



Danbury Hospital
Department of Pathology & Laboratory Medicine
Technically Speaking

C. S. Guidess, Editor

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**MEDICARE REIMBURSES
CARDIOVASCULAR
AND DIABETES SCREENING
TESTS**

Medicare will reimburse fasting blood glucose tests and post-glucose challenge tests if patients are Medicare beneficiaries who haven't been previously received a diabetes diagnosis and who have any of the following risk factors: hypertension, dyslipidemia, obesity, prior findings of impaired fasting glucose or glucose intolerance. Two screenings per year are allowed for prediabetic patients and one per year for all other patients. CMS requires use of ICD-9 code 77.1 for screening and use modifier TS for prediabetic patients.

Medicare patients without cardiovascular symptoms are eligible to receive the following tests (performed as a panel) once every 5 years: total cholesterol, high density lipoprotein cholesterol (HDL) and triglycerides. To indicate the tests are for screening, use ICD-9 codes V81.0 (ischemic heart disease), V81.1 (hypertension) or V81.2 (other cardiovascular conditions).

Reference: Laboratory Compliance Insider, HCPro, Inc. March 2005, page 1-3.

REMINDER TO PHYSICIANS:

Pathologists at the Danbury Hospital Laboratory would like to remind physicians of the following:

Reports for clinical findings represent an opinion based on tissue submitted for examination and on information furnished to the pathologist with the specimen. If the report does not agree with the attending physician's clinical impression, the pathologist should be notified immediately so that the case can be jointly reviewed. Physicians are encouraged to consult the pathologist and review their cases, particularly when treatments associated with high morbidity or mortality are to be instituted on the basis of the pathology report.

ANNOUNCEMENTS:

Satellite Closure:

Effective immediately, Danbury Hospital Laboratory announces the closure of the Brewster Patient Service Center located at the Millbrook Office Center Milltown Rd, Brewster, NY.

**New office hours are
announced:**

Ridgefield Blood Drawing Facility
located at
10 South Street, Ridgefield, CT.
Monday– Friday 7:30AM-3:30PM
Tel: (203) 431-3776
Fax: (203) 431-4071

Fresh Frozen Plasma (FFP) Use and Surgical Procedures

Abby Sweeney

As with any blood component, the transfusion of plasma should be based on clinical necessity. Currently, literature indicates that minimally prolonged coagulation tests are *not* of predictive value for increased hemorrhagic risk nor are they an indication for prophylactic transfusion.

Physicians performing invasive procedures want to avoid hemorrhagic complication and may regard even a trivial elevation of a coagulation screening test result as an indication to transfuse. According to James P. AuBuchon, MD, Chair of the Transfusion Medicine Resource Committee, the need to correct a minimally prolonged PT (defined as an INR <2.0) to improve hemostasis has never been documented. Most studies have never shown a correlation between the PT and bleeding risk (even for some PTs as high as a 5.0 INR). ***Clinicians need to distinguish between a reduction in procoagulant activities that prevents unwanted thromboses and the ability of a system with reduced procoagulant activities to respond to a hemostatic challenge.***

In addition, the ability of fully “coumadinized” patients to withstand a hemostatic challenge has been repeatedly well documented over the last 50 years. In the past 20 years, studies of patients undergoing liver biopsies, central line placements, bronchoscopic biopsies, renal biopsies and angiography have shown that the PT and APTT do not predict hemorrhage. According to *Consultative Hemostasis and Thrombosis*, “There is no published evidence for increased risks of procedure-related hemorrhage, and there is no controlled study that indicates at what levels the PT, APTT and platelet count actually represent contraindications to invasive procedures or that prophylactic replacement of blood products reduces risk of hemorrhage resulting from invasive procedures.”

Danbury Hospital follows established criteria for transfusion of FFP as listed:

- 1) Documentation of significant bleeding associated with congenital or Acquired Factor Deficiency (example: liver disease Factors II, V, VII, IX, X, XI) and one of the following:
 - a) INR 2.0 or greater
 - b) Prolonged APTT -1 ½ times the reference value (should be investigated)
- 2) Antithrombin III deficiency
Reference Ranges: INR 0.91-1.40 sec PT 9.7-12.3 sec.
APTT 24.0-35.0 sec.

Due to risks associated with transfusion, efforts to limit recipients to a donor exposure if transfusion is not warranted is vital. In addition, the number of available blood donors has dwindled. Hospitals transfuse products judiciously to prevent any blood products from being “wasted” (thawed, not used, and subsequently discarded). No study has ever documented the value of prophylactic plasma transfusions.

References:

AABB Standards for Blood Banks and Transfusion Services, Current edition.
http://www.cap.org/apps/docs/cap_today/q_and_a/qa_02_05.html

Danbury Hospital, Dept. of Laboratory Medicine
24 Hospital Ave., Danbury CT 06810
Client Services Rep: 797-7800. Specimen Pickup: 797-7306