

**POLICY AND PROCEDURES ON FEE EXEMPT WISCONSIN STATE  
LABORATORY OF HYGIENE TESTING**

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**I. Background**

The ability to obtain and effectively use clinical and environmental laboratory testing support rapidly, accurately and in a variety of planned and unanticipated situations is a critical element in a capable and progressive local health department (LHD). Wisconsin LHDs are fortunate to have a broad and scientifically advanced range of laboratory testing and other assistance resources available to them through the Wisconsin State Laboratory of Hygiene (WSLH).

Under state law, the WSLH is mandated to provide certain laboratory tests to local governmental agencies without making a charge for those services (fee exempt testing). Under agreement with the WSLH Board, the Division of Public Health (DPH) in the Department of Health & Family Services (DHFS) is established as the state agency that determines which laboratory procedures are to be provided fee exempt, and the conditions under which they are to be provided. DPH is also responsible for oversight and management of fee exempt testing and other public health usage of the WSLH, under a Basic Agreement between the two state agencies. The Basic Agreement between the Laboratory and the Department establishes an amount of funding within the WSLH budget (currently at roughly \$3.2 million annually) which is available for fee exempt and other public health testing, and laboratory capacity at WSLH. DPH is responsible for ensuring that expenditures stay within that budgeted amount. This document describes the policies and procedures that DPH has adopted to ensure the proper and effective use of fee exempt testing services.

**II. Public Health**

Public Health in Wisconsin consists of the organized efforts that are mandated or authorized under state law, of state and local governments to prevent disease, impairment and illness; to promote good health status for the citizens of the state; and to assure access to health services that advance those objectives. Fee exempt testing must be for purposes that are directed to and consistent with this mission. At the local level the principal focus of Public Health is with governmental LHDs, while at the state level it rests with the DPH. The services of other agencies and providers, that further the aims of Public Health, and that are recognized and coordinated by LHDs or DPH, are also acknowledged to be a part of the "Public Health System" in Wisconsin.

### **III. Agencies Eligible to Receive Fee Exempt Testing**

A. Subject to the oversight and authority of DPH, and adherence to the policies and procedures detailed in this correspondence, all LHDs that meet the requirements of Ch. 251 Wis Stats, as Level I Health Departments, are eligible to request and receive fee exempt testing from the WSLH.

B. LHDs that are eligible for fee exempt testing have been issued an account number for this purpose by the WSLH, and must use this account number on all lab slips accompanying specimens to be tested fee exempt. A current list of LHD fee exempt account numbers is included with this document as Attachment

1. LHDs should note that each has two to three fee exempt account numbers--one issued by WSLH for general fee exempt testing, one issued by the Department of Natural Resources (DNR), which is to be used only when requesting groundwater tests, and in some instances another account established by WSLH for fee exempt proficiency testing. Some LHDs may also have one or more other accounts established with the WSLH for fee-for-service testing.

C. Effective January 1, 2002, a local agency or individual that is not an LHD is not eligible to have a fee exempt account. An LHD may, however, authorize other local agencies within the jurisdiction it serves to utilize fee exempt testing through its account. If an LHD authorizes another local agency to utilize fee exempt testing under its account, it must serve as the responsible agency and superintendent for that testing. In this role the LHD is accountable for the numbers, types and purposes of testing done under its account, and must be able to demonstrate that testing was done in support of its public health programs and responsibilities, and under its direction and supervision. Other agencies or individuals that are delegated fee exempt testing authority under the LHD's account are bound by the policies and procedures detailed in this correspondence, and the LHD is responsible for ensuring the compliance of any agency or individual to which it has delegated fee exempt authority.

### **IV. Tests Eligible to be Performed Fee Exempt**

A. The DPH has determined that in the interests of protecting and promoting the health of the public, LHDs need to have certain laboratory procedures available to them on a routine and unrestricted basis. Fee exempt tests that LHDs may utilize without additional approval are described in the following section.

B. In specific circumstances certain fee exempt testing may be allowable that would not be warranted to be performed on a routine and unrestricted basis. Such circumstances would include public health outbreak and other emergency situations, as well as special epidemiology and surveillance efforts, and public health research studies. In these circumstances, LHDs may request and receive authorization from appropriate DPH officials for fee exempt test procedures not shown on the enclosed list. A list of DPH staff who may approve fee exempt testing is included with this correspondence as Attachment 3.

C. As a general rule, testing that is done to protect the community, or done in conjunction with other LHD services for needy individuals, is allowable for fee exemption. Tests done principally for the medical management or other private benefit of individuals, and tests done for persons who have the ability to, and would ordinarily be expected to pay for these services, should not as rule be requested fee exempt.

D. LHDs should note that in some instances they are provided with no charge tests under the auspices of a contract between DPH and WSLH, which provides the Lab with reimbursement for the testing. These are not fee exempt tests, and LHDs' fee exempt account numbers should not be used on the lab slips for them. A list of these testing programs, along with the DPH staff contacts for them, and a list of account numbers to be used in ordering tests, is included as part of the next section.

