Dignity Health Laboratories

1400 East Church Street
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2020 Physician Annual Notice: Test Ordering and Billing Practices

Dignity Health Laboratories comprised of the laboratories located at Marian Regional Medical Center, Arroyo Grande Community Hospital, and French Hospital Medical Center are proud to offer high quality, affordable, clinical laboratory services to the physicians and patients working and living in our communities. In support of those on-going efforts Dignity Health Laboratories has organized a Clinical Laboratory Compliance Program, as detailed below. Among other things, this Clinical Laboratory Compliance Program serves as a guide for the means by which Dignity Health Laboratories will accept orders and bill for clinical laboratory tests.

The Clinical Laboratory Compliance Program helps to ensure that regulatory policies are enforced, and at the same time, it also supports the fundamental mission of Dignity Health Laboratories, which is to provide the highest level of patient care. As part of the Marian Regional Medical Center Clinical Laboratory's ongoing commitment to compliance, this Annual Notice is being provided to you to help identify your role in the Clinical Laboratory Compliance Program. Several topics pertinent to the process of ordering laboratory tests used to diagnose and treat your patients will be outlined below. The standard Dignity Health Laboratories test requisition form (or computer generated order form) should be used to order all clinical laboratory tests

A. **Medical Necessity:** Our requisitions are designed to emphasize physician choice. Only tests that are medically necessary for the diagnosis or treatment of the patient will be reimbursed. **Medicare may deny payment where there is insufficient documentation in the medical record to support the medical necessity of ordering the test(s).**

   National Coverage Decisions (NCDs): The Centers for Medicare and Medicaid Services (CMS) has published 23 National Coverage Decisions (NCDs) regarding clinical diagnostic laboratory tests. The NCDs are provided on the CMS website[1] and hereinafter listed in Exhibit A. These decisions state the medical conditions for which laboratory tests are covered, reasonable and necessary on a national level.

   Local Coverage Decisions (LCDs): Additionally, Medicare carriers and fiscal intermediaries have the authority to develop and implement Local Coverage Decisions (LCDs) for the local area. Of note, the LCDs must not conflict with the NCDs. The LCDS are also provided on the CMS website (searchable by contractor, state or alphabetically)[2] and hereto listed in Exhibit B.

Medicare generally does not cover routine screening medical exams or screening tests. The Office of Inspector General (OIG) takes the position that a physician who orders medically unnecessary tests for which Medicare or Medicaid reimbursement is claimed, may be subject to civil penalties under the False Claims Act. Medicaid reimbursement amount will be equal to or less than the Medicare reimbursement.

For your reference, the Medicare laboratory fee schedule is available on the CMS website at https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/Clinical-Laboratory-Fee-Schedule-Files.html.

[1] CMS.gov, Lab National Coverage Determinations (NCDs) Index, *available at* https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10.html (last visited on May 21, 2019).
[2] CMS.gov, Lab Local Coverage Determinations (LCDs) Index, *available at* http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx (last visited on February ,2,2020).

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B. **Problem Requisitions/Specimens:** Claims for reimbursement should only be submitted for tests that are ordered and performed. If the laboratory receives a specimen without a test order or with unclear testing instructions, the laboratory staff will contact the ordering physician and request that the ordering physician submit a revised requisition to the laboratory. Laboratory staff shall not add or change tests ordered.

C. **Diagnosis Information:** All payers require that diagnostic information be submitted in order to establish the medical necessity of diagnostic laboratory testing. At Dignity Health Laboratories such information is required to be submitted through the use of ICD-10-CM codes. Codes for signs and symptoms must be used when a definitive diagnosis has not been established.

Please review the "Clinical Laboratories Preventative Medicine Reference Coding Guide" attached as Exhibit E for additional information.

D. **Point of Care Testing:** All federal and state guidelines that apply to general laboratory testing also apply to point of care (POC) testing.

E. **Required Information:** Please use approved laboratory requisitions (preprinted or computer generated) with your location information. The following information is required on all laboratory requisitions:

(1) Patient name

(2) Birth date

(3) Physician name

(4) ICD-10 diagnostic code(s)

(5) Indicate test(s) to be performed

(6) Indicate if order is stat or routine

(7) Indicate specimen type

(8) Date and time of specimen collection

F. **Standing Order Policy: Standing Order Policy:** A standing order directs the laboratory to perform a particular test(s) at specified intervals for a defined time period without having to submit a new requisition form each time. Standing orders are valid for timeframe specified by the physician, maximum 1 year. Request must be provided to the laboratory on a standard requisition form or order produced by your office electronic medical record (EMR). Requisitions may also be faxed to 844-200-0103. The 8 requirements stated in section "E" in addition to: Start/Stop day, month and year (e.g., 6 month intervals - 1/01/20, 7/01/20) are required.

