The Centers for Medicare and Medicaid Services (CMS) will reimburse only for tests that meet the Medicare coverage criteria and are reasonable and necessary to treat or diagnose an individual patient. Tests ordered, including components of organ and disease related panels, will be billed and paid when all components are medically necessary per CMS criteria. The United States Department of Health & Human Services, Office of Inspector General, takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal and administrative law.

A valid order must document the diagnosis and/or symptoms that support the clinical reason for the diagnostic test. This can include the ICD code, but must include the narrative diagnosis. Failure to provide proper documentation on the requisition form may result in the denial of claims. Medicare Coverage Database (MCD), which includes National Coverage Determinations (NCD) and Local Coverage Determinations (LCD) can be accessed at [http://www.cms.hhs.gov/mcd/overview.asp](http://www.cms.hhs.gov/mcd/overview.asp)

The following information is intended to inform the Medical Staff of routine practices in the Department of Pathology and Laboratory Medicine based on physician orders for laboratory testing. The tables document the following:

- Test orders that require multiple subparts for completion (for example, an order for IgG subclasses by definition converts into an order for quantitation of IgG 1; IgG 2; IgG 3; and IgG 4 with the appropriate charge for each subclass of IgG).

- Tests that require multiple additional tests to be performed to achieve the ordered results (for example, urine drug screen consists of individual tests for benzodiazepines; cocaine; amphetamine; cannabinoids; opiates; and barbiturates).

- Tests results which indicate additional testing is required (for example, an order for a urine culture may result in the identification of one or more organisms with susceptibilities as indicated).

Additional information may also be obtained from the THFW homepage select "THFW Lab Test Catalog".

The attached document is divided into the following sections:

I. **Multiple Component Tests**
   
   This section delineates tests that contain multiple component tests as determined by a single order in that one test ordered by the physician results in the performance of multiple tests with associated codes and charges.
   1. Tests Referred to Outside Laboratories (pages 3-11)
   2. Microbiology (page 12)
   3. Immunology (page 13)
   4. AMA’s Organ or Disease Specific Panels (pages 14-15)
   5. Chemistry (pages 16)
   6. Hematology (page 17)
   7. Coagulation (pages 18)
   8. Transfusion Services (page 19)
II. Reflex, Confirmatory and/or Accepted Clinical Practice Testing

This section delineates tests that may be added to the original order based on initial laboratory findings without an additional physician order.
1. Microbiology (pages 25-27)
2. Chemistry (pages 28)
3. Hematology (page 29)
4. Transfusion Services (pages 30-32)
5. Anatomical Pathology (page 33)
## Section I. Multiple Component Tests

The following section delineates tests that contain multiple component tests as determined by a single order; that is, one test order by the physician results in multiple tests being performed with associated codes/charges.

