Spring 2020

LAByrinth

Special COVID-19 Edition

Once again, laboratories are being relied on to help combat a terrible health crisis. While being accustomed to doing this, there hasn't been anything as devastating as COVID-19 at least in the last hundred years.

So, it's not too overdramatic to say the world has its hopes and faith in laboratories and laboratorians as they work to perfect better and more efficient testing methods, and of course, in their expertise in a search for a vaccine.

The following are a few COVID-19 articles we think should be of interest to laboratories and laboratorians:

Need a Revenue Boost? Add New Testing!

By Jim O'Neill, ADS

Many US-based laboratories have experienced a significant decrease in testing volume due to the COVID-19 pandemic.

General panels that typically flowed in on a daily basis, have been cut by 25% to as much as 75% depending on the state or states the laboratory services. Worse, I'm personally aware of some laboratories that have shutdown testing completely in NY and NJ.

This is the time to reflect on your laboratory's bottom line, and to determine if adding additional departments or reference testing to your facility's catalog makes financial sense.

For example, clinical laboratories have been adding toxicology confirmation testing while toxicology laboratories are adding more clinical testing to their menus. Reimbursements on confirmation testing have already been significantly reduced over the years, along with the number of tests that can be ordered for a single patient during the calendar year.

Many laboratories have heard positive and negative aspects of CGX, PGX and molecular testing. Like any type of newer testing, "bad actors" have given molecular testing a black eye, to say the least. For example, CGX testing reimbursement is relatively appealing compared to other testing. If CGX is done properly, servicing the right patient for the test, and carefully obtaining the proper insurance and diagnosis information, will all make billing and collection much easier.

The mistake most laboratories make is adding a molecular department to their existing laboratory without the proper reporting systems (LIS), analytical equipment, and technically experienced genetics staff to support physicians and patients. The

investment required to properly add molecular testing is roughly $400,000 to $600,000 before the first sample is reported.

It would be suggested that molecular testing be referred to a qualified reference laboratory. According to geneticist, Dr. William Kearns of AdvaGenix, a state-of-the-art molecular reference laboratory based in Bethesda, MD, "It's important to start slowly and steadily in the molecular space. Many reference and toxicology laboratories don't have the proper resources to equip and run a molecular laboratory."

Sending reference samples to a molecular reference laboratory will control your testing costs, and allow your facility to gain the knowledge necessary to eventually bring testing in-house. Dr. Kearns noted, "Testing and reporting are two actions, but most physicians will want to speak with a laboratory's genetics specialist to review the patient's results and follow-up care.

To bring molecular testing cost effectively in-house, the laboratory should have a minimum of 50 to 75 samples per month.

You're invited to contact AdvaGenix as a collaborative genetics laboratory, and MedicsRCM for comprehensive laboratory revenue cycle management services.

A special thanks to Dr. Kearns for his assistance with this article.

Of Mice and Virus

As recently reported in Bloomberg Businessweek, developing a vaccine for the coronavirus will heavily depend on experimenting with mice. Nothing new there since it's routine to do almost any type of experimentation first with mice before involving humans.

You wouldn't think there's a mice shortage, and there isn't.

But there is a shortage on the type of mice needed for COVID-19 research. Those mice need to have been genetically modified with a humanized gene called ACE2 (you genetics laboratorians must know about that). Mice with the ACE2 gene makes them better for studying the effects of coronavirus for a number of complicated reasons we're not going to discuss here.

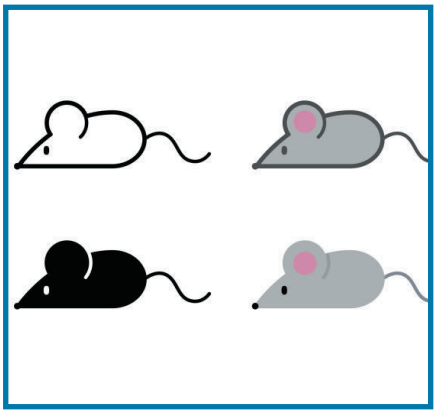
The problem is, ACE2 mice are almost as rare as hen's teeth.

It can take weeks and months to develop a sufficient number of ACE2 mice for the needed research. The article talks about attempts to use ferrets, hamsters, rabbits, and guinea pigs, but all of those have their own issues vs. mice. There's an effort for laboratories to breed humanized mice on-site which one researcher believes is the only sure way to develop a sufficient ACE2 mouse population.

Click ***here*** to read the entire article.

A Laboratory Paradox

As mentioned in our opening paragraph, while the world is



depending on laboratories to come up with a vaccine and cure, it may have actually been a laboratory that started the pandemic.

According to CNN, the US government is looking into the possibility the coronavirus came out of a Chinese laboratory, not from a marketplace as is commonly thought.

It's almost unavoidable that this will lead to a political discussion in which we prefer not to engage. So, just click ***here*** to read the story in full.

COVID-19 Treatment Guidelines Established

The National Institute of Health (NIH) has announced treatment guidelines for COVID-19 as developed by a panel of physicians, and statisticians.

The guidelines were posted by the NIH and will be continuously updated as new information is made available and culled. Guidelines include incoming data on antivirals and host modifiers immune-based therapies as well as infection control, and other medication types.

Click ***here*** for the article.

COVID-19 Test Updates

As reported by MLO, Diagnostics companies have re-geared themselves to create tests as patients increase with demands for tests to either confirm infections, or negate them.

Click ***here*** for the article and a listing of companies and the tests they're performing.

AdvaGenix' EUA-Approved RT-PCR Diagnostic Kit

AdvaGenix recently announced an EUA-approved, new multiplex real-time RT-PCR diagnostic kit with targeted specificity to 100% of currently available complete genomes for the SARS-CoV-2 virus. (COVID-19).

The development of this enhanced multiplex RT-PCR assay enables a rapid turn-around-time, reduces the risk of false negatives, and increases the likelihood of a rapid clinical response by healthcare providers world-wide.

Click ***here*** for information on AdvaGenix.

COVID-19 Billing and LIS Tips

- There's no difference in data required for COVID-19 tests than any other "regular" laboratory charge from the LIS. COVID-19 tests codes, panel codes, or LOINC should come through the LIS's interface into the laboratory's billing system or RCM company, either of which should provide the proper CPT mapping.
- For COVID-19 testing, certain of them may require special documentation, especially if medical necessity is a factor. A copy of the original requisitions, laboratory report, and the physicians' notes may be needed for an appeal.
- The laboratory's RCM company or billing system needs to be flexible enough to map different sets of CPT codes depending on Medicare, Medicaid, or private payer requirements.
- COVID-19 contract direct billing will be required for certain government, state, counties, cities, and towns. The RCM company or billing system needs to be able to issue a standard client bill or statement if necessary. It's strongly recommended that the laboratory process eligibility checks on all patients prior to billing. Remember, many of the collection sites are remote or drive-thru where proper insurance verification is not a priority.

Jim O'Neill
Director, Laboratory Sales
Advanced Data Systems Corp.
800-899-4237, Ext. 2264
info@adsc.com