Please include the frequency of when the test shall be performed. The use of the phrase "as the occasion arises, or as necessary" (PRN) is not an acceptable frequency. Please state how often the test should be performed such as "every two weeks." When exceptions occur, you may use a standard requisition form or order produced by your office EMR.

G. **Reflex Testing Policy:** A reflex test is a laboratory test performed (and charged for) subsequent to an initially ordered and resulted test. Reflex testing occurs when an initial test result meets pre-determined criteria (e.g., positive or outside normal parameters), and the primary test results is inconclusive without the reflex or follow-up test. It is performed automatically without the intervention of the ordering physician. Reflex testing may prevent the need for additional specimen procurement from the patient.

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For questions regarding specific tests, please refer to reflex test list, that is attached hereto at Exhibit F. Providers should also review the Panel Profile Information for 2020, that is attached hereto at Exhibit C.

We provide two specific issues that may arise with reflex testing below:

(1) Urine Analysis (UA) Testing: Please provide the 8 requirements stated in section "E". If the physician written order indicates "UA test" but does not indicate microscopy, appropriate billing based on testing ordered is CPT® 81003. (See Exhibit D). If a UA microscopy or reflex to microscopy is desired, the physician must clearly document, in the medical record, his or her intent that a particular test(s) be performed.

(2) Complete Blood Count (CBC): Individual laboratory codes, which together make up a laboratory panel code, will be combined into and reimbursed as the more comprehensive panel code. Unbundling may occur when multiple procedure codes are billed for a group of procedures that are covered by a single comprehensive code. For example, when a provider specifically orders a Complete Blood Count (CBC) with automated differential, the laboratory can only bill CPT ®85025, even if a reflex manual differential is performed as a result of an approved reflex test. When a provider specifically records an order for a "CBC," the facility may bill CPT®85027.

H. **Add-On Test Request Policy:** Laboratories are required to have written documentation of add-on laboratory results. All "add-on tests" must be submitted on a new requisition form or order produced by your office EMR. Please include the term "add-on" on the requisition form. Please provide the 8 requirements stated in section "E" as well. Adding a test does not guarantee that the appropriate specimen will be available to run the test on. A new test may need to be ordered and performed.

I. **Calculated Test Results:** Charges for calculations derived from other test results are not submitted for billing. The reporting of such calculations as a part of the test results does not affect any claims for reimbursement to federal or privately funded health care programs.

J. **Panel Tests and Pricing:** All routine chemistry tests should be ordered separately except for those contained in federally defined laboratory panels. Test panel pricing is based on the cost of each component included in a test panel. In no instance are individual tests or profiles priced below cost. No tests are provided to customers or potential customers free of charge or at below cost either as a professional courtesy or in order to secure additional business. **Panels will only be paid and billed when all components are medically necessary**. See Exhibit C for Panel Profile Information for 2020.

K. **Physicians Utilizing Custom Profiles:** Use of custom profiles is not generally encouraged by Marian Regional Medical Center. If a physician requests Dignity Health Laboratories to customize a test order profile, a signed physician acknowledgment is required from each physician who will be ordering the custom profile. Federal regulations require that acknowledgment forms be signed and returned to the laboratory. Custom Profiles for use in the Hospital will require approval by the Medical Staff. Physician acknowledgments will affirm:

- When ordering tests that may be reimbursed by Medicare or other federally funded programs, the requesting healthcare provider is required to order only those tests which he/she believes are medically necessary for each patient.
- The physician (s) will order individual tests or a less inclusive profile when one or more of the tests in the customized profile are not medically necessary for the patient.

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- The OIG has warned that ordering customized profiles can result in ordering medically unnecessary tests for which payment may be denied.
- The OIG believes that the best practice is to order individual tests or a less inclusive profile when all tests in the customized profile are not medically necessary.
- The OIG takes the position that a healthcare provider who orders medically unnecessary tests may be subject to civil penalties.
- The custom test order profile was created at the request of the physician (s).
- The physician is informed of the amount Medicare will reimburse for each test included in the custom profile.

