Scripps

TITLE: REFLEX TEST PROTOCOLS

IDENTIFIER: S-LAB-PC-10050

APPROVED: LABORATORY DIRECTOR
ORIGINAL FORMULATION: 10/01/99

REVISED: 11/2024
REVIEWED: see respective review log

EFFECTIVE DATE RECORDED IN MEDIALAB:

☒ **Acute Care:**	**ENC:** ✓	**GH:** ✓		
	LJ: ✓	**MER:** ✓		
☐ **Home Health:**				
☐ **SHAS:**				
☒ **SMF:**	**SC:**	**SCMC:**		
	CSC:	**SML:** ✓		

KEYWORDS: reflex

I. PURPOSE

A. To ensure that physicians and Scripps laboratory personnel know which tests are reflexed, what criteria triggers the reflex test, and how the additional tests will be billed to payers.

B. To provide compliance guidance in creating reflex tests for the laboratory

II. POLICY

A. Standardized reflex tests are defined as tests that generate an order, performance, and billing for additional testing without a specific physician order when specific criteria are satisfied. The additional test is used to further identify significant diagnostic information required for appropriate patient care that indicates the medical necessity of performing the additional testing. Reflex tests are mandatory (legal requirement - confirmatory tests for HIV), generally accepted medical practice (antibiotic sensitivities to cultured organisms), or those that make sense for optimum patient care.

B. Scripps laboratories are dedicated to providing the most reliable laboratory testing information possible. Therefore, with the approval of the Medical Executive Committee (MEC) at each hospital, specific tests have been identified which are followed up with additional testing. If the initial test result is abnormal, additional tests are performed and charged to clarify or verify the initial test result. These tests are listed in the attached table. The objective is to assure that information reaching the clinical staff can be acted upon expeditiously and with confidence.

C. The criteria that trigger additional testing are predetermined, based on medical information, to meet patient needs. Criteria for testing performed at Scripps laboratories are developed in consultation with the Laboratory Medical Director(s) and are performed when all three of the following conditions are met.

1. An initial test (listed in the attached table) is ordered by a person authorized to order laboratory tests
2. The initial test result meets the criteria listed in the attached table for triggering a reflex
3. Tests are reviewed by the Medical Executive Committee (MEC) of each Scripps facility indicating that physicians consider the reflex tests medically necessary even though they are not specifically ordered.

D. The Laboratory Compliance Committee reviews any revisions to this policy.

E. The referral laboratory determines the criteria for reflex testing when testing is referred to an outside laboratory for analysis.

F. Reflex tests incur additional charges based on the tests performed. Laboratory Revenue Cycle Analysts review and revise chargemasters and related order entry master files in the electronic medical record (EMR) and dictionaries to ensure billing is accurate and appropriate. The EMR has the ability to define reflex tests so that duplicate tests are not billed, and comprehensive coding occurs. Reflex tests are ordered by one of the following methods:

1. The EMR is programmed according to the criteria described in the attached table and automatically orders the additional test(s).
2. Licensed testing personnel or pathologist orders the additional testing according to testing algorithms described in the attached table.
3. The results are reported with verbiage indicating that the provider must call the laboratory if additional testing is indicated or enters an order for additional testing in Epic.

G. This policy and attached table are reviewed annually at the Systemwide Manager's Meeting and revised as appropriate by laboratory leadership and medical directors. If there are revisions, it is then submitted for Scripps Medical Staff review during the MEC review process. Specific documentation is written in the Committee minutes and is available to each laboratory site. Reflex testing performed by Scripps laboratories that is identified after the annual review, is reviewed separately in the interim by the MEC and recorded in the meeting minutes.

H. Laboratory personnel identify tests that may be reflexed and perform reflex testing only as approved in the annual or interim MEC meeting minutes.

1. The assigned personnel complete a request using form 95350a_Epic Beaker Change Requests, Reports & Projects
2. The request is stored in S:\LIS Change forms systemwide and routed to the approvers, which include the Lab Compliance Officer and Lab Revenue Cycle Analyst.

I. All laboratory personnel responsible for ordering, testing, charging, or billing laboratory services are trained regarding this policy.

J. Laboratory and standing order requisitions and electronic test order systems that include laboratory reflex tests have the tests described and listed in a manner that the physician has a choice to decline or not chose the reflex test.

