Reflex Testing Policy

Purpose
The purpose of reflex testing is to provide additional significant diagnostic information for appropriate patient care.

Policy
All reflex testing performed as MercyOne Des Moines Laboratory is specified in this policy.

Note: The ordered test may reflex to additional testing. An additional fee will be added if the reflex test is necessary.

Reflex Testing

Ordered Test	CPT Code Ordered Test	Criteria for Reflex Testing	Reflex Test Ordered	CPT Code Reflexed Test
AFB Culture	87116	Positive for growth Identification of *Mycobacterium tuberculosis*	AFB ID AFB Concentration Susceptibility Testing	87149 87015 87118
AFB Smear	87206	Positive for acid fast bacilli	Nucleic acid amplification test (NAAT)	No charge
Anti-Nuclear Antibody (ANA)	86038	Positive	ANA Titer	86039
Bacterial Cultures (including blood cultures)	87040	Positive for pathogens	ID & Susceptibilities, as indicated	87077 87186
CBC w/ Automated Differential	85025	Eosinophil >10% Basophils > 3% Monocytes > 20% Bands > 20% on a patient < 2 years old Metas > 5% on a patient < 2 years old Automated IG > 15% Blasts - any observed nRBCs- 1 man diff per encounter	Manual differential	85025

Ordered Test	CPT Code Ordered Test	Criteria for Reflex Testing	Reflex Test Ordered	CPT Code Reflexed Test
CBC w/ Differential	85025	First occurrence of the following: Blasts ≥1% (verified by two techs) Lymphocytosis ≥5,000/cu mm (≥2 y/o) Activated Lymphocyte ≥10% nRBCs > 2% AND left shift flag (≥ 2 yrs) Schistocytes/Spherocytes: Moderate Rouleaux: Observed Parasites: Observed, parasite will be specified. Bacteria: Observed Fungi/Yeast: Observed Other significant abnormalities Platelet count ≤40,000 or ≥1,000,000	Pathologist Slide Review and Interpretation	85025
Cell Count - Body Fluid	89051	If WBC ≥10/HPF	WBC Differential	89051
Cryptococcal Antigen	87327	Positive	Cryptococcal Antigen Titer	87327
Drug Screen Urine - Quant All	80101 x3	Any drug detected	Confirmation & Quantitation of detected drug	80102
dsDNA ELISA	86225	Any Equiv. or Pos. dsDNA	dsDNA IFA titer	86256
Electrophoresis Reflex (serum)	84165	Abnormal protein spikes	Immunoglobulin Panel	82784 x 3
			Immunofixation (serum)	86334
Hepatitis B Surface Antigen (HBSAG)	87340	Positive	HBSAG confirmation	87341
HIV 1-2 Ag/Ab Combo	86703	Positive	HIV ½ Antibody MultiSpot Confirmation	86701 86702
HIV Quick	86703	Positive	HIV 1-2 Ag/Ab Combo	86703
Immunoglobulin A	82784	< 15 mg/dL	Mayo Immunoglobulin A	82784

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Immunoglobulin M	82784	>3300 mg/dL	Mayo Immunoglobulin M	82784
Lead Screen	83655	≥ 3.5 ug/dl	Lead Confirmation	83655
Lupus Anticoagulant		Abnormal PTT-LA, Abnormal Thrombin Time	STA-CLOT	85597
• Protime	85610	Abnormal PTT-LA, Normal Thrombin Time	PTT-LA 1:1 incubation	85730
• Thrombin Time	85670	PTT-LA 1:1 incubation is abnormal	STA-CLOT	85732-91
• PTT Sensitive	85730	Dilute Russell Viper Venom Screen is abnormal	Dilute Russell Viper Venom Confirmatory test	85613-59
• DRVVT Screen	85613	Dilute Russell Viper Venom Screen to Confirmation Ratio is abnormal	STA-CLOT	No charge
Lyme Antibody Screen	86618	Positive or Equivocal	Lyme Ab IgG & IgM	86617 x7
Platelet Function Assay (PFA)	85576	Collagen/Epinephrine is abnormal	Collagen/ADP	85576
PSA (PSA Free, if indicated)	84153	PSA > 4.0 ng/ml and <10.0 ng/ml	Free PSA	84154
Syphilis Treponemal Ab	86780	Reactive/Nonreactive	VDRL RPR/TPPA	86593 86780
Thyroid Function Cascade	84443	• If (TSH) is <0.549 mIU/L (18-150 yrs) or <0.652 mIU/L (0-18 yrs), then free T4 (FT4) is performed. • If FT4 is normal and the TSH is <0.1 mIU/L, then TT3 is performed. • If TSH is >4.78 mIU/L (18-150 yrs) or >4.409 mIU/L (0-18 yrs), then FT4 and TPO antibodies are performed.	FT4 TT3 TPO	84439 84480 86376
Type/Screen or Type/Cross	86900/ 86850	Antibody screen positive	Antibody Identification & Crossmatch for 2 antigen negative units	86870 86880 x2

Ordered Test	CPT Code Ordered Test	Criteria for Reflex Testing	Reflex Test Ordered	CPT Code Reflexed Test
Urinalysis UA Rlf Microscopic Cult if Ind (Inpatient) Urinalysis, Culture if indicated - UAC(Outreach)	81003	**<u>Do Microscopic if any of the following:</u>** Appearance other than clear Protein ≥30 mg/dl Glucose ≥500 mg/dl Presence of blood &/or leukocyte esterase Positive nitrites **<u>Do Urine Culture if</u>** Microscopic done and shows ≥10 WBC/hpf	Urinalysis Macroscopic & Microscopic Urine Culture	81001 87086
Urine Myoglobin, Qualitative	83874	Positive	Urine Myoglobin - Quantitative	83874