### **V. Fee Exempt Test Submission Procedures**

A. The WSLH will bill the submitting agency or individual for the cost of tests performed under the following conditions:

- 1.) The submitting entity is not eligible to receive fee exempt testing, as described above in part III;
- 2.) The test is not eligible to be performed fee exempt, as described in next section;
- 3.) The test specimen submission is otherwise not in compliance with the policy and procedures outlined in this correspondence. It is the responsibility of the billed entity to satisfy all charges made for the testing.

B. Test specimens submitted must be accompanied by a specimen slip containing all information required by the WSLH, and must include the number of the fee exempt account to which the cost of the test will be charged. Tests kits and specimen slips may be obtained from the WSLH by calling (608) 262-1293 or (800) 442-4168.

C. In emergency situations, the DPH officials shown may verbally approve fee exempt testing not included for routine and unrestricted utilization on the enclosed list. The DPH official making the approval will notify the WSLH that the testing has been authorized, but the requesting agency should make a note of the approval for its records. In non-emergency situations the local agency should request and receive approval in writing or e-mail from one of the DPH officials shown.

## **VI. Records and Reports**

A. The WSLH will provide the results of individual test procedures to the individual or agency submitting the specimen, as listed on the laboratory slip.

B. The WSLH will provide monthly summaries for each fee exempt account, showing the numbers, types and costs of tests performed, to the Local Health Officer of the LHD that is responsible for the account. It is the responsibility of the Local Health Officer to verify that the tests reported are only those which were authorized by the LHD, and for which it is accountable. If the Local Health Officer questions any of the testing shown on the monthly summary, (s)he should immediately notify the Regional Office.

The WSLH will also provide quarterly summaries of all fee exempt testing done, to DPH, which is responsible for overseeing and managing testing within the purposes and amounts agreed to between DHFS and the SLH Board.

## **VII. Charges for Tests**

A. LHDs must agree that persons who receive fee exempt tests will not be charged for those tests.

B. LHDs may charge a handling fee to persons receiving fee exempt tests, if the fee is the actual, reasonable and necessary cost of handling and submitting the specimen, and if no person is denied testing because of an inability to pay the fee.

C. LHDs should, whenever possible, assess persons receiving fee exempt testing for eligibility for Medical Assistance or other third party coverage. If the WSLH is provided with information on an individual's insurance coverage (e.g. a photocopy of a person's eligibility card, submitted with the specimen slip), it can very often bill the third party instead of charging the test to limited funding in the fee exempt account.

## **VIII. Management and Oversight of Fee Exempt Testing**

A. As already noted, each LHD is responsible for all fee exempt testing that is charged to its account. There are no caps at this time on the volume or value of testing that may be performed for any fee exempt account, but LHDs are expected to ensure that testing done is necessary, and for allowable purposes.

B. The DPH reserves the right to prospectively establish future caps on LHD fee exempt testing, or to further limit the types and purposes of fee exempt testing, in order to maintain expenditures at the limits

agreed to under the Basic Agreement between WSLH and DHFS. The DPH may also, upon review, deny fee exemption for any testing that fails to meet the policy and procedures established in this correspondence.

C. LHDs with questions about this policy and procedures, or other provisions of fee exempt testing, should direct these to their Regional Office. Agencies wishing to appeal a decision on the allow ability of fee exempt testing, or other application of this policy and procedures, may do so in writing to the Administrator of the Division of Public Health. As always, DPH welcomes any comments at any time on the applicability or clarity of its program policies and procedures.

### ENTERIC VIRUS TESTING

Testing which may be requested fee-exempt without prior approval or restriction:

Enterovirus PCR (WSLH test code 1507) and Viral Culture (WSLH test code 1510) testing may be done in association with death, autopsy, or cases with paralysis or CNS or ocular involvement.

Testing which may be requested fee-exempt in specific local situations, with Bureau of Communicable Diseases approval:

Norovirus RT-PCR (formerly known as Calicivirus, or Norwalk virus) (WSLH test code 1931) testing may be performed on up to 5 outbreak-related specimens per outbreak when clinical symptoms and incubation period make an enteric virus etiology a reasonable possibility. Consultation with or request from BCD staff is necessary.

Enterovirus PCR (WSLH test code 1507PCR) and Viral Culture testing (WSLH test code 1510) may be done in association with clusters or suspect outbreaks following consultation or request from BPH staff.

For approval please call (608) 267-7321

### HEPATITIS TESTING

#### Hepatitis A

Testing which may be requested fee-exempt in specific local situations with Bureau of Communicable Diseases approval:

Hepatitis A Serodiagnosis (WSLH test code 36) on potentially exposed individuals who are at high risk of transmitting hepatitis A to multiple persons (e.g., food handlers, day care providers/attendees, health care providers).

