

CLIENT FOCUS

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The HPV & Cervical Cancer Link

According to the Centers for Disease Control, the human papillomavirus (HPV) is the most prevalent sexually transmitted infection in the United States with approximately 5.5 million new infections annually. By age 50, eight out of 10 sexually active women will have a genital HPV infection. Combine these numbers with the National Cancer Institute's well-accepted official statement that HPV is the major cause of all cervical cancers and the health implications of HPV are clear.

Expert opinion is that reflex HPV testing is the preferred method of follow-up evaluation for women with Pap results of Atypical Squamous Cells of Uncertain Significance (ASCUS). If such a patient does not have HPV, a repeat Pap is recommended in 12 months. If HPV is present, colposcopy is the next step. Guidelines further state that HPV testing in patients younger than 20 years of age is not warranted and that follow-up should consist of a repeat Pap in 12 months.

New guidelines encourage routine HPV testing, along with Pap testing for screening women 30 and older. HPV infections are very common among young women. However, in the under 30 age group, HPV infections don't stay active for very long, since their immune systems are very robust. As a result, cervical cancer is rare in young women. As women age, HPV infections become less common and those that exist are more likely to be the long-term, persistent type and more likely to cause cancer. One study shows that women with persistent HPV infection are more than 300 times more likely than HPV-negative women to develop high-grade cervical disease. This is why ACOG recommends that women 30 and older be routinely tested for infection with high-risk types of HPV. Noteworthy also are studies that show co-testing for HPV and cervical cytology together has a reported sensitivity of 100% and a specificity of 92.5% in the detection of cervical intraepithelial neoplasia.

In the event there is a negative Pap with a positive HPV result consensus guidelines published in the American Journal of Obstetrics and Gynecology state that both tests should be repeated in 12 months, at which time an abnormal result for either test would warrant colposcopy.

Custom requisitions can be prepared for any client implementing a policy of routinely screening for HPV in women over 30. If SouthEastern Pathology, P.C. can further assist your office in the rationale for, and details of, HPV/PAP co-testing from the single ThinPrep specimen vial for your patients over 30, please contact Ken Whittenburg at Extension 113.

Please see page 2, "HPV Screening ICD9 Code for 2008 (new)".

NOTE TO ALABAMA CLIENTS: While many insurers are covering Pap plus HPV as a screen for women over 30, BCBS of Alabama does not cover it at this time.

Our laboratory will be closed on LABOR DAY Monday, September 1, 2008

SouthEastern Pathology wishes each of you and your families a safe and happy Labor Day holiday!

We will resume normal business hours the day after the holiday.

This newsletter is also available on our website.

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Win a New IPod

We think accuracy is important. That is why we are giving away a new IPOD to a staff member for one of our clients to encourage participation in our annual survey. Each office administrator or manager who returns our forms by September 30, 2008 will be entered to win an IPOD Nano. The winner will be chosen by random drawing. Indicate the name of the person who completed the form at the bottom of the data survey.

You will soon receive the letter containing these important forms. One is our annual data update. This will help us provide the best possible service by ensuring that our information about your practice is accurate and up-to-date. If we do not already have one on file, you will also receive an authorization letter relating to the release of information about your patients. Under current regulations, we need vour permission to release information about your patients, even to another physician who is participating in their care. To be sure we can provide needed information as quickly as possible, as well as to avoid having your office interrupted by frequent requests for permission to release information, we have designed the enclosed blanket authorization. IT IS UP TO YOU whether you want this release or not. Either way, please complete the form giving or denying SEP permission to release reports directly to patients and/or other health care clinicians. SouthEastern Pathology will not release records to a patient or another health care clinician until SEP has already issued the report to the ordering physician.

PLEASE NOTE that we are requesting information about your EMR. Many of our clients are interfaced with our system so that results appear in their EMR as soon as a report is signed. Information about your EMR will help us work to with other programs used by our clients.

SouthEastern Pathology is open from 8:00 a.m.-5:00 p.m., Monday through Friday. Our patient area is closed from 12:30 to 1:30 daily.

After hours, you can reach the pathologist on call using the beeper, 706-295-8456.

New Feature on Our Website

SouthEastern Pathology's website offers several tools to the clinician to make his or her job easier. In response to requests from our clients, we are happy to introduce a new feature- **clinician notes**. Currently, clinicians are able to have reports copied to others involved in the care of the patient. With this new notes feature, the clinician can add his or her own comments to be read by other users of the report. Only the submitting clinician is able to add notes online, but the note is viewable by the submitting clinician and any secondary clinicians that were CC'd on the report.

To use this feature, visit SouthEastern Pathology's website at www.sepath.com and log into the "Physician Resources" section using your secure login information. Once logged into E-Reports, you can search for the case to which you want to add a note. With the case information open, there will be a link on the left side in the menu next to "Add Clinician Note". Clicking this link will bring up a box where you can type your comments. These comments do not become a part of the report. Once a note has been added online, whenever that case is accessed through E-Reports, there will be a "Show Clinician Note" in the menu on the left side. Any clinician that has been CC'd on the report will be able to click to see the comments.

If there was a mistake or the note needs to be deleted for any reason, the submitting clinician can view the note, then choose the option to delete the note.

If you don't have a login to SouthEastern Pathology's website, or if you have any questions, please call us at 706-291-8702.

HPV screening ICD9 code for 2008 (new)

Keep in mind that if you order HPV testing as a screen, you should put an appropriate diagnosis code on the requisition. Not all insurance companies have decided whether to pay for HPV screening, and some may deny because the ICD9 code isn't specific to HPV. The good news is - There is a new 2008 ICD9 code, V73.81, designed specifically for HPV screening.

While this is a positive step, be aware that since this is a relatively new code, it may not be good as a stand-alone code for some insurers. The ICD9 code for the Pap test (V76.2) is still accepted by most insurers whose medical policy covers a screening HPV and is currently preferred by most insurers. Adding the V73.81 could, however, be helpful in some cases. If you are ordering HPV to reflex when the Pap result is ASCUS, that clearly indicates a code of 795.01 as the reason for the HPV test. The ordering physician should assign appropriate codes.

Links for Your Website

Clients may wish to consider adding a link in your website that would help refer patients to www.sepath.com. Our website gives patients information about our practice, our pathologists and our billing. It also enables them to check the status of their case, view results of Pap tests and, if desired, pay their bill on line by credit card

For your information, the College of American Pathologists also has a new patient website, www.MyBiopsy.org, designed to serve as a resource for patients diagnosed with cancer. It answers questions about how specific cancers are diagnosed, explains key terms and describes treatment options. The site currently covers more than 30 cancers and pre-cancerous conditions and more are being added.

ABN Revised

Medicare has revised the options to be presented on the Advance Beneficiary Notification forms that are completed by patients. We have prepared new ABN forms for our Pap tests, which will be delivered in the next few weeks. Changes must be implemented by September 1. Please be sure to collect the older forms from around your offices and send them back to SEP to be sure they are not used inadvertently. The revised ABN will also be available on our website.