A. **Prohibited Referrals:** It is Dignity Health Laboratories' policy to comply with all aspects of the self-referral prohibitions and exceptions established by federal and applicable state laws.[3] More detailed information may be found at:

http://www.ssa.gov/OP_Home/ssact/title18/1877.htm

B. **Inducements:** Dignity Health Laboratories do not offer any inducements to physicians or entities in order to secure business related to federal funded healthcare programs (e.g., Medicare or Medicaid). All supplies and equipment provided to customers are directly related to specimen collection, processing, and reporting of test results.

C. **Monitoring:** All laboratory-testing sites are regularly monitored to safeguard against unintentional violations of federal compliance guidelines. Monitoring activities are also aimed at raising awareness of federal guidelines and assisting in developing mechanisms for successfully meeting them.

If you have any questions related to the Clinical Laboratory Compliance Program, please contact any one of the following individuals:

Program Director:
Jenifer Giraud
805.739.3232
Jenifer.Giraud@DignityHealth.org

Laboratory Manager:
Colleen Goodman
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:

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EXHIBIT A

LABORATORY NATIONAL COVERAGE DETERMINATIONS (NCDs)[4]

▪ Alpha-fetoprotein (AFP)	190.25
▪ Blood Counts	190.15
▪ Blood Glucose Testing	190.20
▪ Carcinoembryonic Antigen (CEA)	190.26
▪ Collagen Crosslinks, any Method	190.19
▪ Digoxin Therapeutic Drug Assay	190.24
▪ Fecal Occult Blood Test (FOBT)	190.34
▪ Gamma-Glutamyl Transferase (GGT)	190.32
▪ Glycated Hemoglobin/Glycated Protein	190.21
▪ Hepatitis Panel/Acute Hepatitis Panel	190.33
▪ Human Chorionic Gonadotropin (hCG)	190.27
▪ Human Immunodeficiency Virus (HIV) Testing (Diagnosis)	190.14
▪ Human Immunodeficiency Virus (HIV) Testing (Prognosis/Monitoring)	190.13
▪ Laboratory Tests – CRD Patients	190.10
▪ Lipid Testing	190.23
▪ Diagnostic Pap Smears	190.2
▪ Partial Thromboplastin Time (PTT)	190.16
▪ Prostate Specific Antigen (PSA)	190.31
▪ Prothrombin Time (PT)	190.17
▪ Serum Iron Studies	190.18
▪ Thyroid Testing	190.22
▪ Tumor Antigen by Immunoassay – CA 125	190.28
▪ Tumor Antigen by Immunoassay – CA 15-3/CA 27.29	190.29
▪ Tumor Antigen by Immunoassay – CA 19-9	190.30
▪ Urine Culture, Bacterial	190.12

[3] More information can be located at: Social Security Administration (SSA), 42 U.S.C. 1395 et seq. ,*available at* http://www.ssa.gov/OP_Home/ssact/title18/1877.htm.

[4] CMS.gov, Lab National Coverage Determinations (NCDs) Index, *available at* http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx (last visited on February 5, 2020).

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EXHIBIT B

LABORATORY LOCAL COVERAGE DETERMINATIONS (LCDs) EXAMPLES[5]

***Note: This list is not exhaustive. Providers should review the LCDs provided on the CMS website (link provided below).**

California

- Bladder/Urothelial Tumor Markers
- B-type Natriuretic Peptide (BNP) Testing
- Controlled Substance Monitoring and Drugs of Abuse Testing
- Flow Cytometry
- Glyco Mark Testing for Glycemic Control
- Helicobacter Pylori Infection Testing
- In Vitro Chemosensitivity & Chemoresistance Assays
- Measurement of Salivary Hormones
- Serum Magnesium
- Special Histochemical Stains and Immunohistochemical Stains
- Treatment of Males with Low Testosterone
- Vitamin D Assay Testing
- Molecular Diagnostic Testing

[5] CMS.gov, Lab Local Coverage Determinations (LCDs) Index, *available at* http://www.cms.gov/medicare-coverage-database/indexes/national-and-local-indexes.aspx (last visited on February 5, 2020).