Alanine aminotransferase (ALT) levels (WSLH test code 236) on symptomatic or potentially exposed individuals who are at risk of transmitting hepatitis A to multiple persons

For approval please call (608) 267-7321

#### Hepatitis B

Testing which may be requested fee-exempt without prior approval but with the following restrictions:

Hepatitis B Serodiagnosis Panel (WSLH test code 37) for:

- Pregnant women
- Infants whose mothers are HBsAg positive and who have completed the Hep B vaccine series
- Persons from countries where hepatitis B virus (HBV) infection is endemic

- Other persons at high risk of acquiring HBV infections as defined by the most recent Advisory Committee on Immunization Practices (ACIP) statement on hepatitis B.

Hepatitis B Surface Ab (post-vaccine) (WSLH test code 45) 1-2 months after completing the Hep B vaccine series:

- Sex partners of HBsAg positive persons
- Health care workers employed by local health departments.

## Hepatitis C

Testing which may be requested fee-exempt without prior approval but with the following restrictions:

Hepatitis C Serodiagnosis (anti-HCV EIA, WSLH test code 49) for the following persons who are at risk for having been exposed to the hepatitis C virus (HCV):

- Ever injected illegal drugs, even once or a few times many years ago
- Are a sex partner of an injection drug user
- Have exchanged sex for drugs or money
- Have shared needles for tattooing or piercing
- Received a blood transfusion or solid organ transplant before July 1992
- Received a blood product produced before 1987 for clotting problems
- Have ever been on long-term kidney dialysis
- Have evidence of liver disease [e.g., persistently abnormal alanine aminotransferase (ALT) levels]
- Have HIV
- Have an HCV-positive mother
- Are a current sex partner of an HCV-positive person (within the past 6 months)

Hepatitis C Virus PCR (Polymerase Chain Reaction, WSLH test code 48)

- For clients whose anti-HCV test result (EIA or RIBA) is positive.

Testing which may be requested fee-exempt in specific local situations with Bureau of Communicable Diseases approval:

Alanine aminotransferase (ALT) levels (WSLH test code 236) on clients who are HCV RNA positive by PCR and who are without other means of obtaining this test.

For approval please call (608) 266-5819

## HIV TESTING

The following guidelines cover fee-exempt testing for HIV infection conducted by LHDs and their designees. It does not cover testing supported by the Wisconsin AIDS/HIV Program through Division of Public Health designated counseling, testing, and referral (CTR) sites, or tests conducted in conjunction with partner counseling and referral services (PCRS) at LHDs.

LHDs that are designated as CTR sites should not use fee-exempt testing funds, but should use Wisconsin AIDS/HIV Program resources to provide HIV antibody testing. LHDs not designated as CTR sites may use fee-exempt testing for clients at risk for HIV infection.

Providing counseling and appropriate referrals for both HIV-positive and HIV-negative clients is an essential part of this service. LHD staff who provide partner counseling and referral services should assume lead responsibility in assuring the quality of HIV testing, counseling, and referral services.

Agencies authorized by a LHD to use a fee-exempt account number must follow fee-exempt guidelines and maintain quality of services as defined by the Wisconsin AIDS/HIV Program. These agency staff may attend training provided by the Wisconsin AIDS/HIV Program.

Fee-exempt HIV antibody testing should be restricted to the following at-risk populations:

Persons symptomatic for, or presumptively treated or diagnosed with, a sexually transmitted disease and their sexual partners

Persons with tuberculosis disease or infection

Men who have sex with men and their sexual partners

Injection drug users and their injection or sexual partners

Sexual partners of a person with HIV infection

Persons who trade sex for money, drugs, shelter, etc.

Persons who use non-injecting drugs that may increase their behavioral risk for HIV

Persons positive for Hepatitis B, or C, regardless of any acknowledged risk

Persons with undiagnosed symptoms of a viral infection

Pregnant women without access to prenatal care\*

LHDs may also use their discretion to conduct HIV antibody testing in unique circumstances.

\* All efforts should be made to link pregnant women with prenatal care and to encourage HIV antibody testing by their health care provider.

HIV antibody tests that may be requested fee-exempt are:

HIV-1/HIV-2 Combination Antibody Serum Screen (WSLH test code 99). This test includes the HIV-1/HIV-2 EIA screening assay and, as appropriate, the HIV-1 confirmatory Western Blot, HIV-2 EIA, and HIV-2 Western Blot.

HIV-1 Oral Fluid Ab (WSLH test code 9) This test includes the HIV-1 EIA screening assay and, as appropriate, the confirmatory HIV-1 Western Blot. This test is requested when use of needles would be unsafe - as in some field testing venues; when blood draw is difficult or clients are reluctant about having their blood drawn; or when staff are not trained in phlebotomy. This test is not licensed to be used for children under the age of 13 years of age. Staff must be trained regarding proper specimen collection for this test.

Other Instructions:

All tests are ordered by their code on the WSLH CDD Requisition Form (B) and require documentation of client name, address, demographics, specimen information and limited risk data. Under the required "Specimen Type" field, Whole Blood should be checked for test code 99, and Body Fluid should be checked for test code 9. Oral should be written as the Site.