1. On the Laboratory Service Request (LSR) form, a space is provided for the physician to write the name of the declined reflex test.
2. In Epic, if a physician wants to order the initial test without the reflex test, comments to opt out may be added using the Epic MD Ambulatory Screen.
   a. Select order
   b. Open order to select details
   c. Click Comments to add a free-text comment to opt out of the reflex testing

III. REFERENCES

A. Compliance Program Guideline for Clinical Laboratories, Department of Health and Human Services, Office of the Inspector General (OIG), section II.A.3.e. August 1998

B. S-FW-LD-1003 Scripps Compliance Program

C. S-LAB-PI-14000 Quality Management System

IV. REVIEW/UPDATE

Policy/Procedure Development		
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Approvals/Reviews		
Committee/Department:	Chair Name /Title:	Date:
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Medical Executive Committee La Jolla	Recorded in minutes	
Medical Executive Committee Green Hospital	Recorded in minutes	
Medical Executive Committee Mercy Hospital (SD & CV)	Recorded in minutes	
Medical Executive Committee Encinitas	Recorded in minutes	

Legend (first column):
A = automatic reflex encoded in the LIS
M = manual reflex, tech will order reflex test in Epic
C = Call lab to put order in Epic (no further reflexing, provider calls the lab)

	TEST	CPT for Initial Test	Criteria	Additional Test(s)	CPT for Additional Test(s)
M	Acid-fast Bacilli Smear	87206	1st Positive AFB smear only (appropriate specimens)	TB Complex DNA by PCR (direct test)	87556
A / M	Antibody Screen, RBC Wellsky Transfusion system will reflex Ab ID CLS will order additional tests as needed.	86850	Positive screen	Antibody Identification, Antigen test (recipient), Antigen test (donor), Cold Ab Panel, Prewarm ABS, Prewarm xmatch, Saline ABS, and/or Saline xmatch Additional titer test on prenatal specimens	86870, 86905, 86903, 86870, 86850, 86922, 86850, 86921 and/or 86920 86886
A	Anti-nuclear Ab by EIA	86038	ANA screen positive	Anti-nuclear Ab titer by IFA	86039
A	Body Fluid Smear Review	89051	Pathologist identifies atypical cells on a body fluid cytospin slide review	Cytology, Non-GYN	88112
M	Body Fluid Smear Review	89051	CLS identifies bacteria or a microorganism on a cytospin slide	Wound Fluid Culture (WFC)	87070 and 87205
M	CBC Differential	85025	Presence of unusual or abnormal cells	Peripheral smear interpretation by pathologist	85060
M	CBC Differential	85025	CLS identifies bacteria or a microorganism on a peripheral blood smear		
A	Clostridium Difficile Antigen & Toxin Screen	87324 87449	Indeterminate Screen	C. Difficile Toxin B Gene by PCR	87798
M	Cultures, bacteria (any source) CLS adds ID & Susceptibility	87040, 87045, 87046, 87070, 87071,87073, 87075, 87081, 87086, 87088, 87102, 87103, or 87116	Any pathogenic organism detected	Identification and Sensitivity for each organism including serological and nucleic probe typing and quantification where appropriate.	87076, 87077, 87106, 87107, 87118, 87147, 87149, 87176, 87181, 87184, 87185, 87186, and/or 87190 (per drug)
M	Cytology, Non-GYN	88112	BAL or bronch wash source to exclude fungal infection	Pathology department performs Grocott-Gomori's Methenamine Silver (GMS) special stain	88312
A / M	Direct Coombs Test HCLL reflexes IgG,C3, CLS will order additional tests as needed.	86880	Positive Screen	IgG Direct Coombs, C3d Direct Coombs, Ab Elution, and Ab Identification	86880 and 86860 and 86870
M	Enteric Bacterial Pathogens PCR	87505	If Shigella is detected If Shiga toxin gene is detected If Salmonella is detected	Antimicrobial susceptibility Single organism screen Single organism screen	MIC 87186 KB 87184 87081 87081
M	Fetal Maternal Screen (part of RhoGAM workup)	86905	Positive result Baby is weak D positive	Fetal Cell Stain	85460
A	Fentanyl, urine	80306	Positive Fentanyl Screen	Fentanyl, Urine by LCMS	80307
A	Heparin induced platelet antibody (HIT) rapid test	86022	Positive result	Serotonin Reflex Assay (sendout to ARUP Laboratories)	86022

