	Cardinal Health Lubricating Jelly
	Medline Lubricating Jelly
Feminine Hygiene*	
Conceptrol Contraceptive Gel	RepHresh Clean Balance
Labicam Anti-fungal	RepHresh Vaginal Gel Prefilled
Lavena Moisturizer	Vagisil Anti-itch Cream
Monistat 1	Vagisil Crème Regular Strength
Terrasil Ointment Plus Cleansing Bar	Vagisil ProHydrate
VCF Contraceptive Foam	Vagisil Sensitive Cream
Walgreens Clotrimazole 3	IsoLove Balancing Gel
Walgreens Clotrimazole Vaginal Cream	Replens Long-Lasting Vaginal Moisturizer
	Metronidazole Vaginal Gel

* This list represents a sample of lubricants and feminine hygiene products available in the market. Not all available products have been tested and reviewed as these change so frequently. Therefore, it is important to review the ingredients in products used at your facility.

Recommendation:

To minimize the risk of invalid test results:

- Refrain from using carbomer-containing products to lubricate a speculum as part of the collection procedure, or collect sample prior to use of lubricant/performing pelvic exam.
- Ask patients to refrain from using feminine hygiene products for approximately 24 hours prior to their scheduled visit.
- If patient is known to be using feminine hygiene products at time of collection, an alternative non-vaginal swab sample type may be considered, e.g., Urine.

SHARP Laboratory Services

TECHNICAL BULLETIN

October 15, 2021

☐	Sharp Hospital Lab Operations	☒	Sharp Lab Sales
☐	Sharp Rees-Stealy Lab Operations	☒	Physician Offices
☐	Accumen IT	☒	SCMG Physician Communication

New Supply Order Form and Submission Process

The Sharp Laboratory Services *Supply Order Form* has been updated for regulatory compliance and will now be completed electronically and submitted once a month to Lab Outreach Supply via email. This new streamlined process replaces the existing fax process as of November 15, 2021 and includes supply order confirmations and improved order tracking. Faxed supply orders will no longer be accepted after November 30, 2021. The new *Supply Order Form* can be found on the *Sharp Test Directory* at https://www.testmenu.com/sharp

Instructions for Completing Supply Order Forms

1. Complete all required information in the header.
2. Select the supplies you need for your monthly order.
3. Click the **SUBMIT FORM** button. Your default email program will open a draft email with the completed form attached. If your default email account doesn't automatically open, save your completed *Supply Order Form,* create a New Email from any email account, attach your completed Supply Order Form and send the email to ***laboutreachsupply@sharp.com***.
4. **NOTE:** Orders are delivered within 3 business days. If your office has limited operating hours that may affect the delivery of your order, please let us know when you submit your supply order.

Call 1-800-82-SHARP (1-800-827-4277) or your Sales Representative with any ordering questions. Contact Pacific Rim Pathology directly for supply orders related to the lab testing they provide.

COVID19 Diagnosis Coding Advisory Bulletin

August 2021

X	Lab Outreach Sales
X	Physician Offices
X	SCMG Physician Communication

Situation

A recent audit of Sharp outpatient/outreach laboratory billing practices for SARS-CoV-2 (COVID-19) testing revealed non-specific screening diagnosis codes were reported on some claims.

Background

Coding for outreach laboratory claims is reliant upon the diagnosis code submitted by the requesting provider on the laboratory order. When COVID-19 testing became available in 2020, existing diagnosis codes such as Z20.828 [*Contact with and (suspected) exposure to other viral communicable diseases*] and Z01.812 [*Encounter for preprocedural laboratory examination*] were provided on laboratory orders. To facilitate COVID-19 surveillance and data gathering, the CDC implemented additional diagnosis codes specific for COVID-19 testing with effective date January 1, 2021.

Assessment

Clinicians should refer to the most recent ICD-10-CM code lists when requesting laboratory testing and select only those codes pertinent and specific to the procedures requested. Current diagnosis codes for COVID-19 testing include:

Z11.52	Encounter for screening for COVID-19
Z20.822	Contact with and (suspected) exposure to COVID-19
Z86.16	Personal history of COVID-19
M35.81	Multisystem inflammatory syndrome
M35.89	Other specified systemic involvement of connective tissue
J12.82	Pneumonia due to coronavirus disease 2019

Recommendation

When submitting samples to Sharp Laboratories for COVID-19 testing, ensure that the most appropriate and specific diagnosis code is included on the laboratory order.

Refer to attached bulletin and related links for additional coding guidance and information about COVID19.

New ICD-10-CM code for the

2019 Novel Coronavirus (COVID-19), December 3, 2020

Effective: January 1, 2021

In March 2020 the Novel Coronavirus Disease, COVID-19, was declared a pandemic by the World Health Organization. A national emergency was declared in the U.S. on March 13, 2020 and remains in place. Post-COVID-19 related conditions are also occurring as a result of the pandemic.

Given this development there is an ongoing and urgent need to capture more information about this condition in our surveillance data and the nation's health care claims. The Centers for Disease Control (CDC), under the National Emergencies Act Section 201 and 301, is announcing further additions to ICD-10-CM Classification related to COVID-19, that will become effective January 1, 2021.

As a result of the ongoing COVID-19 public health emergency, the Centers for Disease Control and Prevention's National Center for Health Statistics (CDC/NCHS) is implementing additional codes into the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for reporting to include:

- Encounter for screening for COVID-19 (Z11.52)
- Contact with and (suspected) exposure to COVID-19 (Z20.822)
- Personal history of COVID-19 (Z86.16)
- Multisystem inflammatory syndrome (MIS) (M35.81)
- Other specified systemic involvement of connective tissue (M35.89)
- Pneumonia due to coronavirus disease 2019 (J12.82)

These new codes will be effective January 1, 2021 to identify conditions resulting from COVID-19. Full addenda information regarding the new codes and the final code titles will be published shortly.

ICD-10-CM interim coding guidance can be found at https://www.cdc.gov/nchs/icd/icd10cm.htm.

For more information about COVID-19, please visit the CDC and WHO websites at https://www.cdc.gov/coronavirus/index.html and https://www.who.int/health-topics/coronavirus respectively.