



# CLIENT FOCUS

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### IMPORTANT MEDICARE UPDATE

#### Expansion of the Current Scope of Editing for Ordering/Referring Providers for claims processed by Medicare Carriers

Please be aware that effective January 4, 2010, Medicare will begin to deny claims for services ordered or referred by physician and non-physician practitioners unless those providers have enrolled in the Medicare Provider Enrollment, Chain and Ownership System (PECOS) and are the type/specialty who are eligible to order/refer services for Medicare beneficiaries. Please be sure your staff who handles billing and/or enrollment for Medicare is aware of this requirement. Phase 1 began October 5, 2009 and is resulting in a warning that is included on the Remittance Advice. Phase 2 begins January 4, 2010, and will cause claim rejection if an otherwise eligible ordering/referring physician has not enrolled in PECOS.

We suggest that providers who order or refer verify their enrollment in PECOS. They may do so by accessing Internet-based PECOS at <https://pecos.cms.hhs.gov/pecos/login.do> on the CMS website. Before using Internet-based PECOS, providers should read the educational material at [http://www.cms.hhs.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS.asp](http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp) on the CMS website.

Background: CMS is expanding claim editing to meet the Social Security Act requirements for ordering and referring providers. Section 1833(q) of the Social Security Act requires that all ordering and referring physicians and non-physician practitioners meet the definitions at section 1861(r) and 1842(b)(18)(C) and be uniquely identified in all claims for items and services that are the results of orders or referrals. Claims that are the result of an order or a referral must contain the NPI and the name of the ordering/referring provider and the ordering/referring provider must be in PECOS or in the Medicare carrier's claims system with a type or specialty permitted to order or refer. You can find the official instruction, CR6417, issued to your carrier on the CMS website.

### MEDICARE AND THE ADVANCED BENEFICIARY NOTICE

Please remember to use an ABN for patients covered by Medicare or Medicare Replacement Plans such as PFFS and Medicare Advantage. The current version of the ABN was approved by CMS and went into effect in 2008. This version has three payment options from which the patient must choose, indicating whether they want a Pap smear even if it may not be covered by Medicare. Medicare will pay for a Pap smear every two years. All Medicare and Medicare replacement plan patients should be asked to sign an ABN and mark it as desired. SouthEastern Pathology provides the ABN's (Pink form) to our clients. Questions and comments should be directed to Lisa McWhorter: [lisam@sepath.com](mailto:lisam@sepath.com)

### HOLIDAY CLOSINGS

SouthEastern Pathology will be closed for holidays November 26<sup>th</sup> and 27<sup>th</sup>, December 25<sup>th</sup>, and January 1, 2010.

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

*This newsletter is also available on our website.*

**GET TO KNOW SOUTHEASTERN  
PATHOLOGY EMPLOYEES WHO SERVE YOU:  
THE CYTOTECHNOLOGISTS**



From left to right: Katie Raciborski, Greg Crandall, and Theresa Barnwell

The Cytotechnologists are responsible for screening of all Pap tests, as well as primary screening of non-gynecologic specimens. Cytotechnologists also assist with immediate evaluations in some Respiratory and GI procedures. Cytotechnologists are certified by the American Society of Clinical Pathologists Board of Registry. Cytotechnologists are required to submit to and pass annual proficiency testing. Our Cytotechnologists have more than twenty years of combined experience.

Greg Crandall, BS, CT(ASCP), Cytology Manager, has been with SouthEastern Pathology for five years. Greg's interests include Non gynecologic Cytology as well as Molecular Pathology. He is studying to sit for the Molecular Pathology exam given by the American Society of Clinical Pathologists Board of Registry.

Theresa Barnwell, BS, CT(ASCP) has been with SouthEastern Pathology for a total of four years. Theresa's interests include Fine Needle Aspiration Cytology and Endoscopic Ultrasound-Guided Biopsy.

Katie Raciborski BS, CT(ASCP) has been with SouthEastern Pathology since March, 2008. Katie enjoys all aspects of cytology, specifically Endoscopic Bronchial Ultrasound-Guided Biopsy and Gyn Cytology.

**AVOIDING REPORT DELAYS**

Correctly filling out a requisition will prevent a specimen from being returned to your office. The following fields are required on all requisitions:

- patient name (first and last),
- social security number,
- date of birth,
- date of collection,
- physician's name (first and last),
- office location.

On a Pap requisition, the specimen type and test(s) desired are also required. Also, please be sure that the name on the specimen bottle or Pap vial exactly matches the name on the requisition. As a reminder, Medicare and many other insurers will reject claims if the name is not listed exactly as it is shown on the insurance card.

**MANAGING AN ADOLESCENT  
PATIENT WITH HPV**

The American Society for Colposcopy and Cervical Pathology (ASCCP) has designated women of twenty years of age and under as adolescents. In 2006 the ASCCP released updated recommendations for this specific group of patients when diagnosed with an ASC-US Pap test. Typically, a patient with an ASC-US Pap test result would be reflexed to high risk Human Papilloma Virus (HPV) testing regardless of age. The 2006 recommendation states that HR HPV testing should not be performed on the 20 years and under age group. Instead, a repeat Pap test at twelve months is suggested<sup>1</sup>. Evidence shows that most HPV infections in younger women are transient and will clear without treatment<sup>2</sup>. **Please note that if a client orders reflexive HPV test on any patient, regardless of age, SEP will send the specimen for HPV testing.** Clinicians must decide whether or not to order HPV for adolescents as defined by these standards. Questions should be directed to Lisa Lance.

1 Arbyn M, Sasieni P, Meijer CJ, Chapter 9: Clinical applications of HPV testing: a summary of meta-analyses. *Vaccine*. August 21, 2006; 24 Suppl 3:S78-89. Boardman LA, Stanko C, Weitzen S, et al. Atypical Squamous cells of undetermined significance; human papillomavirus testing in adolescents. *Obstet Gynecol*, April 2005; 105(4): 741-746.  
2 Kulasingam SL, Kim JJ, Lawrence WF, et al. Cost-effectiveness analysis based on the atypical Squamous cells of undetermined significance/low-grade squamous intraepithelial lesion Triage Study (ALTS). *J Natl Cancer Inst*. January 18, 2006; 98 (2): 98-100

**UNSATISFACTORY PAP RESULTS? ARE YOU USING  
LUBRICANT?**

Lubricants are sometimes used during a gynecological exam for the sake of patient comfort. However, the use of a lubricant is not recommended by published guidelines (NCCLS<sup>1</sup> or ACOG<sup>2</sup>). The use of lubricants can also adversely affect the Pap test result.

Lubricants may show up on a Pap smear as a purple haze. Depending on the lubricant used, cellular material may be obscured. If lubricant is needed, use it sparingly, avoiding the tip of the speculum. This should decrease the possibility of contamination and reduce the risk of suboptimal slide preparation. If a lubricant is needed, Johnson & Johnson K-Y Jelly® may be recommended. Lubricants containing petroleum jelly or polymers should be avoided. For a complete list of approved lubricants, please contact Greg Crandall: [gregc@sepath.com](mailto:gregc@sepath.com)

1 Papanicolaou Technique Approved Guidelines (NCCLS Document GP 15-A)  
2 ACOG Practice Bulletin no. 45, August 2003  
®K-Y Jelly is a registered trademark of Johnson & Johnson

**CONGRATULATIONS  
TO OUR iPod  
WINNER!**

Kathy Brown of Metro Atlanta Gastroenterology is the iPod Nano winner of our annual "update your information" contest. Congratulations, Kathy, and thanks to all who participated in updating their office information.