

## Reflex Testing Lab Policy

### Purpose

This policy reflects additional testing that is required when initial testing criteria are met and are deemed medically appropriate. The reflex test is generated without additional orders from the provider and are covered under the direction of the Laboratory Director. The listing of additional testing is reviewed on a yearly basis. Reference laboratory testing may include reflex testing that is also added and charged based on their laboratory testing guidelines and may not be reflected in the following in-house testing.

### Guidelines

DEPT	Initial test	Test code	CPT CODE	Criteria	Reflex test	INHOUSE TEST CODE	MAYO TEST CODE	ADDED CPT CODE
BB	ANTIBODY IDENTIFICATION	ABI	86870	Antibody identification unresolved	PEG SCREEN	PEG		86850
BB	ANTIBODY SCREEN	ABSN	86850	Antibody screen is positive	ANTIBODY IDENTIFICATION	ABI		86870
BB	COMBS, DIRECT	CMBS	86880	Direct combs is positive	LIFESERVE ANTIBODY RESOLUTION	MISI		Determined by LifeServe
BB	CORD BLOOD ROUTINE	CRDB	86900 86901 86880	DAT is positive	BILIRUBIN, CORD BLOOD	BILI		82248 82247
BB	CORD BLOOD ROUTINE	CRDB	86900 86901 86880	DAT is positive	CBC AND MANUAL DIFFERENTIAL, CORD BLOOD	CBCD		85007 85027
BB	CORD BLOOD ROUTINE	CRDB	86900 86901 86880	DAT is positive	CELL MORPHOLOGY, CORD BLOOD	CM		85060
BB	CORD BLOOD ROUTINE	CRDB	86900 86901 86880	Positive Rh on cord blood specimen, Rh negative mom	RHIG ADMINISTRATION TEST	RHEL		86900 86901 85461
BB	CORD BLOOD ROUTINE	CRDB	86900 86901 86880	Negative Rh on cord blood specimen	WEAK D	DU		86905

BB	CROSSMATCH	XMI	86850 86900 86901	Antibody screen is positive	ANTIBODY IDENTIFICATION	ABI		86870
BB	CROSSMATCH / ANTIBODY IDENTIFICATION	XMI/ABI	86850 86900 86901 86870	Crossmatch ordered and antibody identified	ANTIGEN TYPING	AGI		86905
BB	FETAL/MATERNAL SCREEN	FETS	85461	Fetal Screen is positive	FETAL MATERNAL RATIO	FME		85460
BB	FETAL/MATERNAL RATIO	FME	85460	If no ABO/Rh on mother	ABO / Rh	ABRX		86900 86901
BB	PRENATAL TYPE AND SCREEN (NO HIV)	PTYS	80081	Antibody screen is positive	ANTIBODY IDENTIFICATION	ABI		86850
BB	PRENATAL TYPE AND SCREEN (NO HIV)	PTYS	80055	Antibody identified on prenatal type and screen	ANTIBODY TITER	ABTT		86886
BB	PRENATAL TYPE AND SCREEN, (W/HIV)	PTYS	80081	Antibody screen is positive	ANTIBODY IDENTIFICATION	ABI		86850
BB	PRENATAL TYPE AND SCREEN, (W/HIV)	PTYS	80055	Antibody identified on prenatal type and screen	ANTIBODY TITER	ABTT		86886
BB	TYPE AND SCREEN	TYSC	86850 86900 86901	Antibody screen is positive	ANTIBODY IDENTIFICATION	ABI		86870
BB	TYPE AND SCREEN	ABSN (TYSC)	86850	Antibody screen is positive on inpatient	CROSSMATCH, 2 UNITS	XMI		86850 86900 86901
CORE	AMPHETAMINES SCREEN, URINE	AMPU (DRUG)	80307	Positive Amphetamines on L/D or OBS patients	AMPHETAMINES, URINE*	UAMPHT	AMPHU	80324 80359
CORE	BARBITURATES SCREEN, URINE	BABU (DRUG)	80307	Positive Barbiturates on L/D or OBS patient	BARBITURATES CONFIRMATION, URINE*	UBARBT	BARBU	80345
CORE	BENZODIAZEPINES SCREEN, URINE	BNZU (DRUG)	80307	Positive Benzodiazepines on L/D or OBS patients	BENZODIAZEPINES CONFIRMATION, URINE*	UBENZD	BENZU	80346
CORE	BONE MARROW	BM	COPATH	CBCD if not done within 24 hours of bone marrow	CBC AND MANUAL DIFFERENTIAL	CBCD		85007 85027
CORE	BONE MARROW	BM	COPATH	CM if not done within 24 hours of bone marrow	CELL MORPHOLOGY	CM		85060