In some instances, a client at high risk for HIV infection may refuse a name-associated test and an anonymous test may be offered. Instead of client name, the LHD should provide a unique numerical identifier (like a medical record number) in the name section. Anonymous testing should be used judiciously because it may not allow for LHD follow-up of clients not returning for test results. Anonymous test codes are also difficult to retrieve from the WSLH database.

HIV antibody testing should not be ordered on children 18 months or younger since testing this early may detect passively transmitted maternal antibodies, rather than the child's own antibodies.

### OVA AND PARASITE TESTING

Testing which may be requested fee-exempt without prior approval:

Ova and Parasite\* examination (WSLH test code 670PVA)

- Refugees or immigrants who had an increased likelihood of acquiring a parasitic infection prior to arrival in the U.S. (e.g. poor sanitary conditions or crowded living conditions).
- Household or sexual contacts of persons with confirmed parasitic infections without third party benefits (insurance, Medicaid).
- Other persons who exhibit signs and symptoms of parasitic infections who do not receive third party benefits.

No more than 3 initial diagnostic specimens and 1 test of cure specimen may be submitted per person.

\*This does not apply to certain parasitic infections (e.g., helminths) that are not transmitted person-to-person

### RABIES TESTING

Testing which may be requested fee-exempt without prior approval or restriction:

All rabies antigen detection testing (WSLH test code 1800) on animals which are known or suspected to have exposed a human or a domestic animal. Only specimens from animal species that pose a reasonable risk of rabies transmission qualify for fee-exempt testing, unless extraordinary conditions occur. In such instances, consult with the State Public Health Veterinarian.

### RESPIRATORY VIRUS TESTING

Testing which may be requested fee-exempt without prior approval or restriction:

Respiratory Virus Culture (WSLH test code 1511) testing may be requested for up to 10 specimens per county at the beginning of the influenza virus surveillance season (beginning October 1 each year) and up to 5 specimens per county at the end of the influenza surveillance season (ending April 30 each year).

Testing which may be requested fee-exempt in specific local situations, with Bureau of Communicable Diseases approval:

Respiratory Virus Culture (WSLH test code 1511) testing may be performed in connection with outbreak situations, pending prior approval from appropriate BCD staff.

For approval please call (608) 267-7321

### SEXUALLY TRANSMITTED DISEASE TESTING

Background

Because STD control activities reduce the likelihood of transmission of sexually transmitted infectious agents to sex partners, prevention for individuals constitutes prevention for the community. Testing should be performed for all persons who request it, or who demonstrate characteristics which place them at risk for acquiring an STD, (i.e., sexual partners of infected persons, individuals with multiple partners, men who have sex with men, intravenous drug users, sexually active adolescents and young adults).

STD tests that may be requested fee-exempt without prior approval but with the following restrictions:

Chlamydia

Chlamydia trachomatis - selective screening criteria are used in family planning clinics. Fee exempt funds may be used for testing clients who meet the established screening criteria. Available tests for Chlamydia trachomatis include:

Nucleic Acid Amplification test (NAAT, WSLH test code 118D for chlamydia only).

Chlamydia trachomatis culture (WSLH test code 145) is available on a limited basis.

Chlamydia DFA (WSLH test code 114) is available on a limited basis.

Gonorrhea

Neisseria gonorrhoeae - in combination with Chlamydia (WSLH test code 111 for CT-GC NAAT).

GC alone is available on a limited basis (WSLH test code 112D).

STD tests that may be requested fee-exempt without prior approval or restriction:

Syphilis

Syphilis Nontreponemal - Venereal Disease Research Laboratory serum, VDRL (WSLH test code 17).

Testing may be performed for all persons who request it or demonstrate characteristics which place them at a known elevated risk for STD infections (i.e. all potentially exposed individuals).

The Venereal Disease Research Laboratory – Cerebrospinal Fluid, VDRL-CSF treponemal test may be performed to rule out neurosyphilis involvement. (WSLH test code 17c)

Other available Treponemal tests include the Treponemal pallidum particle agglutination, TP-PA (WSLH test code 13). Testing may be performed in conjunction with individuals having a positive VDRL.

Congenital Syphilis testing performed on infants only - FTA-ABS, 19S-IgM (WSLH test code 22).

Note: The 2002 CDC STD Treatment Guidelines<sup>1</sup> recommend that a serologic test for syphilis (VDRL or RPR) be performed on all pregnant women during the first prenatal visit. Any woman who delivers a stillborn infant should be tested for syphilis. High risk pregnancy screening should be repeated during the third trimester and at delivery.

In Wisconsin, Jeffrey P. Davis, M.D., Chief Medical Officer and State Epidemiologist for Communicable Diseases, has issued recommendations for prenatal testing for syphilis as follows:

1. For pregnant women in Milwaukee County prenatal tests should be obtained:
  - At the time of their first prenatal visit,
  - At the beginning of the third trimester (28-32 weeks) of pregnancy, and
  - At the time of delivery.
2. For pregnant women residing in all other Wisconsin counties prenatal syphilis testing should, at a minimum, be obtained:
  - At the time of the first prenatal visit, and
  - At the time of delivery.