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EXHIBIT C
PANEL PROFILE INFORMATION 2020

PROFILE NAME	CPT CODE	COMPONETS	MEDICARE PAYMENT	MEDICAID PAYMENT
Acute Hepatitis Panel	**80074**	Hepatitis A Antibody, IgM (86709), Hepatitis B Core Antibody, IgM (86705), Hepatitis B Surface Antigen (87340), Hepatitis C Antibody (86803).	$ 47.63	$41.79
Basic Metabolic Panel	**80048**	Calcium (82310), Carbon Dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Potassium (84132), Sodium (84295), Urea Nitrogen (BUN) (84520).	$ 8.46	$7.27
Electrolyte Panel	**80051**	Carbon Dioxide (82374), Chloride (82435), Potassium (84132), Sodium (84295).	$ 7.01	$6.24
Comprehensive Metabolic Panel	**80053**	Albumin (82040), Bilirubin; Total (82247), Calcium (82310), Carbon Dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphatase; Alkaline (84075), Potassium (84132), Protein; total (84155), Sodium (84295), Transferase; Alanine Amino (ALT) (SGPT) (84460), Transferase; Aspartate Amino (AST) (SGOT) (84450), Urea nitrogen (BUN) (84520).	$ 10.56	$9.28
Lipid Panel	**80061**	Cholesterol,Total (82465) Triglycerides (84478) Lipoprotein, Direct Measurement, HDL Cholesterol (83718).	$ 13.39	$11.54
Renal Function Panel	**80069**	Albumin (82040), Calcium (82310), Carbon Dioxide (82374), Chloride (82435), Creatinine (82565), Glucose (82947), Phosphorous (84100), Potassium (84132), Protein; total (84155), Sodium (84295), Urea nitrogen (BUN) (84520).	$ 8.68	$7.60
Liver Panel or Hepatic Function Panel	**80076**	Albumin (82040), Bilirubin-Total (82247) Bilirubin; Direct (82248), Phosphatase-Alkaline (84075), Protein-Total (84155), Transferase- Alanine Amino (ALT) (SGPT) (84460), Transferase- Aspartate Amino (AST) (SGOT) (84450).	$ 8.17	$6.38

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EXHIBIT E

CLINICAL LABORATORIES PREVENTIVE MEDICINE REFERENCE CODING GUIDE

Generally, Medicare does not pay for most tests performed for screening purposes or for purposes that do not meet the Medicare definition of reasonable and necessary. Screening is described as a test that is performed in the absence of signs or symptoms. There are a few screening tests that Medicare covers by statute. The covered screening laboratory tests are listed below with the frequency limitations and the appropriate ICD-10-CM diagnosis codes..

PROCEDURE	CPT CODES	COVERED DIAGNOSIS CODE	FREQUENCY
Cardiovascular Disease Screening Tests	80061, 84478.	Z13.6	Every 5 years Note: Diagnostic Lipid panel is only allowed once per year.
Colorectal Cancer Screening	81528, 82270.	Z12.11 Z12.12	Cologuard™ Multitarget Stool DNA (sDNA) Test: once every 3 years; Screening FOBT: every year;
Diabetes Mellitus	82947, 82950, 82951.	Z13.1	Two per year for beneficiaries diagnosed with pre-diabetes; Annually if never tested nor diagnosed
Hepatitis C Virus (HCV) Screening	G0472.	Z72.89 and F19.20	Annually for those at high-risk Once in a lifetime for beneficiaries born between 1945 and 1965 who are not considered high risk
Human Immunodeficiency Virus (HIV)	G0432, G0433, G0435.	High risk – Z11.4 and Z72.89 Not high risk – Z11.4 Pregnant beneficiaries – Z11.4 and Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z34.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, OR O09.93,	Annually for those at high-risk For beneficiaries who are pregnant, 3 times per pregnancy:
Prostate Cancer Screening	G0102, G0103.	Z12.5	Over 50 years old male patients Once every 12 months
Screening Pap Smear--**Low risk**	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148.	Z01.411, Z01.419, Z12.4, Z12.72, Z12.79, and Z12.89	Every 2 years for women at normal risk
Screening Pap Smear--**High risk**	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148.	Z77.22, Z77.9, Z91.89, Z72.89, Z72.51, Z72.52, and Z72.53	Once every 12 months for high risk
Screening for Sexually Transmitted Infections (STIs)	86631, 86632, 87110, 87270, 87320, 87490, 87491, 87810, 87590, 87591, 87850, 87800, 86592, 86593, 86780, 87340, 87341.	Z11.3, Z72.89, Z72.51, Z72.52, Z72.53, Z34.00, Z34.01, Z34.02, Z34.03, Z34.80, Z34.81, Z34.82, Z37.83, Z34.90, Z34.91, Z34.92, Z34.93, O09.90, O09.91, O09.92, and O09.93	Once for high risk men and women Up to two times for pregnant women.

