

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	Myeloperoxidase Ab	303970/83516	
1001	CBC***	Manual differential	85025	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
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	Hepatitis B Core Antibody Total (Reactive)	Hepatitis 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

Test Code/ CPT Code	Test/Reason to Reflex	Reflex Test	Reflex Test/ CPT code	Reflex test Orderable Alone?
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		
150450	HPV ASCUS Pap with Positive HPV High Risk Screen	HPV 16/18 Genotype on Females ≥ 30 years old		
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

**Metropolitan Medical Laboratory
Reflex Test List**

Test Code/ CPT Code	Test/Reason to Reflex	Reflex Test	Reflex Test/ CPT code	Reflex test Orderable Alone?
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**	Urine Culture	106615/87086	Yes

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.

**Metropolitan Medical Laboratory
Reflex Test List**

***A microscopic exam will be performed if any of the following criteria are met:**

- Urine characteristic is cloudy or turbid
- Leukocyte esterase is positive
- Positive nitrites
- Protein is ≥ 75 mg
- Blood is >10 μL

****A culture will be performed if any of the following criteria are met:**

- Positive nitrite
- \geq Moderate bacteria and yeast
- ≥ 4 WBCs
- Positive leukocyte esterase

*****A manual differential will be performed if any of the following criteria are met:**

Neonates	<42 days old	First time
Lymphocytes	>5.0 (adult) >7.0 (<12 years old)	First time
Mono	>1.5 (adult) >3.0 (<12 years old)	First time
Eosinophils	>2.0	First time
Basophils	>0.5	First time
NRBC	>5	First time
Reticulocyte	>0.100	First time
Immature granulocyte	>5	First time
Atypical/variant lymph	If present	First time
Blasts	If present	First time
		or change on additional CBC