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PATHOLOGY LABORATORIES
A Sonic Healthcare Clinical Laboratory

Client Communication

PAP Test Update

Effective November 7, 2022

Pathology Laboratories, Inc. (PathLabs) is in the process of making updates to Pap test Order Codes based on changes being made by our reference laboratory partner, Clinical Pathology Laboratories (CPL), a Sonic Healthcare USA, Inc. affiliate of Austin, Texas.

Specifically, CPL's changes reflect adoption of a consistent methodology for Pap tests that will provide computer-guided screening for all liquid-based Pap tests.

Further details are provided below and within the context of this publication.

The Pap test update includes changes in the following areas:

- Methodology
- Inactivated Codes
- Replacement Codes
- EMR Mapping and LOINC Codes for the Replacement Code

Benefits of Computer-Guided Screening

CPL's position for implementing computer-guided screening for all liquid-based Pap tests is as follows, supported by appropriate references at the conclusion of this publication:

The Thinprep® Imaging System was FDA approved in June 2003, and the Becton-Dickinson FocalPoint™ GS Imaging System was FDA approved in December 2008. CPL has extensive experience with this technology dating from 2006 for Thinprep® and 2010 for FocalPoint™. With Dual Review technique, the Thinprep® Imaging System scans every cell in the Pap slide for prioritized screening by the cytologist. Dual Review is shown to provide increased sensitivity and specificity, as well as improved disease detection over manual review.[1-3] The FocalPoint™ GS Imaging System comprises computerized Pap prescreening with a risk ranking method to focus the cytologist's review on cells and cases at increased risk for significant epithelial lesions. Use of this system enables increased sensitivity for low- and high-grade squamous intraepithelial lesions without increasing equivocal diagnoses.

Both imaging technologies improve detection of small isolated dysplastic cells which may be missed by manual review alone. In addition, imaging technologies offer improved turnaround time and enhance a cytologist's productivity to mitigate the impact of a shrinking workforce. **Uniformly applying computer-assisted screening will benefit patients and their physicians, while streamlining laboratory workflow.**

This transition will require a change in CPT codes. There may be an adjustment to laboratory charges. Please contact your account representative with any questions or concerns you may have.

The enclosed listing contains specific information as to PathLabs' database modifications. All changes are marked as **bright blue**.

Inactivated Order Codes

Order Code	Reporting Title
51011	PAP, THIN PREP, MC SCREEN
51010	PAP, THIN PREP, NON-IMAGED
51007	PAP, THIN PREP W/IMAGING, MC SCRN

Replacement Order Codes

Order Code	Reporting Title			
51006	PAP, THIN PREP W/ IMAGING, DIAG			
	RESULT CODE	DESCRIPTION	LOINC	CPT
	14102	SOURCE: (Asked at Order Entry)	19763-2	88175
	141010	SLIDES:	42186-7	
	14100	LMP: (Asked at Order Entry)	8665-2	
	141011	SPECIMEN ADEQUACY:	19764-0	
	141012	INTERPRETATION:	19762-4	
	14101	OTHER COMMENTS	19774-9	
	141013	CYTOTECHNOLOGIST:		
	141014	QC TECHNOLOGIST:	19768-1	
	141015	PATHOLOGIST INTERPRETATION BY:		
	141016	RELEASED BY:	19769-9	
	141017	LOCATION:		
	141018	CPT		

Our online test directory will be updated to reflect this information on November 7, 2022.

This Client Communication will be posted to our website for reference.

Please review the information and make changes as applicable to your practice/facility. If you have any questions, please contact our Client Service Department at 419-255-4601/800-281-8804 or your account executive. Thank you.

Client Communication

References:

1. Dziura B., et al. Performance of an imaging system vs. manual screening in the detection of squamous intra epithelial lesions of the uterine cervix. Acta Cytol. 2006;50(3):309-11.

2. Lozano R., et al. Comparison of computer-assisted and manual screening of cervical cytology. Gynecol Oncol. 2007;104(1):134-8. doi:10.1016/j.ygyno.2006.07.025.

3. Miller, F., et al. Implementation of the ThinPrep imaging system in a high-volume metropolitan laboratory. Diagn Cytopathol. 2007;35(4):213-7. doi:10.1002/dc.20627.

4. Chivukula, M., et al. Introduction of the ThinPrep Imaging System (TIS): experience in a high volume academic practice. CytoJournal. 2007;4:6. doi:10.1186/1742-6413-4-6.

5. Ha, S., et al. Effectiveness of the ThinPrep imaging system in the detection of abnormal cervicovaginal cytology: a practical experience in Korea. Acta Cytol. 2013;57(2):159-63. doi: 10.1159/000345103.

6. Wong R, Levi AW, Harigopal M, Schofield K, Chhieng DC. The positive impact of simultaneous implementation of the BD FocalPoint GS Imaging System and lean principles on the operation of gynecologic cytology. Arch Pathol Lab Med. 2012;136(2):183-189.

7. Wilbur DC, Black-Schaffer WS, Luff RD. The Becton Dickinson FocalPoint GS Imaging System: clinical trials demonstrate significantly improved sensitivity for the detection of important cervical lesions. Am J Clin Pathol. 2009; 132(5):767-775.

NOTE: CPT codes are provided for information only and are based on Pathology Laboratories' current understanding of Medicare rules and carrier instructions and in accordance with the current issue of physician's Current Procedural Terminology (CPT), published by the American Medical Association. Medicare coding may differ from coding used by other third party payers. Questions regarding coding should be confirmed with the payer being billed. Pathology Laboratories cannot accept responsibility for the reimbursement clients may or may not receive based on the procedure codes provided.