



BILLING

Health Network Laboratories is a participating provider for an extensive number of third party insurers and will bill most insurance companies directly. However, in the event of non-covered patients or non-covered services, deductible or copayment, patients may receive statements directly from HNL. We recommend that patients be notified of this at the time the laboratory studies are ordered.

Accurate and complete information is essential for directly billing the insurance carriers. In addition to patient information, insurance companies specify that for laboratory tests to be considered as covered services, they must be reasonable and necessary for diagnosis and treatment of illness or injury: Laboratory services that are performed as part of a routine examination, in the absence of symptoms or diagnosis, are usually not covered. When screening services are performed as part of a routine exam, they should be reported with the appropriate ICD-9 diagnosis code. Claims reported with only routine diagnosis codes (V70.0 - V70.9) may be denied as non-covered screening service. Patient information and medically necessary diagnoses must be included with the laboratory orders. Orders for Limited Coverage Tests on Medicare patients should include a signed HNL Advanced Beneficiary Notice. Please refer to HNL's Guide to HGSA Medicare Services for Limited Coverage Tests and approved ICD-9 codes.

Any requisition form that has less than the required information may result in statements being sent to the patient. Therefore, cooperation between the physician, office staff, and the laboratory will enable billing for services in a timely fashion and reduce patient inquiries to your office and the laboratory.

HNL will provide you with either a **Guide to HGSA Medicare Services Limited Coverage Policies** or a **Guide to Empire Medicare Services Limited Coverage** at your request. Please contact your sales representative or Customer Care at either 484-425-8170 or 877-402-4221 (toll free).

Patient billing issues should be referred to HNL's billing office at either 610-530-0809 or 866-530-0809.

794 Roble Rd.
Allentown, PA 18109-9110
Toll Free: (877) 402-4221
Fax: 484-425-8183



PARTICIPATING INSURANCES

The following is a list of Insurances/Administrators/Networks with which HNL is participating:

If an insurance is not listed below, please contact one of our billing representatives at 877-402-4221 (toll free) for verification of HNL participation or contact the insurance company directly.

Aetna (Some plans require PCP selection)	Highmark Blue Shield Plans
Aetna Better Health	Horizon/NJ Blue Shield Indemnity Plans
All Commercial/Indemnity Carriers	Humana Medicare PFFS Products
American Progressive	IHP-Integrated Health Plan
AmeriHealth Health Plans	Independence Blue Cross
AmeriHealth HMO (PCP must select HNL)	InterGroup
AmeriHealth Mercy	Keystone 65 (<i>PCP must select HNL</i>)
AmeriHealth Northeast	Keystone Health Plan Central (<i>LVPHO only</i>)
AmeriHealth Personal Choice	Keystone Health Plan East (<i>PCP must select HNL</i>)
Beech Street	Keystone Point of Service (<i>PCP must select HNL</i>)
Blue Choice	Magellan Behavioral Health Plan
Blue Cross of Northeastern PA	Medicare
Blue Ridge Health Network	MultiPlan
Capital Blue Cross/Capital Advantage Plans	National Preferred Provider Network (NPPN)
ChoicePlus	New Jersey Medical Assistance
Cigna EPO Plans	Pennsylvania Medical Assistance
Cigna HMO	Personal Choice
Cigna-International	Personal Choice 65
Cigna Indemnity Plans	PlanVista
Cigna PPO Health Plans	Premier Blue
Cigna-Worldwide	PHCS
Consolidated Health Plan	Prime Health Services
Core Source	Private Health Care Systems (PHCS)
Devon Health Services	Spectrum Administrators (<i>with the exception of Eastern PA Health Network <EPHN></i>)
EHP, Inc.	Three Rivers Provider Network (TRPN)
EHP Significa	TriCare
Evercare	UnitedHealthcare
Federal Black Lung	• Choice / Choice Plus Plans
Federal Employees Compensation Act	• Navigate Plans
Gateway (PCP must select HNL)	• OneNet PPO
Geisinger Health Plans	• Railroad Medicare
Great West Health Plans	Valley Preferred
HealthAmerica/Health Assurance	WellCare Medicare Advantage PFFS
Health Markets Care Assured	

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REFLEX TESTING

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Reflex testing offered by Health Network Laboratories includes confirmation of screening testing results or additional tests used to provide sufficient information for patient management. Additional charges are associated with reflex testing.