CORE	COCAINE SCREEN, URINE	COCU (DRUG)	80307	Positive Cocaine screen on L/D or OBS patients	COCAINE CONFIRMATION URINE*	UCOKE	COKEU	80353
CORE	DIFFERENTIAL	CBC CBCAD	85007 85025	Marked increase in one cell type, Blasts, NRBC's, Myelomonocytes, Plasma Cells, or other atypical cells	CELL MORPHOLOGY	CM		85060
CORE	HEMOGLOBIN	HGB (CBC) (CBCD (CBCAD)	85027 85007 85025	New admission hemoglobin less than 8.0 g/dl per policy	CELL MORPHOLOGY	CM		85060
CORE	HEPATITIS A, TOTAL ANTIBODY	HAVG	86708	Hepatitis A Total antibody is reactive	HEPATITIS A, IGM	HAVMAB		86709
CORE	HEPATITIS B CORE, TOTAL ANTIBODY	HBCTAB (HBCTAB) (HPACUT) (HPCHRN)	86704 80074 86704	Total Hepatitis B Core Total antibody is reactive	HEPATITIS B CORE IGM	HBCMAB		86705
CORE	HEPATITIS B SURFACE ANTIGEN (MERCY)	HBSA (HBSA) (HPACUT) (HPCHRN) (PNP) (PNPO)	87340 80074 87340 80081 80055	Mayo Hep B surface antigen is positive	HEPATITIS B SURFACE ANTIGEN MAYO*	HBAG	HBAG	87340
CORE	HEPATITIS B SURFACE ANTIGEN* (MAYO)	HBAG	87340	Hepatitis B surface Antigen at Mayo is reactive	ANTIGEN CONFIRMATION* MAYO	HBGNT	HBGNT	87341
CORE	HEPATITIS C ANTIBODY	HCVAB	86803	Hepatitis C antibody is reactive	HEPATITIS C RNA (VIRAL LOAD)*	HCVRNA	HCVQN	87522
CORE	HIV 1 & 2	HIV	87389	HIV screen is positive	HIV 1,2 ANTIBODY CONFIRMATION*	HIVDI	HVDIP	86701 86702
CORE	HIV 1 & 2 (POST EXP)	HIVS	87389	HIV screen is positive	HIV 1,2 ANTIBODY CONFIRMATION*	HIVDI	HVDIP	86701 86702
CORE	OPIATES SCREEN, URINE	OPTU (DRUG)	80307	Positive opiate screen on L/D or OBS patients	OPIATES CONFIRAMTION UA*	UOPIAT	OPATU	80361 80365
CORE	PLATELET COUNT	(CBC) (CBCD	85007 85025	less than 50 k/mcl or greater than 750 k/mcl per policy	CELL MORPHOLOGY	CM		85060
CORE	RAPID PLASMA REAGIN W/REFLEX*	RRPR	86592	If RPR is positive, then RPR titer is performed	RPR TITER*		RRPRQ	86593