The CPT and Diagnosis Codes used in this guide are provided as an information resource only, and is not to be used or relied on for any diagnostic or treatment purposes

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EXHIBIT F

Dignity Health Laboratories - Central Coast Service Area - Reflex Testing

Initial test	Interpretation/Result	Reflex Test
Hematology/Urinalysis	Criteria	
CBC w/Auto Diff	See attached.	Manual Differential
		Smear Review
		Pathology Review
UA (chemistry)	Positive Blood, Protein, Leukocyte Esterase, Nitrate	Microscopic exam
UA (culture when indicated)	Peripheral WBC ≤ 0.4 K	Culture
	Patient age ≤ 2 yrs.	
	Chemstrip positive BLD ≥3+	
	microscopic UA RBC ≥ 10/hpf	
	microscopic UA WBC ≥ 10/hpf	
PFA (Platelet Function Assay)	EPI > 150 sec	ADP
Chemistry		
Lipid Panel	If Triglyceride is > 1293	LDL Direct performed
Immunology		
Syphilis IgG	Reactive	RPR (PHDL)
Cocci Immunodiffusion AB Screen	Positive	Cocci CF Titer (UCD)
HIV screen	Non- negative result (Sent to Reference Lab)	HIV Ag/Ab NAT (ARUP)
HEP B Surface Ag	Non- negative result (Sent to Reference Lab)	Quantitative (HCCL)
HEP C Antibody	Non- negative result (Sent to Reference Lab)	HEP C Antibody (HCCL)
Immunohematology (BBK)		
RHD genotyping	Weak positive/mixed field	Childbearing Age Female
Atypical Antibody Screen	Positive	Antibody Identification
		AHG Crossmatch
Fetal Cell Screen	Positive	Kleihauer-Betke stain
Molecular		
HPV antigen screen	Positive	HPV genotype
Microbiology		
Group B Strep (culture) screen	Negative	GBS -PCR
C. difficile GDH toxin	Inconclusive	Cdiff PCR
Blood culture bottle	Positive based on algorithm	BioFire BCID PCR panel
Fungal culture	Growth	Identification by (SLO PHDL)
Malarial smear	Positive	Confirmation and Speciation (SLO PHDL)

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Criteria for Performing a Smear Review

PARAMETER/FLAG	RESULT	WHEN	EXCEPTION	ACTION
Hemoglobin	<7 g/dL	No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform RBC Morph/PLT Estimate
Hemoglobin Patient > 2 mo. old	>20.0 g/dL	No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform RBC Morph/PLT Estimate
MCV	<75	First Time		Perform RBC Morph/PLT Estimate
MCV Adult Patient > 2 mo. old	>105	First Time	Specimen is >24 Hours Old	Perform RBC Morph/PLT Estimate
MCHC	<30	No Smear Review within the Last 3 Months or Current Inpatient Stay	If normal/high MCV, check for IV contam	Perform RBC Morph/PLT Estimate
MCHC	>38	No Smear Review within the Last 3 Months or Current Inpatient Stay	Check for Lipemia/ Hemolysis/RBC agglutination	Correct for interfering substance if present. Follow Spurious Results SOP. Perform RBC Morph/PLT Estimate.
RDW	>23	No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform RBC Morph/PLT Estimate
Platelet	<100 K/uL	No Smear Review within the Last 3 Months or Current Inpatient Stay	Platelet Clumps Detected	If no clumps present, perform platelet estimate and review slide for WBC and RBC abnormalities. Perform Man Diff if indicated.
Platelet	>1000 K/uL	No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform Platelet Estimate/ Smear Review if Indicated
Retic Patient > 2 mo. old	>2.5%	No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform RBC Morph/PLT Estimate Look for Schistocytes
Blast Flag		Any		Perform Smear Review/ Man Diff if indicated