STD tests that may be requested fee-exempt in specific local situations, with Bureau of Communicable Diseases approval:

Consult STD Section in BCDP for guidance and approval for other STD testing. For approval, please call (608) 266-7365

<sup>1</sup>Centers for Disease Control and Prevention. Sexually transmitted diseases treatment guidelines 2002. MMWR 2002; 51(No. RR-6): 5.

## TUBERCULOSIS TESTING

Refer to Tuberculosis Program Accessing Services and Resource for Persons with Suspect or Active Tuberculosis Disease or Latent Tuberculosis Infection Guideline for Establishing Effective Policies, Procedures, and Practice for details regarding sample submission.

Testing which may be requested fee-exempt without prior approval or restriction:

Mycobacteriology (TB) Smear and Culture (WSLH test codes 650). Testing should be performed for all specimens submitted by a local health department.

Mycobacteriology (TB) Susceptibility First Line Drugs (WSLH test code 652p). Testing should be performed for all initial isolates of *M. tuberculosis* complex, regardless of the submitting source.

Mycobacteriology (TB) Susceptibility Second Line Drug (WSLH test code 652s). Testing should be performed for isolates of *M. tuberculosis* complex that exhibit resistance to one or more first line drugs, regardless of the submitting source.

Nucleic Acid Amplification (MTD) (WSLH test code 683). Testing should be performed on initial smear positive specimens, regardless of the submitting source.

*M. tuberculosis* DNA fingerprint (WSLH test code 685F). Testing should be performed for all initial isolates of *M. tuberculosis* complex, regardless of the submitting source.

Testing which may be requested fee-exempt without prior approval but with the following restrictions:

Liver function tests (WSLH AST test code 235 and ALT test code 236) for patients receiving treatment for Tuberculosis infection or disease who do not have insurance and do not qualify for the Medicaid Tuberculosis Related Benefit (TR Benefit).

Frequency for submission:

- Baseline and up to three follow-up liver function for individuals without identified risk factors for hepatotoxicity,
- Monthly liver function testing for patients with identified risk factors for hepatotoxicity,
- Repeat testing at 2-week intervals for patients with elevated LFTs.

Nucleic Acid Amplification (MTD) (WSLH test code 683). Testing may be performed on smear negative specimens from patients with clinical indications and risk factors for tuberculosis.

## FEE EXEMPT ENVIRONMENTAL & OCCUPATIONAL SAMPLE ANALYSIS

I. Fee exempt tests which may be requested by Local Health Departments (LHDs) from the State Laboratory of Hygiene (WSLH) without prior BEOH approval:

A. Private well water - where persons at risk of exposure (pregnant women, newborns) reside and payment for private testing is considered a hardship. Typically, water is tested for:

- Nitrates (WSLH test code 1102)
- Bacteria (WSLH test code 1125)
- Fluoride (WSLH test code 1100)

B. Blood Leads on children 72 months and younger not covered by Medicaid, WIC or third party payors.

C. Environmental Lead Samples – Samples taken in conjunction with the investigation in to the source(s) of lead for a lead poisoned child. Examples of the types of samples are: wipes, paint chips, soil, debris, etc.

**Testing which may be done fee exempt in specific local situations with BEOH prior approval:**

- Selected surveillance and special studies
- Groundwater and other environmental testing for the presence of agricultural, industrial or naturally occurring toxic agents
- Testing for indoor air contaminants or radiation.
- Screening of a population following exposure to an environmental contaminant(s).
- Testing performed as in-kind support for a research grant or to advance a public health research interest of DHFS.

**Tests that are provided without charge to LHDs or other local agencies through separate DPH contracts with WSLH**

The following are tests that are provided under various contracts between BPH and WSLH. This testing typically has conditions which the BPH program unit administering the contract has placed on the services, e.g. limits on eligible agencies or areas of the state, or on the target population to be tested. Each category of testing shows the BPH Program Unit to be contacted for information and approval to request testing, and the WSLH Account Number to be used on lab slips. These are not fee exempt tests, and LHDs should not use their fee exempt account numbers on lab slips.

HIV Testing in Counseling and Testing Sites. (Contact DPH AIDS Unit, [608] 267-5287. Use WSLH Account #1789 to order tests).

**Cervical Cancer Screening**

- Family Planning Testing. (Contact Mike Vaughn, Bureau of Family and Community Health Family Planning Coordinator, [608] 266-3959. Use WSLH Account #4303 to order tests).
- Other Cervical Cancer Screening. (Contact DPH Breast and Cervical Cancer Unit [608] 261-6872. Use WSLH Account #\_\_ to order tests.)

**Chlamydia Testing**

- Family Planning Testing. (Contact Mike Vaughn, Bureau of Family and Community Health Family Planning Coordinator [608-266-3959] Use WSLH Account #2482 to order tests).
- STD Testing. (Contact Bureau of Communicable Diseases STD Section [608 266-7365] Use WSLH Account #\_\_ to order tests).