### Tests Referred to Outside Laboratories (Multiple Component Tests)

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Tests Referred

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<td>Ova and Parasite</td>
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<td>Q-Fever Antibodies</td>
<td>Q-Fever Antibody Phase I</td>
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<td>Q-Fever Antibody Phase II</td>
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<td>RMSF Antibody, IgG</td>
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<td>Rubella Antibodies, IgM</td>
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<td>Rubeola Antibodies</td>
<td>Rubeola Antibody, IgG</td>
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<td>Rubeola Antibody, IgM</td>
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<td>Saccharomyces cerevisiae Antibodies, IgA</td>
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<td>Testosterone, Free &amp; Total Female Child (Includes SHBG)</td>
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<td>Torch Rubella, IgG</td>
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<td>Torch CMV, IgG</td>
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<td>Torch HSV I/II IgG</td>
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<td>V. Zoster IgG</td>
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<td>V. Zoster IgM</td>
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<td>VMA &amp; HVA; urine</td>
<td>VMA - Vanillylmandelic acid</td>
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<td>HVA - Homovanillic acid</td>
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<td>West Nile Virus Abs, IgG &amp; IgM by ELISA, Serum</td>
<td>West Nile Virus Antibodies, IgG</td>
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<td>West Nile Virus Antibodies, IgM</td>
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<td>West Nile Virus Abs, IgG &amp; IgM by ELISA, CSF</td>
<td>West Nile Virus Antibodies, IgG, CSF</td>
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<td>West Nile Virus Antibodies, IgM, CSF</td>
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<td>Anti-Nuclear Antibody (ANA)</td>
<td>If negative, charge for (ANA) Antinuclear Antibody (86038).</td>
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<td>If positive, reflex to (ANA) Antinuclear Antibody; titer (86039).</td>
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<tr>
<td>Celiac Disease Panel</td>
<td>82784 IgA; if &lt; 7 mg/dL, add 83516 tTG IgG; if negative and patient is &lt; 3 years of age, add 83516 x2 Gliadin IgG &amp; IgA. If IgA is &gt; 7, add 83516 tTG IgA; if negative and patient is &lt; 3 years of age, add 83516 x2 Gliadin IgG &amp; IgA</td>
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<td>Cocaine &amp; Benzoylecgonine</td>
<td>If negative, charge for single drug class method, each drug class (80101).</td>
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<tr>
<td></td>
<td>If positive, reflex to drug confirmation, each procedure (80102).</td>
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<td>Drug Screen, Meconium</td>
<td>80101 x9 Screen; if positive add appropriate CPT Code for drug confirmed: 82542 Marijuana; 82520 Cocaine; 83925 Opiates; 83992 Phencyclidine; 82145 Amphetamines; 82205 Barbituates; 83840 Methadone; 80154 Benzodiazepines; 83925 Propoxyphene</td>
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<tr>
<td>Test Ordered</td>
<td>Component Parts</td>
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<tr>
<td>Endomysial Antibody</td>
<td>If negative, bill for immunoassay for analyte other than infectious antibody or infectious agent antigen, qualitative or semiquantitative; multiple step method (83516). If positive, reflex to fluorescent noninfectious agent antibody; screen, each antibody (86256).</td>
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<tr>
<td>Test Ordered</td>
<td>Component Parts</td>
<td>CPT</td>
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<td>Factor VIII Activity with Reflex to Bethesda Quantitative, Factor VIII</td>
<td>85240 Factor VIII; if reflexed, add 85335 Bethesda Quantitative</td>
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<td>Factor IX Activity with Reflex to Bethesda Quantitative, Factor IX</td>
<td>85250; if reflexed, add 85335 Bethesda quantitative</td>
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<td>Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility</td>
<td>Hemoglobin fractionation and quantitation; chromatography (83021).</td>
<td>83021 Chromatography; 83020 Electrophoresis and/or 85660 Sickling of RBC, reduction</td>
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<td>Heterophile Antibody by Latex Agglutination with Reflex to Titer</td>
<td>86308 Heterophile antibody; if reflexed, add 86309 Heterophile titer</td>
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<td>Human Immunodeficiency Virus 1,2 Combined Antibodies with Reflex to HIV-1 Confirmation by Western Blot</td>
<td>86703 HIV-1, 2; if reflexed, add 86689 HIV-1 confirmation</td>
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<td>Human Immunodeficiency Virus 2 Antibody, with Reflex to Confirmation</td>
<td>86702 HIV2; if reflexed add 86689 HIV IFA</td>
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<td>HTLV-1/2 Antibody</td>
<td>If negative, charge antibody; virus, not elsewhere specified (86790). If reactive, reflex to HTLV or HIV antibody, confirmatory test (eg, Western Blot) (86689).</td>
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<td>Human Immunodeficiency Virus (HIV) Phenotype Comprehensive</td>
<td>87903 first ten drugs; 87904 x1 each additional drug</td>
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<td>Methaqualone</td>
<td>If negative, charge drug screen, qualitative; single drug class method (eg, immunoassay, enzyme assay), each drug class (80101). If positive, reflex to column chromatography/mass spectrometry; quantitative, single stationary and mobile phase (82542).</td>
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<tr>
<td>LSD, Serum or Plasma</td>
<td>80101 Drug screen; 83789 if confirmed</td>
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<tr>
<td>LSD, Urine</td>
<td>80101 Drug screen; 82542 if confirmed</td>
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<tr>
<td>Myocardial Antibody</td>
<td>If negative, charge fluorescent noninfectious agent antibody screen, each antibody (86255). If positive, reflex to fluorescent noninfectious agent antibody titer, each antibody (86256).</td>
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<tr>
<td>Neutrophil cytoplasm Antibody {ANCA}; IgG</td>
<td>If negative, charge fluorescent noninfectious agent antibody screen, each antibody (86255). If positive, reflex to fluorescent noninfectious agent antibody titer, each antibody (86256).</td>
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<tr>
<td>Test Ordered</td>
<td>Component Parts</td>
<td>CPT</td>
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<tr>
<td>Neuronal Nuclear Antibody (ANNA) IgG by IFA with Reflex to Titer &amp; Immunoblot</td>
<td>86255 ANNA; if reflexed, add 86256 ANNA titer and 83516 Immunoblot</td>
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<tr>
<td>Purkinje Cell Cytoplasmic Antibody by IFA with Reflex to Titer &amp; Immunoblot</td>
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<td>86255; if reflexed, add 86256 Titer; 83516 Immunoblot</td>
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<tr>
<td>Reptilase Time with Reflex to Reptilase Time 1:1 Mix</td>
<td>85635 Reptilase time; if reflexed add 85635 Reptilase time 1:1 mix</td>
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<tr>
<td>F-Actin (Smooth Muscle) Antibody, IgG by ELISA with Reflex to Smooth Muscle Antibody, IgG Titer</td>
<td>83516 Actin IgG; if reflexed, add 86256 ASMR Titer</td>
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<tr>
<td>Striated Muscle Antibody, IgG with Reflex to Titer</td>
<td>86255 Striated muscle; if reflexed, add 86256 Striated muscle titer</td>
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<tr>
<td>VDRL, CSF</td>
<td>If non-reactive, charge for Treponema pallidum screen; (86592).</td>
<td>If reactive, reflex to Treponema pallidum titer (86593).</td>
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</table>
### Section I: Multiple Component Tests Microbiology

