



QUALITY UPDATE

A monthly publication providing information and updates to CompuNet Clients.

Mission: Improve the Health of Our Community through Excellence in Medical Laboratory Services

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Advanced Beneficiary Notice (ABN) – What’s New? *By Kathy Mannier – Compliance Officer and Quality Assurance Officer*

An ABN provides advance notice to a Medicare beneficiary (patient) that Medicare is likely to deny payment for certain laboratory tests. The beneficiary must be notified BEFORE services are rendered. The ABN allows the beneficiary to make an informed consumer decision about receiving services that he/she may have to pay for out-of-pocket. The beneficiaries questions should be answered prior to the ABN being signed.

So, what has changed? Centers for Medicare & Medicaid Services (CMS) has announced implementation of the new “Advanced Beneficiary Notice of Non-Coverage”. The mandatory go-live date is March 1, 2009. By law, CompuNet cannot accept and bill from any other version of the ABN.

- Mandatory field for cost estimates
- Elimination of the existing general ABN (ABN-G) and lab ABN (ABN-L),
- Identification Number – Use of this field is optional. Notifiers may enter an identification number for the beneficiary that helps link the notice with the related claim. The absence of an identification number DOES NOT invalidate the ABN. An internal filing number created by the notifier, such as medical record number, may be used. Medicare numbers (HICNs) or Social Security number **MUST NOT** appear on the notice.
- New option where patient may choose to have services rendered but pay out-of-pocket instead of having the claim sent to Medicare. See FAQ #1 for a more detailed explanation of all three options.

Please discard ALL old ABN forms in your office. Only utilize those forms that are marked “CMS-R-131 (03/08)”. If you have questions or need additional ABN forms please contact your marketing representative.

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Advanced Beneficiary Notice *cont.*

Frequently Asked Questions (FAQ's)

1. With the revised ABN, how many options does the patient have?

Patients now must choose between one of three options including:

- I. Option 1: *I want the laboratory test(s) listed above. You may ask to be paid now, but I also want Medicare billed for an official decision on payment, which is sent to me on a Medicare Summary Notice (MSN). I understand that if Medicare doesn't pay, I am responsible for payment, but I can appeal to Medicare by following the directions on the MSN. If Medicare does pay, you will refund any payments I made to you, less co-pays or deductibles.*
- II. Option 2: *I want the laboratory test(s) listed above, but do not bill Medicare. You may ask to be paid now as I am responsible for payment. I cannot appeal if Medicare is not billed.*
- III. Option 3: *I don't want the laboratory test(s) listed above. I understand with this choice I am not responsible for payment, and I cannot appeal to see if Medicare would pay.*

If there are multiple items or services listed, patients may elect to receive a subset of the items listed by using more than one ABN.

2. May secondary insurance be billed using any of these options on the new beneficiary form?

Yes, this only applies if the patient selects Option 1 on the ABN and if Medicare denies the claim.

3. When is the new ABN form effective?

Providers and suppliers should begin using the new ABN effective immediately. **CMS will not accept the old ABN after March 1st.**

4. Does the patient have to sign and date the ABN?

Yes. The beneficiary must sign and date the ABN to indicate that he or she has received the notice and understands its contents. The notifier should attach one copy to the laboratory requisition, provide the patient with a signed copy, as well as retain the original ABN in the beneficiary's record. If the patient is incapacitated and can not sign the form, a family member may sign adding "representative". Example: patient is John Doe. Family member would sign John Doe/ Jane Doe representative. All signatures should be legible.

5. How are providers able to determine the mandatory estimated price to share with patients as required by Medicare?

If you are using the CARE360 system, the price will automatically print on the ABN. The estimated price is pre-printed on the manual ABN forms. In addition, separate price lists will be available to all clients for all other Medicare Limited Coverage Policy (MLCP) tests which are not printed on the manual ABN.

6. Will these changes be implemented into Care360 nationally by March 1st?

Yes.

7. May providers use the standard CMS-R-131 generic ABN?

No. Only the CMS approved form can be used.

8. May ABNs be translated and furnished in any other language other than English or Spanish?

No. Printed ABNs are limited to the OMB-approved English or Spanish versions per CMS.

Verbal assistance in other languages is permissible to assist patients in understanding the ABN. Notifiers should document any translation services provided in the Additional Information section of the ABN.

9. How can physicians learn more about the ABN changes?

The revised ABN and detailed instructions may be accessed online at www.cms.hhs.gov/bni.

