



Better health through
laboratory medicine.

Topic: The Laboratory's Role in Drug Monitoring for Pain Management

Date: Wednesday, June 15, 2016

Q&A SESSION 9 Time: 4:15PM-4:25PM	
Nicholas Heger	Hi this is Nick Heger - thanks for attending the talk and I'd be glad to answer any questions you have
Jeffrey Young	How can a PhD Clinical Toxicologist bill for these types of consultations? Does an MD Pathologist need to co-sign the consultation report? Can a PhD Clinical Toxicologist obtain designee status and be compliant?
Barbarajean Magnani	Only an MD can bill an 80502 under the current structure. If a PhD prepares the report, then it could be reviewed along with the MRecords and co-signed.
Nicholas Heger	Hi Jeffrey - Dr. Magnani is correct. Much of the consult preparation can be done by PhD level Clinical Chemists, but the official billing must be done by a physician.
Jeffrey Young	Thank you Dr.'s.
Barbarajean Magnani	I should add the reimbursement is not very much considering the time. I think we should lobby to have a special billing code for these consults that could be utilized by both PhD and MD!
Kathleen Kalinowski	Considering the statistics provided in the beginning of this conference, do you think more clinicians would benefit from a consult? If so, how would you encourage that order?
Barbarajean Magnani	Even if you can't bill you will provide a high value to your clinical staff. This pays in other ways
Barbarajean Magnani	I do believe that more clinicians would benefit. We spend considerable time giving grand rounds and educational seminars to our various clinical departments. this drives the business
Peter Platteborze	Do you apply any general rules when patients are prescribed hydrocodone or hydromorphone and have small yet significant amounts of codeine or morphine present in their urine?
Carlos Martinez	I saw that in the case study of Mr. A, the plasma half-life of hydromorphone was stated. How could that help the case?

Nicholas Heger	Absolutely, Kathleen. We have some physicians who consult us very regularly with their drug testing questions. Once they see the added value of our consults, word spreads and we get additional requests from their colleagues.
Barbarajean Magnani	We are aware of the impurities that Dr. Kwong spoke of with various analytes and will address that as needed. We also note that small quantities of morphine or codeine can occur through food sources (poppy seeds)
Barbarajean Magnani	Carlos, We use the consultation as a means of education about a drug as well. the clinicians always have positive feedback
Nicholas Heger	Listing the half-life of drugs is typically more helpful in cases where if the dosing is PRN (as needed), or intermittent, it may explain why the drug was not detected
Gregory Hobbs	It is possible for oxycodone and oxymorphone, and the concentrations listed, to trigger a positive opiate screen in some immunoassays.
Nicholas Heger	That's certainly possible, Gregory. The package insert for the individual opiate immunoassay should provide cross reactivity data regarding this.
Gregory Hobbs	It certainly does forte Thermo assay.
Barbarajean Magnani	Gregory, We have seen that high concentrations of oxy + metabolites can produce a positive opiates screen and my guess here is that + the hydromorphone concentration is what produced the positive result.
Nicholas Heger	That is good to know, Gregory. If drug screens are run using that assay and a patient is taking very high doses of oxycodone, clinicians may request confirmatory testing
Nicholas Heger	...to rule out use of other opiates other than oxycodone
William Bennett	What are the positive rates for buprenorphine confirmation you see on those patients who have been prescribed?
Barbarajean Magnani	We do see quite a few false positives mainly due to high concentrations of morphine or codeine
Nicholas Heger	That's correct, Dr. Magnani. Again, this can be immunoassay dependent.
Barbarajean Magnani	thank you for your participation
Nicholas Heger	Thank you all for attending!