**Lead Poisoning Prevention.**

Childhood (CDC) Lead Poisoning Prevention. (Contact Bureau of Environmental and Occupational Health Lead Poisoning Prevention Program, [608] 266-5817. Use WSLH Account #3040 to order blood lead tests).

**Environmental Toxins Testing.**

(Contact DPH Bureau of Environmental Health [608] 266 9337. Use WSLH Account #1979 to order tests).

## **Additional Clarification**

Permissions to request fee exempt testing are fairly broad as written, so as to allow local health departments the latitude to exercise local judgment in local situations. In order to ensure that the limited available resources for testing are appropriately spent, all requests under sections II and III must fit each of the following conditions:

A) The requested analysis must make sense based on the nature of the problem. Shotgun sampling is not practical and rarely appropriate. If there are specific health symptoms involved the sampling and analysis should be directed at environmental contaminant(s) that could plausibly be related to health effect/symptoms. If biologic testing, i.e., urine, blood, is considered, a toxicologist or physician should be consulted to ensure that the analysis requested is relevant.

B) All appropriate inspections and protocols must be followed. Sampling should be done when it clearly fits within the context of the overall problem solving strategy.

C) The analysis must not otherwise be the responsibility of the citizen(s) involved. A resident concerned about their well water quality should know that it is their responsibility to test their well. Exceptions can be made when there is an apparent health hazard involved and/or the resident meets the testing criteria used by local health departments.

D) The analysis is not the responsibility of another party. If there is a landlord or neighboring business involved or in control of the source of the problem, they should be responsible for the testing.

E) The analysis is necessary in determining the appropriate public health follow-up. If the well is adjacent to a gasoline contamination problem and the well water smells like gasoline there may not be a specific need for analysis.

## **Other Testing**

### **Environmental Emergencies**

- All known or suspected releases of toxic materials, and other similar environmental emergencies, should be reported immediately to the DPH Bureau of Environmental Health (608-266-1120 during business hours or 608-258-0099 for after hour events). Environmental and human testing indicated to assess and monitor the situation, and directed as necessary by DPH staff is fee exempt.

### **Chemical and Biological Terrorism**

- All known or suspected incidents of biological or chemical terrorism should be reported immediately to Tom Anderson, DHFS Emergency Management Coordinator (608-266-7089), or Jim Morrison, DPH Chemical Preparedness Coordinator (608-267-3227). Environmental and human testing indicated to assess and monitor the situation, and directed as necessary by DPH staff is fee exempt.

### **Newborn Screening**

- Newborn Screening test kits (WSLH test code 281) may be provided by LHDs at no charge to persons performing home deliveries, when the cost of the test would not otherwise be paid by third party coverage. LHDs are not required to perform or ensure the actual taking of the specimen, but are strongly encouraged to follow up with the family soon after the birth, to assess the health of mother and infant, and offer appropriate public health services and referrals. The kits do not outdate, so LHDs should keep a minimal supply on hand, and replace them as they are used or after they expire. Instructions for obtaining the specimen are included with the test kit.

### **Cervical Cytology**

- Cervical cancer tests (Conventional and Thin Prep PAP smears, DNA HPV In Situ Hybridization, and Tissue Biopsy) may be done fee exempt when performed as part of STD screening of high-risk women. Tests performed as part of Family Planning or Well Woman Programs that are not part of STD screening should not be done fee exempt. Instead, these programs are charged to other programs or Medical Assistance programs that are set up especially for low-income patients who are underinsured and/or do not have the ability to pay for services. WSLH will directly charge all Pap smears from Medicaid patients.

### **Communicable Disease Outbreaks**

- All known or suspected outbreaks of reportable communicable diseases should be reported immediately to the DPH Bureau of Communicable Diseases (608-267-9003). Testing as indicated in EPINET-Wisconsin Disease Surveillance Manual, and directed as necessary by DPH staff is fee exempt

### **Testing That May Be Done Fee Exempt in Specific Local Situations, With DPH Approval**

Testing may be done in specific circumstances which address protection of the community or defined subpopulations at elevated risk, and with the prior written approval of appropriate BPH staff as shown on Attachment III. Testing in this category is typically restricted by limits on number of samples, time period of testing, or other conditions that are placed on approval for it. The following is not intended as an exhaustive list of all situations which might merit fee exempt testing, but rather as an illustration of some areas of possible local or state concern.

- Selected Surveillance and Special Studies. Examples include the following:
- Sentinel communicable disease surveillance, e.g. seasonal surveillance for respiratory viruses, or school surveillance for streptococcal disease.
- Prenatal screening of defined populations, for defined agents and conditions harmful to the fetus.
- Groundwater and other environmental testing for the presence of agricultural, industrial or naturally occurring toxic agents.
- Testing for indoor air toxics or radiation.
- Screening of a population following a toxic exposure, for sequent conditions.
- Testing performed as inkind support for a research grant, or to advance a public health research interest of DHFS.