Criteria for Performing a Smear Review

PARAMETER/FLAG	RESULT	WHEN	EXCEPTION	ACTION
Neonate Patient <14 days old	Any	First Sample		Perform Smear Review/ Man Diff if indicated
WBC	<3.0 K/uL	First time/No Manual Differential within the Last 3 Months or Current Inpatient Stay	Known HCV Ongoing Chemopherapy	Perform Smear Review/ Man Diff if indicated
WBC	>40 K/uL	First time/No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Neutrophil Count	<0.5 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay	Ongoing Chemotherapy	Perform Smear Review/ Man Diff if indicated
# Neutrophil Count	>20.0 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Lymphocyte Count Patient >=16 years	>5 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay	Known CLL	Perform Smear Review/ Man Diff if indicated
# Lymphocyte Count Patient <16 years old	>7 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Monocyte Count Patient >=6 years old	>2.0 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Monocyte Count Patient <6 years old	>3.0 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Eosinophil Count	>2.0 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
# Basophil Count	>0.5 K/uL	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated
NRBC Patient > 2 mo. old	>5	No Manual Differential within the Last 3 Months or Current Inpatient Stay		Perform Smear Review/ Man Diff if indicated

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PARAMETER/FLAG	RESULT	WHEN	EXCEPTION	ACTION
Left Shift		Any		Perform Smear Review/ Man Diff if indicated
Imm Grans		Any		Perform Smear Review/ Man Diff if indicated
RBC Frag/Micro		No Smear Review within the Last 3 Months or Current Inpatient Stay		Perform RBC Morph/PLT Estimate
Abn Hemoglobin		Any		Perform RBC Morph/PLT Estimate Send to Pathology
Sickled Cells		Any		Perform RBC Morph/PLT Estimate Send to Pathology if Sickled Cells are Present.
PLT Clump Flag		Flag persists after vortex/rerun		Scan for platelet clumps, fibrin, giant platelets, schistocytes, satellitism. Compare instrument result to manual platelet estimate. Follow Spurious Results SOP.
Variant LY Flag		Any		Perform Smear Review/ Man Diff if indicated
LUC (Large Unclass Cells) Flag		Any		Perform Smear Review/ Man Diff if indicated
WBC or NRBC with R Flag		Any if flag persists after rerun		Confirm Cell Counts and Perform Manual Differential
PLT R Flag		Flag persists after vortex/rerun		Perform Smear Review and Confirm Automated Platelet count with Manual Estimate

Criteria for Performing a Manual Differential

PARAMETER	WHEN	ACTION
Blasts	≥1	Manual Differential
Myelocyte/Promyelocyte	≥1	Manual Differential
Metamyelocyte	>2	Manual Differential
Bands	>10%	Manual Differential
Atypical Lymphs	>5	Manual Differential
NRBC	>5	Manual Differential
Plasma Cells	≥1	Manual Differential
Disagreement between analyzer and smear	Any	Manual Differential
R Flag on Auto Differential	Any if flag persists after rerun	Manual Differential
Bacteria/Parasites present on smear	Any	Manual Differential
Malignant/Unidentified cells seen on smear	Any	Manual Differential
Pathology Review (RDIF) ordered	Any	Manual Differential

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Criteria for Pathology Review

PARAMETER	RESULT	WHEN	EXCEPTION	ACTION
WBC	<2.0 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay	Patient on Chemotherapy	Order Rdiff and Document Reason
Hemoglobin	<6.0 g/dL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
Platelet	<10 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
Platelet	>1000 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
RDW	>35	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
# Lymphocyte Count Patient >16 years old	>5.0 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
# Lymphocyte Count Patient <=16 years old	>7.0	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
#Monocyte Count Patient >6 years old	>2.5 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
#Monocyte Count Patient <=6 years old	>3.5 K/uL	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
Blasts on Manual Diff		Any		Order Rdiff and Document Reason
Schistocytes on Manual Diff	≥2+	No RDIF within the Last 3 Months or Current Inpatient Stay		Order Rdiff and Document Reason
Sickled Cells	Any on Smear		Known Sickle-Cell Patient	Order Rdiff and Document Reason
Abnormal Hemoglobin Flag		Any		Order Rdiff and Document Reason
Bacteria/Parasites present on smear		Any		Order Rdiff and Document Reason
Malignant/Unidentified cells present on smear		Any		Order Rdiff and Document Reason
Pathology Review (RDIF) ordered by Physician		Any		Order Rdiff and Document Reason