

## **Guide to Laboratory Services**

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This document contains appendices concerning Medicare requirements, Reflexive testing, and a table of expected laboratory turn-around times.

Related Policies: “Laboratory Specimen Collection” PE.1.10.b and “Blood Administration and Transfusion Policies”, TX.5.1.5.a

### **Policy:**

Laboratory services and consultation are readily available to meet the patient’s needs, and include Hematology, Chemistry, Microbiology, Blood Bank & Transfusion Services, Blood Gases, Coagulation, Urinalysis, Serology, Therapeutic Drug Monitoring, Pathology, and Morgue Services.

The laboratory is open and fully staffed twenty-four (24) hours/day. Qualified consultants, in the form of Pathologists, Technical Supervisors, and other staff are always available to answer your questions, discuss test results, consult on unusual cases, or arrange for special testing.

Medical Direction of the laboratory is provided by board certified pathologists, specializing in both clinical and anatomical pathology.

#### **A. Accreditation’s:**

College of American Pathologists (22047-01)  
Joint Commission on Accreditation of Healthcare Organizations  
State of Idaho (HO23)  
Health Care Financing Administration (CLIA 13DO522151)

#### **B. Reporting of Test Results:**

Upon completion, computerized reports of test results are printed automatically at each nursing station or patient care area. Cumulative reports are also printed each evening and delivered to appropriate nursing station or satellites of Kootenai Medical Center. Outpatient reports are sent to the ordering physician, either by placing in the physician’s mail boxes (outside Medical Records), by U.S. mail, or by courier service. Laboratory reports will be faxed upon request.

Test results that fall into “critical value” ranges will be telephoned to the physician, office, charge nurse, or other responsible party.

#### **C. Normal Values (Reference Ranges):**

For general information about the “normal range” of a given test, see *Kootenai Medical Center Policy PE.1.10.c “Laboratory Normal Values and Critical Values...”* Note, however, that the normal range actually reported with each test should be considered the most appropriate values for interpretation of individual results since these results will be specific for the age and or sex of the individual patient.

#### **D. Referred Testing:**

Those tests currently not performed at Kootenai Medical Center Laboratory are sent out to only accredited reference laboratories, and those approved by the medical director of

the Kootenai Medical Center laboratory. Whenever a test is sent to another laboratory the results/report will indicate where the test was performed, along with appropriate normal values for that laboratory.

Reference Laboratories currently approved for use by Kootenai Medical Center:

Pathology Associates Medical Laboratory, Spokane, WA  
Sacred Heart Medical Center Lab, Spokane, WA  
ARUP Laboratories, Salt Lake City, UT  
Mayo Medical Clinic Laboratories, Rochester, MN  
University of Washington Medical Center Labs, Seattle, WA

E. **Test Request Priorities:**

“Routine”	Test results can generally be expected within 4-8 hours.
“STAT”	Results usually within one (1) hour (see Appendix A “Expected Turn-Around-Time for Laboratory Testing”)
“TIMED”	Tests that are to be drawn at a specific time will be considered “routine” for purposes of testing unless the written orders specify otherwise.

F. **Repeat Testing:**

As part of our concern for quality testing and patient care, we will gladly repeat any testing, at no charge, in which the physician has doubt or other concerns. Please telephone the laboratory as quickly as possible so that we may retrieve specimens and begin re-testing without delay. In some cases it may be necessary to obtain repeat specimens to rule out errors or other factors.

G. **Drawing Times:**

For hospital “in-patients” the laboratory makes rounds of all patient areas at least every two hours. The early morning rounds begin at 5:00 am and may extend until 7:00 am depending on the workload. All routine laboratory requests will be drawn at the next regular round, unless circumstances dictate otherwise. STATS will, of course, be collected immediately.

H. **Test Selection:**

In-house test selection is done by the use of the hospital computer system. (MEDITECH™) Laboratory tests can be scanned by order code, or by description. After selecting a test, the order screen information should be checked to ensure that it is the correct patient and correct test. The order screen will also indicate any special instructions such as patient preparation, specimen requirements, special handling, or other information.

Additional test information, such as alternative descriptive names, order codes, patient preparation, normal values, etc. can be obtained from the Kootenai Medical Center Laboratory Directory on the Kootenai Medical Center Intranet or internet web site. See [www.intranet.kmc.org](http://www.intranet.kmc.org). These sites can be accessed from any hospital computer station.