Reflex testing algorithms are identified by the clinical consultants along with HNL's medical director and are included on the following pages in addition to being referenced within the context of the alphabetical test listing section.

Many of these tests are indicated on the laboratory requisition form and offer the opportunity to decline the reflex testing algorithm by checking the corresponding box.

Our clients always have the option to decline the reflex testing algorithm and may indicate this on the requisition form.

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
ABO/Rh (D) Type and Crossmatch	86850 86900 86901 86923 X # of units	Positive Antibody Screen or positive Crossmatch result requires further testing. (Additional crossmatches may be added to provide compatible blood.)	Antibody ID Phenotype Antigen Tests Direct Coombs Test Eluate Crossmatch Crossmatch (additional units) Unit Antigen Tests EGA Treatment Thermal Amplitude Test	86870 86905 or 86906 86880 86860 86923 86923 each 86903 86970 86850
ABO/Rh (D) Type and Screen	86850 86900 86901	Positive Antibody Screen requires further testing. Prenatal positive Antibody Screen requires an Antibody Titer.	Antibody ID Phenotype Antigen Tests Direct Coombs Test Eluate Antibody Titer	86870 86905 or 86906 86880 86860 86886
ADAMTS13 Panel	85397	If ADAMTS13 Activity is <30%.	ADAMTS13 Antibody	83520
Antinuclear Antibody Screen (ANA)	86038	Positive results are titered to endpoint	Antinuclear Antibody (ANA) Titer	86039
Antinuclear Antibody Screen with Reflex	86038	Positive results are titered to endpoint and dsDNA, Sm, Sm/RNP, SSa, SSb and Scl 70 are performed.	Antinuclear Antibody (ANA) Titer dsDNA Sm Sm/RNP SSa SSb Scl 70	86039 86225 86235 x 5

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Arsenic, Urine with Reflex to Fractionated (24 hour or random)	82175	If total arsenic is between 35-2000 ug/L.	Arsenic, Fractionated, Urine	82175
Alpha-1-Antitrypsin, Genotyping Profile	82103 81332	Protein phenotyping is reflexed on samples that have a AAT level of <100 and are heterozygous for either the S or Z allele by genotyping or if the sample has a AAT level of <100 and does not contain either the S or Z allele by genotyping.	Alpha-1 Antitrypsin, Phenotype	82104
Bordetella pertussis Antibody Profile	86615 x 2	If Bordetella pertussis Antibody IgA by ELISA is 1.2 U/mL or greater If Bordetella pertussis Antibody IgG by ELISA is 1.0 U/mL or greater	Bordetella pertussis IgA Immunoblot Bordetella pertussis IgG Immunoblot	86615 86615
CBC (Complete Blood Count) with Automated Differential and/or CBC (Complete Blood Count) with Manual Differential	85025 85027 85007	For inpatients and non-Medicare outpatients: Given identified criteria, pathologist will review slide Bacterial/Fungal confirmation performed by microbiology. Parasite confirmation performed by microbiology.	Pathologist Interpretation with Report Gram Stain Blood Parasites	85060 87205 87207
Celiac Disease Screen	82784 83516	Borderline tTg with low IgA IgA deficient patients	Anti-endomysial antibody Tissue transglutaminase antibodies, IgG Deaminated Gliaden Antibodies, IgA and IgG	86256 83516 x 3
Cell Count, Body Fluid with Differential	89051	Unclassified cells require follow up identification	Body Fluid ThinPrep®Cytology	88112
Chromosome Analysis, Amniotic Fluid: Alpha Fetoprotein Chromosome Analysis and Interpretation	82106 88235 88267 88280	If amniotic fluid AFP is positive, an additional test is performed	Acetylcholinesterase, Amniotic Fluid	82013
Creutzfeld-Jacob Disease Protein 14-3-3, CSF	84182 86317	If 14-3-3 protein is positive or tau protein is 500 pg/mL or greater, Real-Time quaking-induced conversion assay (RT-QuIC) will be reflexed.	RT-QuIC Analysis, CSF	87798