Urine Collection for Cytology

By: Katrina St. Clair – Cytology Team Leader

Are you collecting urines for Cytology testing at your office?

If the answer is – **“YES, I do collect urines for cytology”** - here are some helpful tips for you and your patients for a superior specimen collection.

1. Voided urine should be ‘Clean Catch’ to avoid contamination from the perineum or genital tract, particularly in women.
2. Voided urine should **NOT** be first morning urine or from a collection bag. This is due to cellular degeneration, thus making accurate diagnosis more difficult.
3. Any part of the urine stream is acceptable for a cytology specimen.
4. 10ml-50ml of urine is needed to perform cytology test.
5. Specimen should be preserved in Cytolyt cytology fixative before submission to lab. However, specimen can be submitted fresh but must be refrigerated. It is important to note that fresh specimen is only good for a few hours even if refrigerated.
6. The optimum number of voided urine samples to submit is three. Of the neoplasms that can be diagnosed with voided urine cytology, about 80% will be on the first specimen, 15% on the second, and the rest on the third specimen. [Koss,1985] [DeMay 1996].

If you have any questions regarding urine and other non-gynecologic specimen collection please do not hesitate to call the Cytology department at 937-208-3579 or 937-208-5050.

Immune Cell Function Assay – Changes in Testing Days

By: Ike Northern – Microbiology Manager

On March 2, the testing schedule for the **Immune Cell Function** assay will be performed on Tuesdays and Thursdays rather than Mondays and Wednesdays.

Samples may be drawn for this test on Mondays and Wednesdays AFTER 10:00AM or Tuesdays and Thursdays BEFORE 10:00AM.

Tubes and transport temperature have not changed. If you have any questions, please contact Ike Northern at 297-8334.

Care 360 Users – Something New!

By: David Chapman – Processing Manager

Effective January 19, 2009, an “Edit” enhancement was made to your Care360 system. The new feature replaced the “Requisition Modify” function. You can use this feature while the specimen is still at your office or after the specimen has been sent, up to 7 days. Additional testing will still follow test specific guidelines for Specimen Integrity. The “Detail Log” in Care 360 will show both the original order as well as the edited order.

If an “Edit” is made and the specimen is still at your facility, please reprint the requisition with the changes and send with the specimen to CompuNet. The edited requisition will print with “EDITED” in the top right hand section of the requisition. It is especially important to re-label the specimen as well as reprint the requisition if any changes are made to the patient name.

Be advised that the following fields are **NOT** available for edit:

- 1) Client Number,
- 2) Requisition Number,
- 3) Social Security Number,
- 4) Patient ID.

If these fields require changes, you must cancel the order and create a new order. If the specimen is already in transit, you will need to call Client Services to make changes to any of those four fields.

If you have any questions about the new process, please call Client Services at (937) 297-8260. You may be directed to the Quest help desk at (877) 537-8378 if the issue appears to be a system problem.

What’s new on our website – check out www.compunetlab.com to find out!

Don’t forget that our website – www.compunetlab.com – offers easy access to current information regarding Clinical Testing, Patient Service Center locations and hours, Billing and Managed Care questions, Care360tm Physician Portal information, Supplies and other CompuNet Clinical Laboratory specifics. There are tabs specific for “Healthcare Providers” and “Patients”. In the “NEWS” section – you’ll find updates that we want you to know about. And the “Quality Updates” current issues, as well as the previous issues, can be found.

If you have suggestions of information that you would like to see on our website, let your sales representative know.

Estimated Average Glucose

By: Mark Shearer – Chemistry Manager

Some people with diabetes have struggled to comprehend the relationship between their Hemoglobin A_{1c} level and the results from their at home glucose monitor. In order to address this issue, several years ago the American Diabetes Association (ADA) came up with a calculation called Mean Plasma Glucose. Last year the ADA revised this calculation based on a study of 507 subjects from 10 international centers. This new calculation is known as **estimated Average Glucose** (eAG) and is defined as: $eAG = 28.7 \times A_{1c} - 46.7$.

CompuNet is pleased to announce a new test offering that provides this calculation along with the A_{1c} result. The order code is 74898 – Hemoglobin A_{1c} with estimated Average Glucose. The specimen requirements, test schedule and billing remain the same as the standard Hemoglobin A_{1c} order code (496) but the eAG is calculated and reported in addition to the Hemoglobin A_{1c} value.

If you have any questions, please contact Mark Shearer at 297-8236.

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