

Anderson, SC 29621 <input type="checkbox"/> AnMed Health Medical Center <input type="checkbox"/> AnMed Health W & C Hospital <input type="checkbox"/> Other	Document Number: AIF.GEN.0123 Reference: QSP.GEN.0008 and TD.GEN.0003	Page: 1 of 4
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REFLEX TESTING LIST

ORDERED TEST and CPT Code	REFLEX CRITERIA	REFLEX TEST	Additional CPT CODE for BILLING
Progressive ANA (ANA screen is initial test) 86038	ANA positive with titer greater than or equal to 1:160 with any pattern	Lupus Panel including Sm, RNP, SS-A, SS-B, anti-Histone, anti-DS-DNA, SCL-70	86235
Progressive Thyroid Profile (PTP) (TSH is initial screening test) 84443	If TSH is less than 0.3 microIU/mL	Free T4 <i>If FT4 is normal, Free T3 (FT3) is performed.</i>	84439 84481
	If TSH greater than 5.5	Free T4	84439
Sickle Screen 85660	Positive	Hemoglobinopathy Profile	83020, 83030, 84311, 85668
Total Protein Electrophoresis Serum 84165 Urine 84166	Increased, decreased, or suspicious restricted band	IgG, IgA, IgM, and possible Immunofix	82784 x 3 86334
Immunofix 86334	Increased, decreased, or suspicious restricted band	IgG, IgA, IgM	82784 x 3
Urinalysis (U/A) with Culture if indicated (Urinalysis is initial test) 81001	Positive nitrite or leukocyte esterase or greater than 5 WBC's or bacteria seen on microscopic	Urine Culture	87088
Cardiac Enzyme Series (Troponin is initial test) 84484	<ul style="list-style-type: none"> If Troponin is greater than or equal to 0.10 ng/dL on baseline sample, CKMB is performed. If baseline, 3-hour, 6-hour, 12-hour, or single troponin is greater than or equal to 0.10 ng/dL, a Lipid Panel will be ordered if troponin testing is within 24 hours of patient's initial admission time. If baseline Troponin is greater than or equal to 0.10 ng/dL, the 3-hour sample is not performed. If Troponin values are all less than 0.10 ng/dL at 0, 3, and 6 hours, the 12-hour is not performed. 	Additional Troponin as indicated by reflex criteria CKMB Lipid Panel	84484 82253 80061

REFLEX AND CONFIRMATORY TESTING LIST

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Rapid Strep A ID 87880	A throat culture will be reflexed for all negative Rapid Strep A ID tests for patients less than or equal to 18 years of age.	Throat Culture	87070
Bacterial Culture 87040 Blood Source 87045 Stool Source 87070 Other source not listed 87088 Urine Source	Significant Isolate	Organism Identification Susceptibility	87077 (aerobe) 87076 (anaerobe) 87186 or 87181
Bacterial Culture 87070	Culture from sources: wounds, sterile body fluids, tissue, sputums	Gram Stain	87205
Bacterial Culture 87040 Blood Source 87070 CSF and other normally sterile body fluid sources or Culture for Fungi 87102 CSF and other normally sterile body fluid sources 87103 Blood source	Candida isolate	Yeast susceptibility panel to include amphotericin, fluconazole, and capsosungin. (If fluconazole is resistant, additional testing for poscanoazole and voriconazole will be performed.)	87186 (87186 X2 – if fluconazole resistant)
Culture for Acid-fast bacilli 87116	Selected sources	Acid-fast bacilli smear	87206
	Acid-fast isolate	Acid-fast bacilli DNA Probe	87149
Culture for Fungi 87101, 87102, 87103	Yeast isolate, not Candida albicans	Rapid Yeast Identification	87106
	Mold isolate requiring slide culture for ID	Slide culture	87107
Bone Marrow Exam	No CBC and Reticulocyte Count within 24 hours of bone marrow collection.	CBC and/or manual differential Reticulocyte Count	85027 and/or 85007 85045

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CONFIRMATORY TESTING LIST

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Antibody Screen From Pre-transfusion Testing (i.e. crossmatch/type and screen) 86850	Positive	Antibody Identification	86870
Antibody Screen From Prenatal Panel Testing 80055	Positive	Antibody Identification Antibody Titer	86870 86886
CBC with Automated Differential 85025	Abnormal flags from automated hemogram	Manual Differential	85025 changed to 85027 when an 85007 is added
	Specific abnormal parameters	Pathologist review	85060
Crossmatch 86922 or 86920	Incompatible	Antibody Identification Antigen Typing	86870 86905
DAT (excluding Cord Bld) 86880	Positive	Antibody Elution	86860
RhIG Workup	Indicated	Fetal Screen Kleihauer-Betke (if needed)	85461 85460
HIV Antibody (includes rapid test) 86703	Positive	Multipspot HIV-1/HIV-2 Rapid Test If Multipspot test is negative or indeterminate, reflex to HIV-1 RNA	86701, 86702 87535
Lyme Antibody 86618	Positive	Lyme Western Blot	86617
Primidone 80188	All orders	Phenobarb	80184
RPR 86592	Qualitative Positive	RPR Titer	86593
Urinalysis 81003	Abnormal color Abnormal appearance pH greater than 7.5 Specific gravity greater than 1.030 Positive Nitrite Positive Leukocyte Esterase Positive Blood Positive Protein Glucose greater than 500 mg/dL	Microscopic Exam	81003 changed to 81001

 ANMED HEALTH Laboratory Services	REFLEX AND CONFIRMATORY TESTING LIST		
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INTERPRETATION by CLINICAL PATHOLOGIST

ORDERED TEST and CPT Code	REFLEX CRITERIA	REFLEX TEST	Additional CPT CODE for BILLING
Total Protein Electrophoresis Serum 84165 Urine 84166	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation for Serum Electrophoresis	84165.26
Immunofixation Serum 86334 Urine 86335	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation of Serum Immunofixation Clinical Pathologist Interpretation of Urine Immunofixation	84166.26 86334.26 86335.26
Crystal Exam 89060	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation	89060.26
Antibody Identification 86870	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation	86077
Transfusion Reaction Investigation	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation	86078
Malaria Smear 87207	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation	87207.26
Progressive ANA (ANA screen is initial test) 86038	ANA positive	Clinical Pathologist Interpretation	86039.26