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REFLEX TESTING

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Cryoglobulin, Qualitative, with Reflex to IgA, IgG and IgM	82595	If detected additional tests performed	Cryoprecipitate IgG, IgM, and IgA	82784 x 3
Cryptococcal Antigen	86403	Positive results are titered to endpoint	Cryptococcal Antigen Titer	86406
Culture, Actinomyces, Anaerobic	87075 87205	Identification of isolate(s) from positive culture/isolate	Anaerobic identification	87076
Culture, Anaerobic/Aerobic	87075 87070 87205	Identification of isolate(s) from positive culture/isolate	Anaerobic identification Aerobic identification ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87076 87077 87147 87186 87184 87181 87185
Culture, Bacterial –Referred for Identification		Identification Identification of isolate(s) from positive culture/isolate	Aerobic ID (abbreviated) Aerobic Identification ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87088 87077 87147 87186 87184 87181 87185
Culture, Blood	87040	Identification of isolate(s) from positive blood culture/isolate	Gram Stain Aerobic identification ID by Agglutination Anaerobic identification ID by nucleic acid probe Susceptibility testing (MIC, KB, beta lactamase, nucleic acid probe for resistance markers and/or E-test depending on isolate yeast or bacterial) (IF Gram positive cocci or yeast)	87205 87077 87147 87076 87149 x 8-14 87186 87184 87181 87149 87185

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REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Culture, Blood, Fungus	87103	Identification of isolate(s) from positive blood culture/isolate	Fungus identification ID by nucleic acid probe for resistance markers Mold identification Susceptibility testing E-testing (per antifungal) or MIC	87106 87149 x 8 87107 87186 87181
Culture, Blood, Mycobacteria	87116	Identification of isolate(s) positive blood culture/isolate	AFB DNA Probe AFB Smear	87149 87206
Culture, Bronchoscopy	87070 87205	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185
Culture, CAPD Fluid	87070 87205	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Anaerobic ID Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87076 87186 87184 87181 87185
Culture, Catheter Tip	87070	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185
Culture, Cerebrospinal Fluid	87070 87205	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185

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REFLEX TESTING

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Culture, Fluid, Aerobic	87070 87205	Identification of isolate(s) from positive culture/isolate Aerobic Identification	ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185
Culture, Fungus, Dermatophyte	87101 87220	Identification of isolate(s) from positive culture/isolate	Fungal ID Mold ID	87106 87107
Culture, Fungus	87102	Identification of isolate(s) from positive culture/isolate	Fungal ID Mold ID Susceptibility testing, MIC or E-test / antifungal	87106 87107 87186 87181
Culture, Genital	87070	Identification of isolate(s) from positive culture/isolate Aerobic Identification	ID by Agglutination Probe ID	87077 87147 87149
Culture, Genital, Fungus	87102	Identification of isolate(s) from positive culture/isolate	Fungal ID Mold ID Susceptibility testing, MIC or E-test / antifungal	87106 87107 87186 87181
Genital, Group B, Beta-Hemolytic Strep Screen, DNA probe	87653	Positive for Group B strep	Susceptibility testing (MIC or KB)	87186 87184
Culture, Legionella	87081	Identification of isolate(s) from positive culture/isolate	Identification/typing Identification by MALDI-TOF mass spec Aerobe Identification by sequencing Tissue processing	87077 87153 87176
Culture, Mycobacteria	87116 87015 87206	Identification of isolate(s) from positive culture/isolate	AFB DNA Probe Susceptibility testing (MIC, KB, and/or E-test depending on isolate)	87149 87186 87184 87181
Culture, Neisseria Gonorrhoea (GC Screen)	87081	Identification of isolate(s) from positive culture/isolate	Probe ID	87149