In some circumstances laboratory requisitions may be necessary, such as during computer down times. These requisitions are obtained by calling the laboratory, or the Printing Office.

I. **Patient Identification**

All specimens submitted for laboratory testing must be obtained in accordance with approved policies and procedures at Kootenai Medical Center. Strict adherence to these guidelines will maintain high quality patient care, and will prevent potentially serious errors.

Recently JCAHO (*Joint Commission on Accreditation of Healthcare Organizations*) has issued a list of Patient Safety Initiatives to be followed by all hospitals. The first of these concerns the manner in which a patient's identity is verified before lab specimens are taken, before medications are administered, or before blood products are transfused. According to the new patient safety guidelines, patient identity verification should be performed using at least two identifiers such as patient name, account number, date of birth, SSN, etc. Note that room and bed numbers may NOT be used as identifiers.

When preparing to obtain laboratory specimens from a patient, the verification process normally involves comparing information from (a) patient responses, (b) patient wristband information, and (c) pre-printed specimen labels or requisitions. Pre-printed specimen labels may either be generated by the computer system or by "addressograph" imprints. Either way, the information on the label must match the patient's wristband before the labels can be affixed to the specimens.

Accurately labeled specimens are the final step in positive patient identification. If pre-printed specimen labels are not available, all specimens must be hand written information with patient's name, account number, date, and your initials. Patient related information must be copied directly from the identification band in this process. DO NOT take specimens elsewhere for labeling.

**Typical Patient Identification Process – (before obtaining laboratory specimens)**

1. Approach patient and ask if they are "Mrs. Jones" if that is the name you are looking for. Note that this is not an acceptable way to identify a patient by itself, but provides a way of introducing yourself and explaining what you are going to do. (Patients should not be identified by using YES/NO questions).
2. Access the patient's identification wristband so that you can read it clearly.
3. Ask the patient to state, or spell their first and last names. Compare this to the information on the wristband.
4. If the information in the above step matches, continue by comparing at least two identifiers on the wristband with information on the laboratory specimen labels, and/or requisitions or other documents you have with you.
5. Document that the verification process was successful by placing a check mark next to the patients name on the master lab specimen label. This documentation will be used in quality and compliance monitoring.
6. Proceed with specimen collection process.
7. Ensure that all specimens are labeled before leaving the patient's side. Do not take specimens elsewhere for labeling.



Kootenai Medical Center Laboratory

***Appendix A***  
**Expected Turn-Around-Time For Laboratory Testing**

The table below shows the expected turn-around-time for selected laboratory tests. If a significant delay in reporting is anticipated, due to instrument problems or other causes, the laboratory will notify the ordering physician or department (e.g., Emergency Department) to apprise them of the situation. Generally, a significant delay would be one or more than two hours for STATS, or more than eight (8) hours for ROUTINE (for “in-house tests”). Delays in Microbiology, Send-Outs, Histology, or other special cases will be communicated as directed by the Pathologist or supervisory staff.

Department	Test	STAT Order	Routine Order
<b>Chemistry</b>	ABG's	< 30 minutes	1 - 2 hours
	Single Chemistry	< 60 minutes	2 - 4 hours
	Profiles, Panels, or Screens	60 – 90 minutes	2 – 4 hours
	TDM's	60 – 90 minutes	4 – 8 hours
	'STATPROFILE' (“BMPSTAT”)	< 30 minutes	NA
	Troponin, or Myoglobin	60 - 90 minutes	2 – 4 hours
	Cold Agglutinins	NA	8 – 10 hours
	Cryofibrinogen	NA	7 days
	Ferritin	1 – 2 hours	4 – 8 hours
	Cortisol	NA	8 - 24 hours
	TSH or T4	1 – 2 hours	8 - 24 hours
	Osmolality	60 - 90 minutes	4 – 8 hours
	RA Latex, Titer	60 - 90 minutes	4 - 8 hours
	ASO Screen	60 - 90 minutes	4 - 8 hours
	Mono test	60 - 90 minutes	4 - 8 hours
	<b>Hematology</b>	H & H, or “Hemogram”	< 30 minutes
CBC & Diff		< 45 minutes	2 - 4 hours
Body Fluid Cell Counts		60 – 90 minutes	2 - 4 hours
Bleeding Time		60 - 90 minutes	4 - 8 hours
FSP, FDP, XDP		60 - 90 minutes	4 - 8 hours
Fibrinogen		60 - 90 minutes	2 - 4 hours
Sed Rate		< 90 minutes	2 - 4 hours
PT or apt		60 - 90 minutes	2 - 4 hours
Reticulocyte Count		60 - 90 minutes	2 - 4 hours

