

Health Network Laboratories®  
Reflex Testing Algorithm

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
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 Crossmatch  Crossmatch (additional units) Unit Antigen Tests EGA Treatment Thermal Amplitude Test	86870 86905 or 86906 86880 86860 86886 86923  86923 each  86903 86970 86850
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
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
BACT 4, PCR, STOOL	87505	If Salmonella or Shigella is detected a culture is setup up for susceptibility testing and send out to state lab	Culture for confirmation of Salmonella/Shigella Susceptibility by KB	87081  87184

Health Network Laboratories®  
Reflex Testing Algorithm

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Bacterial Stool PCR	87505 87507	If Salmonella or Shigella is detected a culture is setup up for susceptibility testing and send out to state lab	Culture for confirmation of Salmonella/Shigella Susceptibility by KB	87081 87184
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
Cell Count, CSF with Differential	89051	Unclassified cells require review by pathologist.	Pathologist Interpretation with Report	88108-26
Chikungunya Antibody Profile	86790 x 2	If the sample screens positive for Chikungunya virus-specific IgG and/or IgM antibodies, titer to endpoint will be reflexed	Chikungunya IgG titer Chikungunya IgM titer	86790 for each titer
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
Comprehensive Stool PCR	87507	If Salmonella or Shigella is detected a culture is setup up for susceptibility testing and send out to state lab	Culture for confirmation of Salmonella/Shigella Susceptibility by KB	87081 87184

Health Network Laboratories®  
Reflex Testing Algorithm

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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
Cryoglobulin, Qualitative, with Reflex to IgA, IgG and IgM and IFE typing	82595	If detected, additional tests performed.	Quantitative IgG, IgM, IgA and IFE typing on the precipitate.	82784 x 3 86334
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

Health Network Laboratories®  
Reflex Testing Algorithm

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

Health Network Laboratories®  
Reflex Testing Algorithm

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

Health Network Laboratories®  
Reflex Testing Algorithm

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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 Salmonella and Shigella	87045	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, Throat, Beta-Hemolytic Streptococci	87081	Identification of beta hemolytic colonies	ID by Agglutination	87147
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®  
Reflex Testing Algorithm

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 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, 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, Wound, 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
Cytopathology, Conventional Pap Smear ThinPrep Plus Imager Pap Test ThinPrep Pap Test	88164, 88141	HPV positive or LSIL	DNA Dtex	88271 x4 88275 x3 88291
Dilute Russell's Viper Venom Time (DRVVT)	85613	Positive screen results require confirmation	DRVVT Confirmation	85613
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

Health Network Laboratories®  
Reflex Testing Algorithm

Initial Test	CPT Code(s)	Reason for Reflex	Reflex/Confirmatory Test(s)	CPT Code(s)
Compliance Drug Monitoring, Oral Fluid	80307	If screening results are positive or a negative screen obtained for drugs prescribed in medication history, confirmation testing is performed by and alternate method	Identification and quantitation by LC/MS/MS	Any one or more of the following: 80325 80345 80346 80349 80353 80356 80358 80361 80365 80367 83992
Drug Screen 10 with confirmation, urine	80307	If screening results are positive, confirmation testing is performed by an alternate methodology	Identification and Quantitation by LCMSMS	Any one or more of the following  80325 80345 80346 80349 80353 80356 80358 80361 80365 80367 83992
Drug Screen 9 with confirmation, urine	80307	If screening results are positive, confirmation testing is performed by an alternate methodology	Identification and Quantitation by LCMSMS	Any one or more of the following  8032580345 80346 80349 80353 80356 80358 80361 80365 80367 83992



Health Network Laboratories®  
Reflex Testing Algorithm

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Drug Screen 5 with confirmation, urine	80307	If screening results are positive, confirmation testing is performed by an alternate methodology	Identification and Quantitation by LCMSMS	Any one or more of the following  80325 80345 80346 80349 80353 80356 80358 80361 80365 80367 83992
Drug Screen 7 with confirmation, urine	80307	If screening results are positive, confirmation testing is performed by an alternate methodology	Identification and Quantitation by LCMSMS	Any one or more of the following  80325 80345 80346 80349 80353 80356 80358 80361 80365 80367 83992
Pain Management Basic Profile, Urine	80307	If screening results are positive or a negative screen obtained for drugs prescribed in medication history, confirmation testing is performed by and alternate method	Identification and quantitation by LC/MS/MS	Any one or more of the following: 80325 80345 80346 80349 80353 80356 80358 80361 80365 80367 83992

Health Network Laboratories®  
Reflex Testing Algorithm

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Drug Screen, Meconium	80301	If screening results on meconium are positive, confirmation/quantitation testing will be reflexed	Confirmation/Quantitation by GC-MS and/or LC-MS/MS	Any one or more of the following: 80349 80353 80364 83992 80326 80345 80358 80347 80365 80367
EGFR Mutation Analysis	81235	If EGFR Mutation is NOT detected, test will reflex to ALK and ROS FISH testing	ALK and  ROS FISH testing	88271x2, 88274, 88271 x2, 88274
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 HA1 <sub>c</sub> result cannot be obtained and testing must be performed by an alternate method.	Hemoglobin A1 <sub>c</sub> , 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  Abnormal hemoblogins that cannot be confirmed using citrate agar are sent to reference laboratory for further evaluation.	Citrate Agar Acid Electrophoresis  Hemoglobin Cascade	83020  83020, 83021, 85660
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