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Culture, Nocardia	87102	Identification of isolate(s) from positive culture/isolate	Fungal ID Gram Stain Acid Fast Stain	87106 87205 87206
Culture, Sputum	87070 87205	Identification of isolate(s) from positive culture/isolate Aerobic Identification	ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185
Culture, Sputum, Cystic Fibrosis	87070 87205	Identification of isolate(s) from positive culture/isolate Aerobic Identification	ID by Agglutination Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87186 87184 87181 87185
Culture, Stool with Shiga Toxin	87045 87427 87449	Identification of isolate(s) from positive culture/isolate Infectious agent antigen detection by enzyme immunoassay (Campylobacter)	Aerobic Identification ID by Agglutination Susceptibility testing (MIC, KB, and/or E-test depending on isolate)	87077 87147 87186 87184 87181
Culture, Tissue, Aerobic	87070 87205 87176	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Anaerobic ID Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87076 87186 87184 87181 87185
Culture, Tissue, Quantitative	87176 87205 87071	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination Anaerobic ID Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87077 87147 87076 87186 87184 87181 87185



Health Network
LABORATORIES® (continued)

REFLEX TESTING

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Culture, Urine	87086	Identification Identification of isolate(s) from positive culture/isolate	Aerobic ID (abbreviated) each isolate	87088
			Aerobic Identification ID by Agglutination	87077 87147
			Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87186 87184 87181 87185
Culture, Vancomycin-resistant Enterococcal Screen	87081	Identification of isolate(s) from positive culture/isolate	Aerobic Identification Susceptibility testing (MIC, KB, and/or E-test depending on isolate)	87077 87186 87184 87181
Culture, Viral, Herpes Simplex, Rapid w/Typing	87255	Identification of isolate(s) from positive culture/isolate	Virus ID HSV-2 typing and/or Virus ID HSV-1 typing	87140 87140
Culture, Wound, Aerobic	87070 87205	Identification of isolate(s) from positive culture/isolate	Aerobic Identification ID by Agglutination	87077 87147
			Susceptibility testing (MIC, KB, beta lactamase and/or E-test depending on isolate)	87186 87184 87181 87185
Dilute Russell's Viper Venom Time	85613	Positive screen results require confirmation	Hexagonal Phase Phospholipid Neutralization	85998
Direct Coombs Test (DAT)	86880	Positive DAT requires further testing.	Eluate Antibody Screen Antibody Titer Phenotype Antigen Tests	86860 86850 86870 86905 or 86906
DNA Antibodies, Crithidia, IFA)	86255	Positive screens are tittered to endpoint	DNA AB IFA titer charge	86256
Drug Screen, Rapid, Urine	80104	If screening results are positive, confirmation testing is performed by an alternate methodology	Alternate Drug Confirmation method	80102
Drug Screen 10 with confirmation, urine	80101 x 10	If screening results are positive, confirmation testing is performed by an alternate methodology	Alternate Drug Confirmation method	80102
Drug Screen 9 with confirmation, urine	80101 x 9	If screening results are positive, confirmation testing is performed by an alternate methodology	Alternate Drug Confirmation method	80102