**Appendix A**  
**Expected Turn-Around-Time For Laboratory Testing (Continued)**

Department	Test	STAT Order	Routine Order
<b>Urinalysis</b>	Urinalysis (from receipt)	< 60 minutes	4 - 8 hours
<b>Blood Bank</b>	ABO & type	< 30 minutes	2 - 4 hours
	Type & Screen	< 60 minutes	4 - 8 hours
	Un-Crossmatched blood	15 minutes	NA
	Crossmatched Blood (assumes T & S already done previously)	< 45 minutes	4 - 8 hours
	Direct Coombs	< 60 minutes	2 - 4 hours
	Hyperimmune Anti-D Panel	1 - 2 hours	4 - 8 hours
	Kleihauer Stain for Fetal Cells	< 2 hours	4 - 8 hours
<b>Microbiology</b>	Routine Culture	2 - 3 days	2 - 3 days
	Blood Culture	2 - 3 days	2 - 3 days
	Strep Screen	< 60 minutes	2 - 4 hours
	AFB Smear	1 - 2 hours	4 - 8 hours
	Gram Stain	< 60 minutes	4 - 8 hours
	Virus Culture	5 - 10 days	5 - 10 days
	Sensitivity	2 - 4 days	2 - 4 days
	Fungus Culture (depends on the organism)	7 - 45* days	7 - 45* days
	TB Culture	7 - 21 days	7 - 21 days
	Ova & Parasites	2 - 4 hours	4 - 8 hours
	Latex Agglutinins	1 - 2 hours	1 - 2 hours
<b>Send Out Tests</b>	PAML	NA	12 – 48 hours*
	Other reference laboratory	NA	3 - 7 days
<b>Anatomic Path</b>	Histology	Frozens available	24 – 72 hours
	Cytology	NA	24 – 72 hours

***Appendix B***  
**Laboratory Information for Physicians**

**MEDICARE Notice Concerning *Laboratory* Requests**

The Department of Health and Human Services/(OIG) promulgated a “ Model Compliance Plan for Clinical Laboratories” in 1997. This document requires laboratories to periodically communicate specific points to physicians and their office staff. The intent of this requirement is to help avoid submission of false or incorrect claims to Medicare or other government-funded programs. Providers are expected to “...take all reasonable steps to ensure that they are not submitting claims for services that are not covered, reasonable, and medically necessary.”

1. Medicare only pays for “Medically Necessary” *diagnostic* laboratory tests. (signs or symptoms of an illness must be present). Medicare does not pay for “screening” tests such as those performed as part of a check-up or annual physical.
2. Medicare and other payers require that pertinent diagnostic information be submitted with test requests and billing claims.
3. Laboratory requests must be made in *written or electronic* form.
4. Patients should be informed when there is a question as to whether Medicare will pay for a test or tests that you request. This is documented by use of the ABN.
5. Chemistry Panels can only be billed to Medicare when all of the component tests in that panel are medically necessary, (as determined by the diagnosis information).
6. A copy of the current (2003) Medicare Laboratory Fee schedule is on file in our laboratory as well as on the Medicare web site [www.hcfa.gov](http://www.hcfa.gov).
7. Local Medical Review Policies (LMRP) provided by Medicare Northwest are also on file. The policies describe limited coverage of certain laboratory tests.
8. Medicare requires that all healthcare providers ensure that Medicare is the primary payer before billing for services. When providing billing information on your written requests please indicate information obtained from your office MSP (Medicare Secondary Payer) process. This is most important when submitting specimens only.
9. To ensure timely and complete diagnostic information, additional “reflex” testing may be performed for selected tests. For example, microbial cultures are automatically followed up by susceptibility testing when pathogenic organisms are identified. There are additional fees for this follow-up testing. The Kootenai Medical Center Test Directory indicates reflexed tests (see [www.kmc.org/Professional](http://www.kmc.org/Professional)). Physicians are encouraged to discuss their specific needs and expectations regarding reflex testing with our pathologists.
10. Several clinical consultants are available at Kootenai Medical Center Lab to assist you in test selection and interpretation. Karen Ireland, MD, Chief Pathologist and Medical Director of the laboratory can be reached at (208) 666-2812.

