



Every 30 minutes, a woman becomes infertile due to an undiagnosed sexually transmitted disease, STD.

The importance of screening for a sexually transmitted disease, also known as a sexually transmitted infection, (STI) like *Chlamydia trachomatis* and *Neisseria gonorrhoeae* in sexually active young women is articulated in major society guidelines including the CDC, USPSTF, ACOG, AAFP and AAP. Several recent peer-reviewed publications describe the clinical and public health need for Universal Screening as part of routine STI testing. Universal Screening is a guideline-driven approach to help decrease prevalence of both symptomatic and asymptomatic chlamydia and gonorrhea infections among women under the age of 25.



Where many STIs can be asymptomatic, prevalence studies are often enlightening. Trichomoniasis, bacterial vaginosis and candidiasis are 3 common causes of vaginitis, which is the number one reason women visit their healthcare providers each year. To detect Trichomoniasis, the CDC recommends testing with nucleic acid amplified technology (NAAT). Metro Lab offers the latest testing on diagnostics for STIs:

Trichomonas by TMA

Trich by TMA
Test Code 51140
with CT/NG – code 51000

Chlamydia and Gonorrhea

GC/CT by TMA
Test code 51110

Genital Herpes

HSV by Real-Time PCR
Test Code 52100

Vaginosis

Vaginitis Panel
Code 106096

MEDICAL NECESSITY

Most clinics have received a Diagnosis Review Form via a fax asking for additional codes that meet medical necessity for the test or tests ordered on your patient. Metro Lab has devised a program to check those diagnosis codes for medical necessity **at the time of order entry**, before the test is performed. What this means to you is, starting May 1st, 2018 your office will receive a call from our Client Service Department informing you that on a particular order the diagnosis code did not meet medical necessity and the ordering physician will be given three options:

1. Provide another diagnosis code that meets medical necessity
2. Submit the patient's signed Advance Notice Beneficiary (ABN)
3. If unable to provide 1 or 2 from above and your office would still like the test performed, Metro Lab can perform that test or tests and bill your office accordingly.

If the office were to pass on all three options, Metro Lab would **not perform the requested test** and the specimen would be rejected. Essentially, if your office has been submitting additional or alternative codes on the back-end after the testing and reporting, you'll be asked to provide those codes on the **front-end before testing is performed**.

POST EJACULATE URINALYSIS

Post ejaculate urinalysis is performed to confirm the presence or absence of spermatozoa in urine for the purpose of determining retrograde ejaculation. Retrograde ejaculation occurs when sperm are ejaculated back into the bladder rather than through the urethra and penis. Once sperm come into contact with urine, they do not survive long.

Post ejaculatory urine samples will be obtained after the patient completes a routine ejaculation into a sterile container followed by urination into another separate sterile container. Both samples will be checked for presence of spermatozoa, motility and estimates. Patients should abstain from all sexual activity for 2-7 days prior just like fertility studies. Volume and verification from a second technologist will also be recorded.

Diagnosis is based on the absence of sperm in ejaculate and the presence of sperm in urine and may be suspected when semen volume is less than 1 mL. Causes of retrograde ejaculation may be medications, infections, and diabetes mellitus. **Order test code 8030 starting May 1st, 2018.**

MIDDLEWARE

Metro Lab uses various computer programs, or what is termed as middleware, with its testing equipment to aid in test accuracy, improve specimen turn-around-time, and to continually improve patient safety. Parameters are set for each analyzer and test. If the criteria or parameters are not met, that specimen's results are flagged and a highly-skilled technician would review that specimen to investigate the cause and/or confirm those abnormal results. The use of middleware is a valuable asset to both technicians and clinicians for the best patient care.

*As always, thank you for your continued support.
We appreciate being your laboratory of choice.*

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