

Attachment B – Specifications

RFx No.: 3000023453 Title: Tuberculosis Lab Testing - LDH-OPH

OPH Tuberculosis Control Program Laboratory Testing

The quantity of individual tests listed is an estimate of total tests submitted in a year.

The OPH Tuberculosis Control Program requires that all invoices be emailed on a monthly basis. Email addresses will be provided after award.

Specimen Retrieval Requirement

The vendor will provide specimen retrieval of all samples from OPH Public Health Units (PHUs) and clinics located around the State of Louisiana. Services should include daily pickup of samples, as needed. The vendor will provide transportation of these samples to their appropriate testing facilities. The included list contains the relevant PHUs and clinics with physical addresses and contact information. PHU sample pickup site list is included as Attachment C – Health Unit and Clinic List.

Laboratory Reporting Requirement

The Contractor must have an existing bidirectional interface with the Office of Public Health's (OPH) current version of the Electronic Health Record (EHR) software (Intergy EHS by Greenway Health) for ordering specimens and transmitting results electronically.

If the Contractor does not have an existing interface as previously specified, the Contractor must become interfaced as previously specified within 90 days of award of contract. If this timeline is exceeded this may be considered grounds for immediate contract termination.

The current version of the EHR software can support lab orders as HL7 ORM messages using HL7 v2.5.1, and can support receiving lab results as HL7 ORU, where the ORU message includes discrete data (numerical lab result values), as well as an embedded PDF if preferred.

To contact Greenway Health and begin the process of becoming interfaced, use the information provided at the following link: <https://records.greenwayhealth.com/>.

Notification of critical values should be by phone within 24 hours of finalized test results.

Services should include daily courier pickup of samples and electronic reporting of results. Notification of critical values should be by phone, within a reasonable amount of time after results are finalized, not to exceed 24 hours.

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Test Group 1

Therapeutic Drug Level Testing

Test to measure the concentration of medication in serum or plasma at a given time period after medication ingestion

- Line 1. TB Drug Panel – 4 Drugs Isoniazid, Rifampin, Ethambutol, and Pyrazinamide
Serum or Plasma
Quantity: 100 Tests
No CPT Code (Combination of Tests) 80299, 92017, 92018, 92184

- Line 2. Isoniazid
Serum or Plasma
Quantity: 50 Tests
CPT Code: 80299

- Line 3. Rifampin
Serum or Plasma
Quantity: 50 Tests
CPT Code: 92017

- Line 4. Ethambutol
Serum or Plasma
Quantity: 100 Tests
CPT Code: 92018

- Line 5. Pyrazinamide
Serum or Plasma
Quantity: 100 Tests
CPT Code: 92184

Test Group 2

Liver Function Tests

Tests used to help diagnose and monitor liver disease or damage. The tests measure the levels of certain enzymes and proteins in blood.

- Line 6. AST (SGOT) Aspartate transaminase
Serum or Plasma
Quantity: 500
CPT Code: 84450

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- Line 7. ALT (SGPT) Alanine transaminase
Serum or Plasma
Quantity: 500
CPT Code: 84460

- Line 8. Total Bilirubin
Serum
Quantity: 500
CPT Code: 82248

- Line 9. Creatinine
Serum
Quantity: 500
CPT Code: 82565

- Line 10. Uric Acid
Serum
Quantity: 500
CPT Code: 84550

- Line 11. ALT and AST Panel
Serum
Quantity: 1000
No CPT Code (Combination of Tests) 84450, 84460

- Line 12. TB Panel (AST, Creatinine, Total Bilirubin, Uric Acid)
Serum
Quantity: 500
No CPT Code (Combination of Tests) 84450, 82248, 82565, 84550

- Line 13. TB ALT Panel (AST, ALT, Bilirubin, Uric Acid, and Creatinine)
Serum
Quantity: 1200
No CPT Code (Combination of Tests) 84450, 84460, 82248, 82565, 84550

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Test Group 3

Line 14. HbA1c (Blood Glucose)
Quantity: 250
CPT Code: 83036

Line 15. Complete Blood Count (CBC)
Quantity: 300
CPT Code: 85007