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REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Drug Screen 5 with confirmation, urine	80101 x 5	If screening results are positive, confirmation testing is performed by an alternate methodology	Alternate Drug Confirmation method	80102
Drug Screen 7 with confirmation, urine	80101 x 7	If screening results are positive, confirmation testing is performed by an alternate methodology	Alternate Drug Confirmation method	80102
Heavy Metal Profile, Urine with Reflex to Arsenic Fractionated	82175 83655 83825 82300	If total arsenic is 35-2000 ug/L	Arsenic, Fractionated, Urine (Includes organic, inorganic and methylated forms)	82175
Hemoglobin A1c (HPLC methodology)	83036	In patients with certain types of hemoglobin abnormalities, a HA1c result cannot be obtained and testing must be performed by an alternate method.	Hemoglobin A1c, Alternate Methodology ~ Charge for initial testing is credited if reflex testing is ordered	83036
Hemoglobinopathy Screen	83021	Abnormal results on screening require confirmation based on the initial observations	Citrate Agar Acid Electrophoresis	83020
Heparin Associated Platelet Antibody	86023	Positive results require neutralization confirmation. Samples that confirm by neutralization will be sent out for final confirmation by Serotonin Release Assay	Serotonin Release Assay	86022
Hepatitis B Surface Antigen (HBsAg) For single orders and as part of the following: -Exposure Profile, Employee -Exposure Profile, Source Patient -Exposure Package (outside accounts only) -Hepatitis B Profile -Hepatitis Panel, Acute -Hepatitis Profile, Comprehensive -Obstetric Panel -Obstetric Profile with Urinalysis	87340	Positive EIA screen results require confirmation	Hepatitis B Surface Antigen Neutralization Confirmation	87341



REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Hepatitis C (HCV) Antibody, EIA Screen When part of the following: -Exposure Profile, Employee -Exposure Profile, Source Patient -Exposure Package (outside accounts only) -Hepatitis C Antibody Profile -Hepatitis Panel, Acute -Hepatitis Profile, Comprehensive	86803	Positive EIA screen results with S/Co ratio >1.0 and <3.9 require confirmation per CDC guidelines	HCV RNA quantitation by PCR	87522
Rapid HIV-1,2 or HIV 1/2 Ag/Ab Profile When part of the following: -Exposure Profile, Employee -Exposure Profile, Source Patient -Exposure Package (outside accounts only) -Rapid HIV-1 & 2 Antibody Profile (Labor and Delivery)	86703 87389	Rapid HIV-1 & 2 Antibody Screen or HIV 1/2 Antigen/Antibody Screen results require confirmation	HIV1/2 Differentiate HIV-1 Viral Load RT,PCR	86701 86702 87536
HTLV I/II Virus Antibody Screen	86790	Positive screen results require confirmation	HTLV I/II Antibody Confirmation	86689
Lamellar Body Count with Reflex	83664	Specimens that are unacceptable for testing due to obvious mucus, presence of blood, or meconium or If Lamellar Body Count is \leq 50 thou/cmm	Lecthin/Sphingolmyelin Ratio with Phosphatidyl Glycerol (L/S Ratio with PG)	83661 84081

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REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Lipid Panel with Reflex to LDL, Cholesterol, Direct	80061	When triglycerides are >400 mg/dL	LDL, Cholesterol, Direct	83721
Lyme Disease Antibody Profile, Elisa Screens: Lyme Antibody, Total (IgG/IgM) Lyme Antibody, IgM	86618 86618	Equivocal or positive results for either or both ELISA screen tests require confirmation	Lyme Antibody, Western Blot IgG Lyme Antibody, Western Blot IgM	86617 86617
Lyme Reflex Profile, CSF	86618	If <i>Borrelia burgdorferi</i> total antibodies by ELISA = 1.00 LIV or greater, then <i>B. burgdorferi</i> IgG and IgM antibodies by western blot will be added	<i>Borrelia burgdorferi</i> Ab, IgM, CSF <i>Borrelia burgdorferi</i> Ab, IgG, CSF	86617 x 2
Mitochondrial Autoantibody	86255	Positive results are titered to endpoint	Mitochondrial Autoantibody Titer	86256
Monoclonal Gammopathy Screening Profile	83883 x2 84155 84165 84165-26	Abnormalities suggesting the presence of a monoclonal protein require follow up confirmation	Quantitative Immunoglobulins (IgG, IgA, IgM) Immunofixation Electrophoresis	82784 x3 86334 86334-26
Mononucleosis Screen with Reflex EBV Profile	86308	When mono screen is negative, EBV Profile will be performed	EBNA, EA, VCAG, VCAM	86663, 86664, 86665(x2)
PT Reflex Mixing Study	85610	Prolonged results require further testing to differentiate factor deficiencies from circulating inhibitors	Thrombin Time Reptilase Time PT mix, immediate	85670 85635 85611
PTT Reflex Mixing Study	85730	Prolonged results require further testing to differentiate factor deficiencies from circulating inhibitors	Thrombin Time Reptilase Time PTT Mix, Immediate PTT Mix, Incubated	85670 85635 85732 85732
Parietal Cell Autoantibody	86255	Positive results are titered to endpoint	Parietal Cell Autoantibody Titer	86256

