

[Learn about molecular testing for *M. pneumoniae*](#)

written by CAP TODAY
September 14, 2016

Sept. 14, 2016—Donna Mayne, the microbiology, serology, and molecular laboratory manager at Sacred Heart Health System in Pensacola, Fla., outlines the clinical benefits of using molecular technology to detect *Mycoplasma pneumoniae* in a free program provided by [Meridian Bioscience](#). **Watch**. In a separate presentation, Vicki Chalker, PhD, head of the respiratory and vaccine-preventable bacteria reference unit of Public Health England’s National Infection Service, discusses the importance of testing for *M. pneumoniae* and the diagnostic methodologies available. Meridian’s *M. pneumoniae* test [recently landed](#) FDA clearance. **Watch**.



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[How Zika interferes with normal fetal development](#)

written by CAP TODAY
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Aug. 29, 2016—An [Archives of Pathology & Laboratory Medicine](#) study analyzes evidence from nine postmortem examinations and related studies of fetuses and infants with intrauterine Zika virus infection and microcephaly. Author David A. Schwartz, MD, concludes “the Zika virus has a strong predilection for cells of the fetal central nervous system following vertical transmission.” Read the [early online release](#).



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Add-ons, consults spared cuts in proposed fee schedule: Dip in revenue, many technical component codes in for a hit

written by CAP TODAY
September 14, 2016

August 2016—The proposed Medicare physician fee schedule for 2017 features a slight dip in overall revenue for pathology groups and independent laboratories, but payment for flow cytometry and the technical components of prostate biopsy and surgical pathology work could fall by double-digit percentages if the Centers for Medicare and Medicaid Services stands pat with its final rule later this year.



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How pathologists can lead in value-based care

written by CAP TODAY
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Aug. 19, 2016—Pathologists have an opportunity to thrive and be health care team leaders in the coming world of accountable and value-based care, Donald Karcher, MD, argues in a webinar that offers a sneak peek of a course that he will moderate at [CAP16](#) in Las Vegas. View the free, [30-minute webinar](#) (registration required).



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[Painstaking process of drug monitoring](#)

written by CAP TODAY
September 14, 2016

August 2016—As optimists like to point out (in their annoying way), showing up is half the battle. But it's still only half, as other, equally clear-eyed folks might point out. That leaves plenty to do. And in drug testing for chronic pain management, the work facing laboratories may seem like even more than 50 percent.



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[Missed UTIs? 'Enhanced cultures' suggest so](#)

written by CAP TODAY
September 14, 2016

August 2016—The long-held belief that urine is sterile is facing a serious challenge from new research combining sequencing techniques and an enhanced urine culturing protocol to uncover an array of uropathogens hitherto unseen in microbiology laboratories.



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[New tests, technologies at center of 2016 CAP checklist revamp](#)

written by CAP TODAY
September 14, 2016

August 2016—Maybe laboratory accreditation checklists aren't the first reading you reach for when you want to unwind. But for an intriguing window into laboratory medicine and how it's changing, you might take a look at the revisions in the 2016 edition of the Laboratory Accreditation Program checklists, released in August.



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[From the President's Desk: Let's close the knowledge gap, 8/16](#)

written by CAP TODAY
September 14, 2016

August 2016—Most of us have heard the laboratory described as a black box where specimens are

exchanged for information and diagnoses. This tells me that we work beside some highly skilled people who don't know what we do and that the knowledge gap makes them uncomfortable enough to joke about it. This incomplete understanding of what takes place within the laboratory has meaningful consequences in multiple contexts.



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[Not fit to test: battling high hemolysis rates in the ED](#)

written by CAP TODAY
September 14, 2016

August 2016—Poverty, unemployment, crime, dropout rates: In some categories, no community wants to be No. 1. And in some categories, no hospital wants to be No. 1 either. High on that list: hemolysis.



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[Cytopathology in Focus: The evolving management of LSIL in Pap tests](#)

written by CAP TODAY
September 14, 2016

August 2016—The Bethesda System for Reporting Cervical/Vaginal Cytologic Diagnoses was developed to establish standardized terminology among pathologists for communicating to clinicians the findings

of a Pap test.¹ The Bethesda System has also facilitated the examination of the epidemiology and pathogenesis of cervical disease, with a focus on low-grade and high-grade squamous intraepithelial lesions (LSIL and HSIL, respectively) and their relationships to human papillomavirus infection and progression to invasive cervical carcinoma.



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