Selected Testing of Defined Populations or Localities. Examples include the following:

- Testing of foreign refugee populations for endemic conditions.
- Testing of daycare populations for infectious agents.
- Testing of elderly populations for preventable chronic conditions.
- Testing of homeless populations for conditions related to lifestyle and residence.
- Testing migrant and seasonal workers or other worker populations for occupationally related conditions.
- Testing AIDS patients for opportunistic infections.

- Testing liver functions of individuals being treated for TB.
- Testing patients in health care settings during outbreaks of nosocomial pathogens.

## APPENDIX I

### Local Health Department Laboratory Fee Exempt Accounts

LHDs will have anywhere from 2-3 fee exempt accounts established with the WSLH. Every LHD will have an account for clinical fee exempt testing, and another account number which has been issued to them by the DNR for groundwater (private well) testing. Some LHDs will also have a third account, for fee exempt proficiency testing provided to them as part of their requirement for compliance with CLIA-88 regulations.

Agency	Clinical Acct.	Groundwater Acct.	PT Acct.
Adams Co.	496	0100	
Appleton City	503	4501	
Ashland Co.	497	0200	92896
Barron Co.	498	0300	94267
Bayfield Co.	499	0400	
Bayside Vil. (Brown Deer)	547	4101	
Beloit City	509	5401	
Brown Co.	466	0500	90041
Brown Deer Vil.	547	4102	
Buffalo Co.	513	0600	
Burlington City (W. Racine Co.)	4026	5201	
Burnett Co.	514	0700	
Caledonia Twn.	1196	5202	
Calumet Co.	515	0800	
Chippewa Co.	516	0900	93706
Clark Co.	517	1000	
Columbia Co.	518	1100	
Crawford Co.	519	1200	
Cudahy City	548	4103	92867

Dane Co.	520	1300	92899
De Pere City	512	0501	
Dodge Co.	521	1400	
Door Co.	508	1500	
Douglas Co.	506	1600	
Dunn Co.	522	1700	
Eau Claire City/County	523	1800	90128
Elmwood Park Vil.		5204	
Florence Co.	524	1900	
Fond du Lac Co.	525	2000	
Forest Co.	527	2100	
Fox Point Vil. (Brown Deer)	549	4104	
Franklin City	550	4105	
Glendale City	551	4106	
Grant Co.	528	2200	93800
Green Co.	529	2300	
Green Lake Co.	530	2400	93922
Greendale Vil.	552	4107	
Greenfield City	553	4108	
Hales Corners Vil.	554	4109	
Iowa Co.	531	2500	
Iron Co.	532	2600	
Jackson Co.	533	2700	
Jefferson Co.	534	2800	
Juneau Co.	536	2900	94771
Kenosha Co.	537	3000	90102
Kewaunee Co.	538	3100	92907
La Crosse Co.	325	3200	90115

Lafayette Co.	539	3300	92876
Langlade Co.	540	3400	
Lincoln Co.	541	3500	
Madison City	463	1301	90180
Manitowoc City/County	542	3600	
Marathon Co.	338	3700	
Marinette Co.	544	3800	94265
Marquette Co.	545	3900	93685
Menasha City	592	7101	
Menominee Co.	546	4000	
Milwaukee City	04	4110	90023
Monroe Co.	563	4200	
Mt. Pleasant Twn.		5205	
Neenah City	593	7102	
North Bay Vil.		5206	
Norway Twn. (W. Racine Co.)	4026	5207	
Oak Creek City	556	4111	
Oconto Co.	564	4300	
Oneida Co.	565	4400	
Oshkosh City	594	7103	
Outagamie Co.	566	4500	
Ozaukee Co.	568	4600	92564
Pepin Co.	569	4700	
Pierce Co.	570	4800	94039
Polk Co.	571	4900	94038
Portage Co.	501	5000	
Price Co.	572	5100	
Racine City	574	5208	90165

Racine Co.		5200	
Raymond Twn. (W. Racine Co.)	4026	5209	
Richland Co.	698	5300	
River Hills (Brown Deer)	547	4112	
Rochester Twn. (W. Racine Co.)	4026	5210	
Rock Co.	575	5400	
Rusk Co.	576	5500	94455
St. Croix Co.	577	5600	
St. Francis City	2793	4113	
Sauk Co.	578	5700	
Sawyer Co.	579	5800	94733
Shawano Co.	580	5900	
Sheboygan Co.	581	6000	
Shorewood Vil.	558	4114	
South Milwaukee City	464	4115	90913
Sturtevant Vil. (W. Racine Co.)	4026	5211	
Taylor Co.	583	6100	
Trempealeau Co.	584	6200	
Union Grove Vil. (W. Racine Co.)	4026	5212	
Vernon Co.	585	6300	
Vilas Co.	586	6400	
Walworth Co.	587	6500	
Washburn Co	588	6600	
Washington Co	89	6700	
Waterford T./V. (W. Racine Co.)	4026	5214	
Watertown City	535	2801	
Waukesha Co.	446	6800	90138
Waupaca Co.	590	6900	91921

