

Billing headwinds grow stronger for labs

written by CAP TODAY

April 17, 2024

April 2024—In billing for pathology and laboratory services, the hurdles are only getting higher. Narrow networks, prior authorizations, claims denials. Payers “have deeper pockets and figure they can outlast us,” said Joe Saad, MD, chair of the CAP Council on Government and Professional Affairs, in a Feb. 14 roundtable led online by CAP TODAY publisher Bob McGonnagle. He and others talked about AI, digital pathology codes and molecular Z-Codes, biomarker testing, and unity within the laboratory community.



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How Duke’s molecular diagnostics lab retains and trains

written by CAP TODAY

April 17, 2024

April 2024—Too few people, too much to do. In that, Duke Health’s molecular diagnostics laboratory is no different from any other laboratory. But competing for staff on the basis of money alone is out. “The reality is that in today’s labor market, any molecular technologist can always find a job that pays more,” says Barbara Anderson, PhD, MB(ASCP)^{CM}, analytical specialist in Duke’s molecular diagnostics laboratory, Division of Molecular Pathology, Genetics, and Genomics.



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[Use of molecular techniques to solve a challenging case of primary cutaneous marginal zone lymphoma](#)

written by CAP TODAY
April 17, 2024

April 2024—Primary cutaneous marginal zone lymphoma (PCMZL) is a newly recognized, distinctive subtype of non-Hodgkin’s lymphoma. This low-grade lymphoma predominantly presents as papules or nodules within the skin of middle-aged adults. Formerly grouped under the extranodal marginal zone lymphoma (EMZL) category, the World Health Organization’s fifth edition classification of hematolymphoid tumors now recognizes PCMZL as a distinct entity.



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[AMP case report: Use of molecular techniques to solve a challenging case of primary cutaneous marginal zone lymphoma](#)

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[A how-to guide to quality management in clinical labs](#)

written by CAP TODAY
April 17, 2024

CAP Publications released this month its newest book, *Quality Management in Clinical Laboratories: Optimizing Patient Care Through Continuous Quality Improvement*. It is a second edition; the first was published in 2005. Twenty-one contributors cover everything from laboratory staff and informatics to all phases of testing and the laboratory quality management plan.



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Liquid Biopsy and Concurrent Testing Strategies for Patients with Metastatic NSCLC

written by Keith Eilers
April 17, 2024

Webinar presenter: **Zin Htway, PhD**, Supervisor and Operations Manager, Anatomic Pathology as HCA Los Robles Hospital and Medical Center.



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From the President's Desk

written by CAP TODAY
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April 2024—When Tip O’Neill, former speaker of the U.S. House of Representatives, said many years ago that all politics is local, he was talking about how elections, legislation, and all of politics affect people where they live. I believe the concept applies just as much to pathology advocacy. When it comes to the issues we care about for our profession and for our patients, our efforts in advocacy, lobbying, educating, and persuading all need to happen at the local level just as much as at the national level.



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[Newcomer Supply to distribute HistoCyte cell line controls](#)

written by CAP TODAY
April 17, 2024

April 16, 2024—Newcomer Supply announced it is distributing HistoCyte Laboratories cell line controls.



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[Clinical pathology selected abstracts](#)

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April 17, 2024

April 2024—Neonatal anemia is a common comorbidity of premature infants and may result from certain obstetric conditions or diseases, or, in the case of iatrogenic anemia, from multiple phlebotomies in the first days of life. Once infants enter the neonatal intensive care unit (NICU), they undergo a series of laboratory tests at baseline and then as needed for treatment or monitoring. These tests commonly include blood cultures, CBCs, coagulation profiles, metabolic screens, blood gases, blood glucose, and chemistry profiles. Phlebotomy-associated blood loss is more clinically relevant in lower birth-weight neonates since they have lower total circulating blood volumes. When blood is drawn from an indwelling umbilical catheter, even more blood is removed due to the need to flush residual intravenous fluid from the line.



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