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REFLEX TESTING LIST

ORDERED TEST and CPT Code	REFLEX CRITERIA	REFLEX TEST	Additional CPT CODE for BILLING
ANA (Antinuclear antibodies) 86038	ANA is positive	ANA Titer	86039
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 or equal to 0.300 microIU/mL	Free T4 <i>If FT4 is normal, Free T3 (FT3) is performed.</i>	84439 84481
	If TSH greater than 4.0	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 (hsTroponin-T Protocol is initial test) 84484	<ul style="list-style-type: none"> • If hsTroponin-T Protocol is ordered, then 3-hour hsTroponin-T will be ordered. • If any hsTroponin-T is greater than or equal to 100 ng/L, a Lipid Panel will be ordered if the hsTroponin-T testing is within 24 hours of patient's initial admission time. 	Additional hsTroponin-T as indicated by reflex criteria Lipid Panel	84484 80061

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Lactic Acid (Lactate) 83605	<ul style="list-style-type: none"> If a Lactic Acid is ordered and physician indicates test is for Suspected Sepsis, then if the initial result is greater than 2 mmol/L, a 2 hour and 4 hour will be ordered based on the initial sample collection time. 	Timed Lactic Acid (Lactate)	83605
Point of Care Lactic Acid (Lactate) 83605	<ul style="list-style-type: none"> If initial result is greater than 2 mmol/L, then a 2 hour and 4 hour in lab Lactate will be ordered based on the time the initial POC test was collected 	Timed Lactic Acid (Lactate)	83605
Glucose 82947	<ul style="list-style-type: none"> Glucose is greater than 140 mg/dL and less than 1500 mg/dL on a person greater than 17 years of age 	Glycated hemoglobin (Hgb A1C)	83036

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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 (aerobe only if applicable)	87077 (aerobe) 87076 (anaerobe) 87186, 87181, or 87184
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 micafungin. (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
	Positive acid-fast smear (inpatient or observation patient only)	MTb PCR on sputum specimen	87556
	Acid-fast isolate	Acid-fast bacilli DNA Probe	87149
	Acid-fast isolate, if further identification is required after DNA probe	AFB Identification, Reference Lab	87149
	Mycobacterium tuberculosis complex isolate	AFB susceptibility	87190 X 4
MTb PCR (Sputum source)	Any Result (per accreditation requirements)	Culture for Acid-fast bacilli	87116
		Acid-fast bacilli smear	87206
Culture for Fungi 87101, 87102, 87103	Yeast isolate	Yeast Identification	87106
	Mold isolate requiring slide culture for ID	Slide culture	87107
Enteric Bacterial Molecular Panel 87505	Positive Salmonella or Shigella spp. DNA detection	Organism Identification (to species level) Susceptibility	87077 87186

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Group B Strep Molecular Test (patient penicillin allergic) 87653	Positive Group B Strep	Susceptibility	87186
Meningitis/Encephalitis Panel	Any result (per accreditation requirements)	CSF Bacterial Culture Gram Stain	87070 87205
Bone Marrow Exam	No CBC and Reticulocyte Count within 24 hours of bone marrow collection.	CBC with manual differential if indicated Reticulocyte Count	85027 85007 if indicated 85045
Thyroid Fine Needle Aspiration	Bethesda III or IV	ThryoSeq or Affirma testing by Veracyte or Another lab determined by Pathology	Billed by ThyroSeq Billed by Veracyte Billed by Other lab
Tissue Exam for colorectal and endometrial specimen types	Carcinoma diagnosis	MSI Testing	88342 and 88341 x 3 (MLH1, MSH2, MSH6, and PMS2) Reflex then to BRAF if MLH1 is not expressed – 81210, ZB091
Urine Cytologic Exam	Atypical urothelial cells	UroVysion	Billed by UroVysion
Ova & Parasite Exam 87177	After review of patient information, no history of foreign travel or no current documentation of immunocompromised status.	<u>Cancel</u> Ova & Parasite Exam <u>Order</u> Giardia/Cryptosporidium EIA	Giardia: 87329 Crypto: 87328

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CONFIRMATORY TESTING LIST

ORDERED TEST and CPT Code	REFLEX CRITERIA	CONFIRMATORY TEST	Additional CPT Code for Billing
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 1/2 AB/Ag 86703	Preliminary positive/reactive	HIV 1/2 AB Differentiation Test (If differentiation test is negative or indeterminate, reflex to HIV-1 RNA)	86701, 86702 87535
HIV Rapid (includes HIV 1/2 AB and HIV 1 Ag) 86703	<ul style="list-style-type: none"> • HIV1/2 AB is preliminary positive/reactive • HIV 1 Ag is preliminary positive/reactive 	<ul style="list-style-type: none"> • HIV 1/2 AB Differentiation Test <ul style="list-style-type: none"> ○ (if differentiation test is negative or indeterminate, reflex to HIV-1 RNA) • HIV-1 RNA 	86701, 86702 87535 87535
HBsAg 87340	Positive	HBsAG Confirmation (Neutralization)	87341
Lyme Antibody 86618	Positive	Lyme Western Blot	86617
Primidone 80188	All orders	Phenobarb	80184

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Syphilis Screen (Treponemal EIA) 86780	<ul style="list-style-type: none"> • If Treponemal EIA test is positive, a qualitative RPR is performed. • If qualitative RPR from above testing is positive, an RPR titer is performed. • If qualitative RPR from above testing is negative, a treponemal antibody test (TP-PA) is performed. 	RPR RPR Titer Treponemal antibody test (TP-PA)	86592 86593 86780
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

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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
		Clinical Pathologist Interpretation for Urine Electrophoresis	84166.26
Immunofixation Serum 86334 Urine 86335	All interpreted by Clinical Pathologist	Clinical Pathologist Interpretation of Serum Immunofixation	86334.26
		Clinical Pathologist Interpretation of Urine Immunofixation	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
PAP Smear 88142	Abnormal interpreted by Clinical Pathologist	Clinical Pathologist Interpretation	88141