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REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Partial Thromboplastin Time (PTT), Lupus Sensitive When part of the following: Thrombotic Risk, Acquired, Antiphospholipid Antibody Thrombotic Risk, Acquired, Lupus	85730	Prolonged results require further testing to confirm the possible presence of a Lupus Anticoagulant (LUA) or the presence of heparin.	Partial Thromboplastin Time (PTT) Lupus Sensitive, Mixing Study Hexagonal Phase Phospholipid Neutralization Assay	87532 85598
Platelet Aggregation	85576 x 4	Abnormal results require additional testing to rule out drug effects	Arachadonic Acid Aggregation	85576
Prenatal Testing to include: Obstetric Panel Obstetric Profile 2 Obstetric Profile 3	80055 80055 and 81001 or 81003 80055, 82565, 82947 and 81001 or 81003	Positive Antibody Screen requires further testing	Antibody ID Phenotype Antigen Tests Direct Coombs Test Eluate Antibody Titer EGA Treatment	86870 86905 or 86906 86880 86860 86886 86970
Prenatal Testing, Repeat (Blood Bank only)	86850 86900 86901	Positive Antibody Screen requires further testing.	Antibody ID Phenotype Antigen Tests Direct Coombs Test Eluate Antibody Titer	86870 86905 or 86906 86880 86860 86886
Prostate Specific Antigen, Total with Reflex PSA, Free	84153	Total PSA results between 4.0-10 ng/mL require Free PSA to determine risk	Free PSA	84154
Protein Electrophoresis, Serum	84155 84165 84165-26	Abnormalities suggesting the presence of a monoclonal protein require follow up confirmation	Quantitative Immunoglobulins (IgG, IgA, IgM) Immunofixation Electrophoresis	82784 x 3 86334 86334-26

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REFLEX TESTING

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Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Protein Electrophoresis, Urine	84166 84166-26	Abnormalities suggesting the presence of a monoclonal protein require follow up confirmation	Immunofixation Electrophoresis	86335 86335-26
Q-Fever Antibody Profile	86638 x 6	If Coxiella burnetii IgG and/or IgM antibodies are detected, then the appropriate titer will be added.	Coxiella.burnetii IgG (Q-Fever) Phase I titer Coxiella burnetii IgG (Q-Fever) Phase II titer Coxiella.burnetii IgM (Q-Fever) Phase I titer Coxiella burnetii IgM (Q-Fever) Phase II titer	86638 per titer
Reticulin Antibody, IgA with Reflex to Titer	86255	If Reticulin Antibody, IgA is 1:5, titer will be reflexed	Reticulin Antibody, IgA titer	86256
RPR	86592	Reactive screens are titered to endpoint	RPR titer	86593
Syphilis Serology	86780	Initially reactive screens require reflex to RPR	Rapid Plasma Reagin (RPR) Reactive RPRs require titer	86592 86593
Rh (D) Immune Globulin, Postpartum	85461 86850 86900 86901	Quantify fetal cells, if required. Positive Antibody Screen requires further testing.	Antibody ID Phenotype Antigen Tests Direct Coombs Test Eluate Kleihauer-Betke	86870 86905 or 86906 86880 86860 85460
Smooth Muscle Autoantibody	86255	Positive results are titered to endpoint	Smooth Muscle Autoantibody Titer	86256
Strep A Antigen, Rapid Screen with Reflex to Culture	87430	Reflexed if rapid antigen is negative	Group A Strep DNA Probe	87651
Striated Muscle Antibody, IgG with Reflex to Titer	86255	If Striated Muscle Antibody is >1:40, titer is reflexed.	Striated Muscle, IgG titer	86256