Waushara Co.	591	7000	91775
Wauwatosa City	559	4116	
West Allis City	262	4117	
West Milwaukee Vil. (W. Allis)	262	4118	
Western Racine Co.	4026	5201	
Whitefish Bay Vil. (Shorewood)	562	4119	
Wind Point Vil. (Caledonia)	1196	5215	
Winnebago Co.	510	7100	93954
Wood Co.	595	7200	
Yorkville Twn. (W. Racine Co.)	4026	5213	

## **APPENDIX II.**

### **DPH Staff Available to Discuss and Approve Fee Exempt Testing**

#### **General Approvals**

1. Sheri Johnson PhD, Administrator, DPH (608) 266-9780
2. Tom Sieger, Deputy Administrator, DPH (608) 267-7828
3. Larry Gilbertson, Director, Bureau of Local Health Support and Emergency Services  
(608) 266-8154 gilbelm@dhfs.state.wi.
4. Regional Office Directors
  - a. Mary Young - Southern Regional Office (608) 243-2360  
youngmr@dhfs.state.wi.us
  - b. Elizabeth Giese – Western Regional Office (715) 836-2871  
gieseea@dhfs.state.wi.us
  - c. Dennis Hibray– Northeastern Regional Office (920) 448-5220  
hibrada@dhfs.state.wi.us
  - d. Robert Harris – Southeastern Regional Office (414) 227-4910  
harrirb@dhfs.state.wi.us
  - e. Terri Timmers – Northern Regional Office (715) 365-2703  
timmetc@dhfs.state.wi.us

Program Specific Approvals - Contact the following for information and approvals for fee exempt testing relating to specific program areas.

#### **Communicable Diseases**

1. Jeff Davis, M.D., CMO for Communicable Diseases (608) 267-9006  
davisjp@dhfs.state.wi.us

2. Jim Vergeront, MD, Acting Dir., Bur. of Comm. Dis. & Preparedness (608) 266-9853  
vergejm@dhfs.state.wi.us
3. Jim Kazmierczak, DVM, Acting Chief, Comm. Dis. Epi Section (608) 266-2154  
kazmijj@dhfs.state.wi.us
3. Jim Kazmierczak, DVM. State Public Health Veterinarian (608) 266-2154  
kazmijj@dhfs.state.wi.us
4. Jim Vergeront, M.D., Chief, AIDS/HIV Section (608) 266-9853  
vergejm@dhfs.state.wi.us
5. Tony Wade, Chief, STD Section (608) 266-2854  
wadea@dhfs.state.wi.us
6. Dan Hopfensperger, Chief, Immunization Section (608) 266-1339  
hopfedj@dhfs.state.wi.us
7. Akan Ukoennin, Supv., TB Unit (608) 267-9363  
ukoena@dhfs.state.wi.us

### **Environmental & Occupational Health**

1. Henry Anderson, M.D., CMO for Environmental & Occupational Hlth (608) 266-1253  
anderha@dhfs.state.wi.us
2. Chuck Warzecha, Dir. Bureau of Environmental and Occupational Health (608) 267-3732  
warzecz@dhfs.state.wi.us
3. Bill Otto, Chief., Health Hazard Evaluation Section (608) 266-9337  
ottowh@dhfs.state.wi.us

### **Water, Soil, Sediment, Air, Fish, Unknowns**

1. Lynda Knobloch – toxicologist, Research and Toxicology Unit (608) 266-0923  
knobelml@dhfs.state.wi.us
2. James Morrison, Health Hazard Evaluation Section (608) 267-3227  
morrijm1@dhfs.state.wi.us
3. Henry Nehls-Lowe, Health Hazard Evaluation Section (608) 266-3479  
nehls@dhfs.state.wi.us
4. Walt Smith, Research and Toxicology Unit (608) 266-2817  
smithws@dhfs.state.wi.us
5. Rob Thiboldeaux - toxicologist, Health Hazard Evaluation Section (608) 267-6844  
thiborl@dhfs.state.wi.us
6. Mark Werner – toxicologist, Environmental Epidemiology Unit (608) 266-7480  
wernema@dhfs.state.wi.us

### **Lead**

1. Margie Coons, Asbestos and Lead (608) 267-0473  
coonsmj@dhfs.state.wi.us
2. Amy Rossow, Asbestos and Lead (608) 261-6375  
rossoal@dhfs.state.wi.us
3. Joe Schirmer, Asbestos and Lead (608) 266-5885  
schirjm@dhfs.state.wi.us

### **Family & Community Health**

1. Murray Katcher, M.D., PhD, CMO for Maternal & Child Health (608) 266-5818  
katchml@dhfs.state.wi.us
2. Susan Uttech Director, Bureau of Family & Community Health (608) 267-3561  
uttechsm@dhfs.state.wi.us
3. Mike Vaughn, Family Planning Coordinator (608) 266-3959  
vaughml@dhfs.state.wi.us

FOR GENERAL INFORMATION AND QUESTIONS.

**Division of Public Health**

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