

Metropolitan Medical Laboratory, PLC
Reflex Testing Policy

Reflex testing may be performed in the absence of a specific written order when results of initial testing indicates that a second related test is medically appropriate.

REFLEX TEST LIST

| Test Code/ CPT Code | Test/Reason to Reflex | Reflex Test | Reflex Test/ CPT code | Reflex test Orderable Alone? |
|--------------------------------|---|---|------------------------------|---|
| 37013 | ANA ≥ 1:40 (Positive) | Pattern and Titer | 86039 | No |
| 37201 | cANCA - Positive | Titer | 37203 | No |
| 37204 | PANCA – Positive | Myeloperoxidase Ab | 303870/83516 | No |
| 1001 | CBC If Plt Count <100 then IPF | If Plt Ct <100 IPF | 85025 IPF 1145 | No |
| 62809/82550 | Creatinine Kinase (CK) (CK >80 U/L) | CK-MB | 62819/82553 | Yes |
| 8100 | Cell Count | Crystal ID | 8224/89060 | Yes |
| 37200/86255 | Cytoplasmic Neutrophilic Ab – Positive | Cytoplasmic Neutrophilic Ab Titer | 37203/86256 | No |
| 3335/87899 | Cryptococcal Antigen Screen | Cryptococcal Antigen Titer | 107223/86406 | No |
| 8223 | Crystals | Crystal ID | 8224/89060 | Yes |
| 10165 | Group B Strep by PCR Inhibitory | Group B Strep Culture | 106275/87081 | Yes |
| 1003 | Hemogram (New blasts and at supervisor discretion) | Pathologist Consult | 85027 | No |
| 30025/86708 | Hepatitis A Antibody, Total (Reactive) | Hepatitis A Antibody, IgM | 30030/86709 | Yes |
| 20020/86703 | Hepatitis Anti-HIV 1/2 (Reactive) alone or in the following profiles: Needlestick – source (30008) Needlestick – exposed (30009) | Western Blood Confirmation | 304734/86702 | No |
| 30020/86074 | Hep B Core Antibody Total (Reactive) | Hep B Core Antibody, IgM | 30035/86705 | Yes |
| 30080/86803 | Hepatitis C Antibody (Reactive) alone or in the following panels/profiles: Hepatitis B (31055) Acute Hepatitis Panel (30002) Chronic Hepatitis Panel (31065) Acute/Chronic Hepatitis Profile (31060) Needlestick – source (30008) Needlestick – exposed (30009) | HCV RNA Detection/Quantitation by PCR | 306061/87522 | Yes |

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| 30000 | Hepatitis HBsAG alone or in the following panels/profiles: Hepatitis B (31055) Hepatitis B Monitoring Profile (30101) Acute Hepatitis Panel (30002) Chronic Hepatitis Panel (31065) Acute/Chronic Hepatitis Profile (31060) Needlestick – source (30008) Needlestick – exposed (30009) | HBsAg confirmation if appropriate | 30003 | No |
| 50074 | HPV High Risk Detection only | HPV 16/18 Genotype on Females ≥ 30 years old | 50075 / 87625 | No |
| 150450 | HPV ASCUS Pap with Positive HPV High Risk Screen | HPV 16/18 Genotype on Females ≥ 30 years old | 50075 / 87625 | No |
| 9240 | Heparin PF4 Antibody Screen (HIT) (reactive) | Heparin PF4 Confirmatory Antibody | 302145/86022 | No |
| 150531 | Indirect Coombs | Antibody ID | 151225/86870 | No |
| 40000/86618 | Lyme (Positive or Equivocal) | Lyme Western Blot G/M | 302820/86617x2 | No |
| 65010 | Lipid Profile – Triglycerides >400 | Measured LDL | 60327 | No |
| 680 | Lupus Comprehensive Panel | Positive ANA | 762 (Anti DNA-DS, IGA, Antibody to ENA, Anti SCL-70, Jo1 IGG) | Yes |

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| 50080 | MRSA PCR Inhibitory | Culture | 10722/87081 | No |
| 35010 | Mononucleosis A – negative | Epstein Barr Virus | 37090/86665/86664 | Yes |
| 10042/84153 | PSA >4 and <10.01 ng/mL | Free PSA and % Free | 84154 | No |
| 8000/87880 | Rapid Strep Group A (Negative) | Culture, Strep A only | 106505/87081 | Yes |
| 183 | Synovial Protocol | Crystal ID | 8224/89060 | Yes |
| 150200/ 88142 and 88175 | Thin Prep if ASCUS, LSIL or HSIL | HPV | 50070/87621 | Yes |
| 150400/ 88142 and 88175 | Thin Prep if diagnosis is ASCUS | HPV | 50070/87621 | Yes |
| 10140/87285 | Treponema (positive) Quantitative RPR (positive) Quantitative RPR (negative) | Quantitative RPR RPR Titer TP-PA | 35021 – RPR 86593 – Titer 345035 TPPA | No No Yes |
| 10016/8443 | TSH >3.74 mIU/mL TSH <0.36 mIU/mL TSH <0.10 mIU/mL FT4 <0.7 or >1.6 ng/dL | FT4 and TPO FT4 Only FT4 (see below) T3 Total | 10075/84439 FT4 37350 – T3 Total 10006/8440 - TPO | Yes Yes Yes |
| 7011/81003 | *UA meeting criteria* | Urine microscopic | 7021/81015 | Yes |
| 7006 | **Urinalysis (C&S if predefined criteria met) | Urine Culture | 106615/87086 | Yes |

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DIPSTICK will be performed. A MICROSCOPIC will be performed if one or more of the following criteria is met:

- Clarity: Cloudy or Turbid
- Nitrite: Positive
- Leukocyte Esterase: > 25
- Protein: \geq 75 mg/dL
- RBC: >25 μ L
- Bacteria: \geq Moderate

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A **DIPSTICK** will be performed. If the Microscopic reflex is triggered (see above), a **MICROSCOPIC** will be performed. A **CULTURE** will automatically reflex if one or more

of the following is met:

- Nitrite: Positive (dipstick)
- Leukocyte Esterase: > 25 (dipstick)
- Bacteria OR Yeast: \geq Moderate
- WBC: \geq 4

Microbiology Billing at Metropolitan Medical Laboratory, PLC

Microbiology is a unique area of the laboratory for billing. In addition to the base culture charge there may be additional applicable charges to your culture bill. These charges are entirely dependent upon the growth seen in the culture. These charges may include additional work performed to process certain types of specimens, to rule out or identify a pathogenic organism(s), and additional work performed for susceptibility studies. Applicable charges may also vary by the specific method used by the laboratory and the current recommendations for screening for mechanisms of microbial resistance.