REFLEX TESTING

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Thrombin Time When part of the following: Thrombotic Risk, Acquired, Antiphospholipid Antibody Thrombotic Risk, Acquired, Lupus	85670	Prolonged results require additional testing to demonstrate the presence of heparin in the sample	Reptilase Time	85635
Thrombotic Risk, Acquired, Antiphospholipid Antibody	86146x2, 86147x2, 85613, 85730	Prolonged results require additional testing to demonstrate the presence of heparin in the sample, differentiate factor deficiencies from circulating inhibitors or to demonstrate the possible presence of a Lupus Anticoagulant (LUA)	dRVVT Confirm, Hexagonal Phase Phospholipid Neutralization, LUA Mixing Study, Reptilase Time, Thrombin Time	85598, 85732, 85635, 85670
Thrombotic Risk, Lupus	85613, 85730	Prolonged results require additional testing to demonstrate the presence of heparin in the sample, differentiate factor deficiencies from circulating inhibitors or to demonstrate the possible presence of a Lupus Anticoagulant (LUA)	dRVVT Confirm, Hexagonal Phase Phospholipid Neutralization, LUA Mixing Study, Reptilase Time, Thrombin Time	85598, 85732, 85635, 85670
Thyroid Function Screen	84443	If TSH is high If TSH is low	T4, Free T4, Free T3, Free	84439 84439 84481
Thyroid Stimulating Hormone with Free T4 Reflex	84443	If TSH is abnormal	T4, Free	84439
Urinalysis with Microscopic and/or Urinalysis without Microscopic	81001 81003	For all children <1 year old an additional test is performed	Reducing Substances	81005
Urinalysis without Microscopic	81003	If positive for protein, blood, leukocytes or nitrite further testing is required	Urinalysis with Microscopic (replacement charge)	81001
VDRL, Cerebrospinal Fluid	86592	Reactive results are titered to endpoint	VDRL Titer	86593

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REFLEX TESTING

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
WBC (White Blood Cell Count) with Automated Differential and/or WBC (White Blood Cell Count) with Manual Differential	85048 85004 85048 85007	For LVH inpatients and non-Medicare outpatients: Given identified criteria, Pathologist will review slide Bacterial/Fungal confirmation performed by microbiology. Parasite confirmation performed by microbiology.	Pathologist Interpretation with Report Gram Stain Blood Parasites	85060 87205 87207



MICROBIOLOGY ID AND SUSCEPTIBILITY CPT CODES

Aerobic isolate, definitive identification, each isolate	87077
Anaerobic isolate, definitive identification, each isolate	87076
Culture, typing, agglutination, each antiserum	87147
Fungi, yeast, definitive identification, each isolate	87106
Fungi, mold, definitive identification, each isolate	87107
Culture, typing, identification by nucleic acid probe, each isolate	87149
Smear, Gram stain	87205
Smear, acid fast	87206
Identification by nucleic acid probe, each isolate	87149
Tissue culture, definitive identification, immunofluorescence, each isolate	87253
Susceptibility study, disk method, per plate	87184
Susceptibility study, enzyme detection	87185
Susceptibility study, microdilution, per plate	87186
Susceptibility study, antibiotic gradient strip, per agent	87181