Health Network Laboratories®  
Reflex Testing Algorithm

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<p>Hepatitis B Surface Antigen (HBsAg)</p> <p>For single orders and as part of the following:</p> <ul style="list-style-type: none"> <li>-Exposure Profile, Employee</li> <li>-Exposure Profile, Source Patient</li> <li>-Exposure Package (outside accounts only)</li> <li>-Hepatitis B Profile</li> <li>-Hepatitis Panel, Acute</li> <li>-Hepatitis Profile, Comprehensive</li> <li>-Obstetric Panel</li> <li>-Obstetric Profile with Urinalysis</li> </ul>	87340	Positive EIA screen results require confirmation	Hepatitis B Surface Antigen Neutralization Confirmation	87341
<p>Hepatitis C (HCV) Antibody, EIA Screen</p> <p>When part of the following:</p> <ul style="list-style-type: none"> <li>-Exposure Profile, Employee</li> <li>-Exposure Profile, Source Patient</li> <li>-Exposure Package (outside accounts only)</li> <li>-Hepatitis C Antibody Profile</li> <li>-Hepatitis Panel, Acute</li> <li>-Hepatitis Profile, Comprehensive</li> </ul>	86803	Equivocal or Positive EIA screen results require confirmation per CDC guidelines	HCV RNA quantitation by PCR	87522
Hepatitis C Genotyping (HCV1A)	87902	NS5A polymorphisms are associated with resistance to NS5A inhibitor therapy in patients with Hepatitis C virus (HCV) Genotype 1a. Patients shown to be infected with HCV Genotype 1a should be tested for NS5A Drug Resistance.	NS5A	87900, 87902
Herpesvirus-6 IgM Antibody	86790	If HHV6 IgM antibody is detected at 1:10, a titer will be reflexed.	Herpesvirus 6 IgM titer	86790

Health Network Laboratories®  
Reflex Testing Algorithm

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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	Reactive Rapid HIV-1 & 2 Antibody Screen  or Reactive HIV 1/2 Antigen/Antibody Screen results require confirmation	HIV1/2 differentiation  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
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 B. <i>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
NMDA Receptor Ab, CSF	83255	If NMDA receptor antibody IgG, CSF is positive, then an NMDA CSF antibody IgG titer will be reflexed.	NMDA CSF antibody IgG titer	86256
Mitochondrial Autoantibody	86255	Positive results are titered to endpoint	Mitochondrial Autoantibody Titer	86256

Health Network Laboratories®  
Reflex Testing Algorithm

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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 x 2
Myocardial Ab, IgG	86255	If myocardial Ab is 1:20, a titer will be reflexed	Myocardial Antibody, IgG titer	86256
NRAS, KRAS Mutation Analysis	81275 81276 81311	If NRAS or KRAS Mutation is NOT detected, test will reflex to BRAF Mutation Analysis	BRAF Mutation Analysis	81210
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
Partial Thromboplastin Time (PTT), Lupus Sensitive  When part of the following: Thrombotic Risk, Acquired, Thrombotic Risk, Lupus Anticoagulant	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  Thrombin Time	87532  85598  85670
Platelet Aggregation	85576 x 4	Abnormal results require additional testing to rule out drug effects	Arachadonic Acid Aggregation	85576

Health Network Laboratories®  
Reflex Testing Algorithm

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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
Protein Electrophoresis, Urine	84166 84166-26	Abnormalities suggesting the presence of a monoclonal protein require follow up confirmation	Immunofixation Electrophoresis Total protein	86335 86335-26 84156
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

Health Network Laboratories®  
Reflex Testing Algorithm

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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 and must be confirmed with treponemal specific serology	RPR titer Syphilis Serology	86593 86780
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 detected, titer is reflexed.	Striated Muscle, IgG titer	86256
Thrombin Time  When part of the following: Thrombotic Risk, Acquired, Thrombotic Risk, Lupus Anticoagulant PT Reflex Mixing Study PTT Reflex Mixing Study	85670	Prolonged results require additional testing to demonstrate the presence of heparin in the sample	Reptilase Time	85635

Health Network Laboratories®  
Reflex Testing Algorithm

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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, 85613, 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, 85613, 85732, 85635, 85670
Thyroglobulin PRF (THGLB)	86800	ATGAB < 40 ATGAB > 39	THYG REFTG	84432 84432
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
Toxoplasma IgM  Ordered alone or as part of TOXP or TORCM	86778	If positive, reflexed to second method for confirmation	Toxoplasma IgM	86778
Urinalysis with Microscopic and/or Urinalysis without Microscopic	81001  81003	For all children <1 years 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
Viral Culture Non-Respiratory	82752	If a virus is isolated, identification is added	Virus identification	87253
VDRL, Cerebrospinal Fluid	86592	Reactive results are titered to endpoint	VDRL Titer	86593



Health Network Laboratories®  
Reflex Testing Algorithm

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