

# Reflex Testing & Interpretations by Pathologist

## Reflex Testing

Some lab tests may trigger additional testing and additional charges based on laboratory policies that reflect standard of care, or by request from the ordering physician. All procedures that contain a reflexive pathway are identified in our test directory and our listed below, including criteria that will lead to additional charges and the specific CPT code(s) used. Most test names should include 'w/reflex' to clearly identify them.

1. Antinuclear Antibody (ANA) reflexed to titer and pattern when positive.
2. Confirmations of urine drugs of abuse (where possible) when screen is positive.
3. Confirmation of Hepatitis B Surface Antigen when screen is positive.
4. Confirmation of HIV4th Generation by HIV 1/2 differentiation test when screen is positive.
5. Confirmations of positive TPPA Syphilis IgG Screen with RPR.
6. Confirmation of positive/equivocal Lyme IgG and IgM Serum with Immunoblot.
7. Sensitivities of cultures with significant growth of potential pathogens.
8. Gram Stains on cultures determined by clinical site.
9. Susceptibility testing when a BioFire FilmArray Infectious Diarrhea Panel is positive for Salmonella, Shigella, or Campylobacter species.
10. For any inpatient, when an ESBL-producing organism is detected in a urine culture, an E-test for Fosfomycin will be ordered.
11. Identification of abnormal antibodies found in blood bank screenings, including phenotyping, crossmatch of 2 antigen negative units of red blood cells, titration of antibodies, direct antiglobulin tests, elution, and adsorptions.
12. Smear to Pathologist as defined by criteria or significant cells found in the differential.
13. Special Stains on Bone Marrow as needed to render an interpretation.
14. Dilute Russell Viper Venom Test or Factor Assays on Circulating Anticoagulants as needed for interpretation by the pathologists.
15. In an emergency, blood products will be issued according to the massive transfusion protocol.
16. Collagen/ADP testing for PFA 100 platelet aggregation testing when Collagen/Epinephrine closure time is > 175 seconds.
17. Flow cytometry leukemia/lymphoma studies additional markers as needed for interpretation by the pathologists.
18. HCV Viral Load by PCR when Hepatitis C Antibody is positive.
19. Cryptococcus Antigen Titer when screen is positive
20. Culture Strep A when direct antigen is negative for patients under the age of eighteen (18).
21. Culture Anaerobe when collection site is normally considered sterile.
22. Clostridium difficile toxin by EIA on positive Clostridium Difficile by BioFire FilmArray Infectious Diarrhea Panel.
23. Every BioFire FilmArray Meningitis/Encephalitis CSF by PCR will include a CSF Culture.
24. Cascading testing of TTG IgA, TTG IgG, Deaminated Gliadin IgA and IgG based upon IgA age specific cutoffs.

## Testing Interpretations by Pathologist

Written interpretations from a pathologist will be included with the following clinical tests and CPT codes:

1. 80500: Limited Clinical Consultation without Review of History.
2. 82143: Amniotic Fluid Spectroanalysis.



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3. 84078: Alkaline Phosphatase Fractionation.
4. 84165: Protein Electrophoresis, Fractionation/Quantitation
5. 85060: Blood Smear, Peripheral, Interpretation by Physician and Report.
6. 86079: Authorization for Deviation from Standard Blood Bank Procedure with Written Report.
7. 86334 or 86335: Immunofixation Electrophoresis (Serum or Urine).
8. 86900, 86901, 86850, 86077: Blood Bank Physician Service, Difficult Cross Match and/or Evaluation of unexpected Antibody, Interpretation and Report.
9. 86900, 86901, 86880, 86078: Investigation of Transfusion Reaction, including Suspicion of Transfusion-transmissible Disease, Interpretation and Report.
10. 87207: Smear, Primary Source, with Interpretation: Special Stain for Inclusion Bodies or Intracellular Parasites.
11. 88187, 88188, and 88189: Flow cytometry leukemia and lymphoma studies.
12. 89060: Crystal Identification by Light Microscopy with or without Polarizing Lens.