CORE	RAPID PLASMA REAGIN W/REFLEX*	RRPR	86592	If RPR is negative then Syphilis Antibody, TP-PA is performed	Syphilis Antibody, TP-PA*		RTPPA	86780
CORE	RED BLOOD CELL MORPHOLOGY	CBCD	85007	Marked RBC morphology, which does not correlate with patient history	CELL MORPHOLOGY	CM		85060
CORE	SYPHILIS IGG ANTIBODY WITH REFLEX*	SYPHT	86780	Syphilis IgG is equivocal or positive	RAPID PLASMA REAGIN W/REFLEX*		RPRS	86592
CORE	SYPHILIS, IGG	(SYPHLS) (PNP)	80081 80055	Syphilis IgG is equivocal or positive	SYPHILIS IGG ANTIBODY WITH REFLEX*	SYPHT	SYPHT	86780
CORE	THC SCREEN, URINE	TTRU (DRUG)	80307	Positive THC screen on L/D or OBS patients	THC CONFIRMATION UA*	UTHC	THCU	80349
CORE	URINALYSIS	UA	81001 81003	If patient is in ER or ERIH and less than 12 years old, reflex Urine Culture per policy	URINE CULTURE	URNC		87086
CORE	URINALYSIS CLARITY	UCLA (UA)	81003	If clarity is hazy, cloudy, or turbid, reflex Urinalysis w/Microscopic and credit Urine without Microscopic (AAUM)	URINALYSIS w/MICROSCOPIC	UACR UAMB		81001
CORE	URINALYSIS DIPSTICK	UBL UB UPR URU UNT UKE (UA)	81003	If any dipstick result (except glucose or ketones) are positive, reflex Urinalysis w/Microscopic and credit Urine without Microscopic (AAUM)	URINALYSIS w/MICROSCOPIC	UACR UAMB		81001
CORE	URINALYSIS NITRITES	UNT (UA)	81001	If nitrites are positive, an Urine Culture is ordered per policy	URINE CULTURE	URNC		87086
CORE	URINALYSIS WBC	UWBC (UA)	81001	If WBC is greater than 4/hpf, reflex Urine Culture per policy	URINE CULTURE	URNC		87086
CORE	Vitamin B12	B12 (B12) (B12F)	82607	If Vitamin B12 less than 180 pg/ml, Intrinsic Factor Antibody will be performed	INTRINSIC FACTOR ANTIBODY	IFAB		86340
CORE	WBC COUNT, CSF	CWC (CCSF)		If WBC less than 6 mcl, reflex CCO	CELL COUNT CSF ONLY, NO DIFF	CCO		89050
CORE	WBC COUNT, CSF	CWC (CCSF)		If WBC is greater than 5 mcl, reflex CCDC	CELL COUNT CSF WITH DIFF	CCDC		89051

Laboratory Reflex Policy  
Quality Manual: Process Management

Effective Date:07/2022

CORE	WBC COUNT, CSF	CWC (CCSF)		If WBC is greater than 5 mcl, reflex CLCT	LACTATE CSF	CLCT		83605
CORE	WBC COUNT, CSF	CWC (CCSF)		If WBC is greater than 5 mcl, and no culture/gs order, reflex FLDC	BODY FLUID CULTURE / GRAM STAIN	FLDC		87070 87205
CORE	WHITE BLOOD CELL COUNT	(CBC) (CBCD)	85007 85025	New admission WBC less than 3.0 k/mcl per policy	CELL MORPHOLOGY	CM		85060
CORE	WHITE BLOOD CELL COUNT	(CBC) (CBCAD)	85027 85025	New admission WBC less than 3.0 per policy	DIFFERENTIAL, MANUAL	DIFF		85007
CYTO	THIN PREP PAP SMEAR	COPATH	88164	Low Grade Squamous Intra- Epithelial Lesion (LGSIL) in post- menopausal women  Atypical Squamous Cells of Undetermined Significance (ASCUS) if older than 21 years  Atypical Glandular Cells Undetermined Significance (ASCUS) if older than 21 years	HPV, HIGH RISK ONLY IN SITU DNA	HPVHR		87624
MICRO	STREP SCREEN	GAS	87880	If Strep Screen is negative, reflex Throat Culture	THROAT CULTURE	THSC		87081