**Appendix C**

**Reflexive Laboratory Testing**

Dear Doctor,

This is to inform you of the common reflexive or reactive testing that Kootenai Medical Center laboratory performs. The intent is to quickly perform standard and logical follow-up or confirmatory testing for certain tests. This also avoids delays that might result from you having to order the additional testing after receiving the preliminary result. Our philosophy for reflexive testing mirrors that of most other hospital laboratories, and is considered current standard practice. Unless otherwise noted in this letter, the additional testing is billed to the patient or payer using appropriate HCPC codes.

If you do not wish for us to perform the following reflexive testing please specify this in your written orders. You are always invited to provide input on reflexive testing policy at Kootenai Medical Center.

**CBC** – We assume if you order a CBC you expect a leukocyte differential. If you do not require a differential please order “Autoheme”, “Hemoglobin/Hematocrit”, “Platelet Count”, etc., as appropriate to your needs.

Our routine CBC includes an automated five-part differential. After review of these results, we may perform a “manual” microscopic differential in cases of significantly elevated or decreased RBC, WBC, PLTS, or in the presence of abnormal cell forms. These smears may also be sent for pathologist review, if appropriate. Our written criteria for these situations is available for your review. We will only bill for one “CBC including automated differential”. There are no other charges for this service.

**Blood Counts on Serous Body Fluids, and Synovial Fluids –**

Either automated or manual counting methods and differential techniques will be employed depending on the circumstances, but there will be only one patient charge.

**Urinalysis** – We perform Urinalysis on an IRIS analyzer which routinely includes automated, microscopic evaluation equivalent to the standard microscopic examination. We will bill for “urinalysis with microscopic exam”. If you want only the chemistry screen of urine, please order “DIPSTICK” urinalysis.

*Note: Urine specimens submitted for urinalysis are NOT automatically cultured unless you specifically order it. You may employ the order “Urinalysis and Culture if Indicated” in which case we will culture the specimen whenever protein, WBCs, or other signs of bacteriuria are present. We also assume that catheterized specimens submitted with this order should be cultured.*

**ASO, DIMERTEST, FSP, RA Test** – If the rapid slide test for these tests is positive, we will hold the specimens for up to seven days, (or the analyte stability period, whichever is shorter). If you wish titrating or other additional testing please submit a written order to the laboratory.

**ANTIBODY Screening** – (Blood Bank) Pre-transfusion antibody screening that indicates the presence of atypical antibodies will be automatically submitted for antibody identification testing. If we are unable to identify the antibody (less than 5% of the time) we will submit the specimen to Inland Northwest Blood Center in Spokane. There are additional charges for this testing.

**RHOGAM Screen** – If the fetal screen is positive, or, if tests indicate an ABO incompatibility between mother and baby, we will perform a Kleihauer for the presence of fetal RBCs in maternal blood.

**CULTURES** –Routine cultures will include gram stain examination when appropriate. There is usually no value in gram stain exam of stool or throat specimens. Orders for culture are assumed to include antibiotic susceptibility testing, when indicated. When pathogenic microorganisms are identified in a particular specimen, appropriate antibiotic sensitivity or MIC testing will be performed and charged. In the case of multiple organisms, multiple antibiotic susceptibility charges may result.

In addition to standard aerobic culture, anaerobic culture will be performed on specimens such as abscesses, deep wounds, and visceral cultures unless you specify otherwise. This is a separate and additional process and there will be an additional charge to the patient.

For routine urinalysis orders you may specify “Culture if Indicated”.

**TSH (“REFLEX”)** – If TSH-REFLEX is ordered and the TSH is abnormal, (either elevated or decreased), we will automatically perform a FREE T-4 test and the FT4 will be billed.

**CARDIAC INJURY** – Current Kootenai Medical Center protocol for possible myocardial infarct includes Troponin and Myoglobin on serial specimens. You may discontinue this sequence at any time by notifying the laboratory.

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