	TEST	CPT for Initial Test	Criteria	Additional Test(s)	CPT for Additional Test(s)
A	Hepatitis B Surface Antigen	87340	Repeatedly positive screen	Hepatitis B Surface Antigen Neutralization confirmation	87340
A	Hepatitis C Antibody	86803	Reactive or Equivocal Hepatitis C Antibody result	Hepatitis C RNA, Quantitative, PCR	87522
C	HIV 1 & 2 Antibody Differentiation Immunoassay	86701-92 and 86702-92, or G0432	HIV-1 negative or indeterminate, and HIV-2 negative	HIV 1 DNA/RNA by PCR, qualitative	87535
A	HIV Ag/Ab Immunoassay Screen	87389	Positive screen	HIV 1 & 2 Antibody Differentiation Immunoassay	86701-92 and 86702-92, or G0432
A	Lactic Acid	83605	Lactic Acid >2.0 mmol/L	Repeat Lactic Acid after 2 hours	83605
A	Lipid Panel w/ Reflex	80061	Triglycerides > 400 mg / dL	LDL-direct	83721
A	Lyme (B. burdorgeri) Ab	86618	Positive or equivocal result	B. burdorgeri confirmation by Western Blot	86617 x 2
A	Blood Parasites Screen	87207	Blood parasite detected	Interpretation and speciation when possible	87207-26
M	CBC with manual differential	85025	"Blood parasites seen" reported on the RBC Morphology on a CBC smear	Blood Parasites Screen	87207
A	Platelet Count (individual test order only)	85049	Platelet count is <75k/mcl	Platelet, Immature Fraction (Fluorescent platelet count)	85055
A	Platelet Function Assay	85576	Closure time–EPI >170 seconds	Closure Time – ADP and Interpretation	85576
M	Protein Electrophoresis (serum or urine) Reflexes the charges if Immunofix component was done (answered Y in Epic)	84165 84166	Abnormal scan	Immunofixation serum Immunofixation urine	86334 86335
M	RBC Rh Type Part of the data entry for CLS to do weak D testing if applicable– see P&P 50500	86905	Rh negative mother/baby	Rh Du subtype	86905
C	Referred tests	Available upon request	As defined by the reference laboratory	As defined by the reference laboratory	Available upon request
A	RPR (serum) ordered without a Syphilis treponemal screen	86592	Reactive result	RPR Titer and Treponemal Ab by EIA screen	86593 and 86780
A	RPR (serum) reflexed from a positive or equivocal Syphilis treponemal screen	86592	Non-reactive results Reactive results	Treponemal Ab by MHA (sendout to ARUP) RPR titer only	86780 86593
A	Smith & RNP Ab ENA Screen by EIA	86235	Any positive result	RNP Ab, IgG and Anti-Smith Ab	86235
M	Strep B by PCR	87653	Any positive from a patient allergic to penicillin	Drug sensitivity test by MIC	87186
A	Syphilis Screen treponemal method	86780	Any positive or equivocal result	RPR	86592
M	Tissue or Cytological Examination by Pathologist	Any of 88300-88309 and/or any of 88104-88175	Abnormal pathologic findings	Immunohistochemistry, Cytometric Flow Studies, Electron Microscopy, Immunofluorescence, Outside Consultation, Special Stains, Cytogenetics, Molecular Studies	Any of 88230-88299 and/or any of 88311-88399 and/or

	TEST	CPT for Initial Test	Criteria	Additional Test(s)	CPT for Additional Test(s)
					any of 88182-88199 and/or any of 81200-81479
A	Urinalysis screen	81003	Positive dipstick for nitrite, leukocyte esterase, blood, protein, or glucose & ketone	Sediment examination by microscopy	81001 rather than 81003
A	Urinalysis, culture if indicated (URC) Urinalysis with microscopic, culture if indicated (URMC)	81001 81015	Small or above for leukocyte esterase, positive nitrite, 10-20 WBC/HPF or greater	Urine Culture	87077, 87088 and/or 87186
M	Wound Culture	87070 and 87205	Any pure culture of S. aureus from a hospital inpatient wound culture	Penicillin binding protein	87147