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

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<tr>
<th>Test Ordered</th>
<th>Component Parts</th>
<th>CPT</th>
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<tbody>
<tr>
<td>Typing, Salmonella</td>
<td>Salmonella, Method A</td>
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<td>Salmonella, Method B</td>
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<td>Salmonella, Method C</td>
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<td>Salmonella, Method D</td>
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<td>Salmonella, Method E</td>
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<td>Salmonella, Method G</td>
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<tr>
<td>Typing, Shigella</td>
<td>Shigella, Method A</td>
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<tr>
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<td>Shigella, Method B</td>
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<td>Shigella, Method C</td>
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<td>Shigella, Method D</td>
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<td>Shigella, Method A-D</td>
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<td>Typing, Streptococcus</td>
<td>Typing, Strep Group A</td>
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<td>Typing, Strep Group B</td>
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<td>Typing, Strep Group C</td>
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<td>Typing, Strep Group F</td>
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<td>Typing, Strep Group G</td>
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### Section I. Multiple Component Tests Immunology

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

<table>
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<tr>
<th>Test that may be added on to order based on result</th>
<th>CPT</th>
<th>Reflex Test</th>
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<td>Treponemal IgG - Reflex to RPR Titer</td>
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<td>Titer 330023033</td>
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<tr>
<td>Cryptococcal Antigen - Reflex to Titer</td>
<td>86403</td>
<td>Titer 330058112</td>
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<tr>
<td>Cryptococcal Antigen CSF - Reflex to Titer</td>
<td>86403</td>
<td>Titer 330057382</td>
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</table>
**Section I. Multiple Component Tests**
The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

**AMA Organ Panels**
Tests may be ordered individually based on Medical Necessity.

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<tr>
<th>Panel Ordered</th>
<th>CPT for Panel</th>
<th>Component Parts</th>
<th>CPT for individual test</th>
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<td>Acute Hepatitis Panel</td>
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<td>Hepatitis B Surface Antigen (HBsAg)</td>
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<td>Hepatitis B Core Antibody (HBcAb), IgM Antibody</td>
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<td>Hepatitis C Antibody</td>
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<tr>
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<td>Hepatitis A Antibody (HAAb), IgM Antibody</td>
<td>86709</td>
</tr>
<tr>
<td>Basic Metabolic Panel (BMP)</td>
<td>80048</td>
<td>Glucose</td>
<td>82947</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Blood Urea Nitrogen</td>
<td>84520</td>
</tr>
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<td></td>
<td></td>
<td>Creatinine</td>
<td>82565</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sodium</td>
<td>84295</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potassium</td>
<td>84132</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Chloride</td>
<td>82435</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carbon Dioxide (CO2)</td>
<td>82374</td>
</tr>
<tr>
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<td>Calcium</td>
<td>82310</td>
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<td>Comprehensive Metabolic Panel (CMP)</td>
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<td>Glucose</td>
<td>82947</td>
</tr>
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<td>Creatinine</td>
<td>82565</td>
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<td>Potassium</td>
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<td>Chloride</td>
<td>82435</td>
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<tr>
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<td></td>
<td>Carbon Dioxide (CO2)</td>
<td>82374</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Calcium</td>
<td>82310</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Total Protein</td>
<td>84155</td>
</tr>
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<td></td>
<td></td>
<td>Albumin</td>
<td>82040</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Alkaline Phosphatase</td>
<td>84075</td>
</tr>
<tr>
<td></td>
<td></td>
<td>AST (SGOT)</td>
<td>84450</td>
</tr>
<tr>
<td></td>
<td></td>
<td>ALT (SGPT)</td>
<td>84460</td>
</tr>
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<td>Bilirubin, Total</td>
<td>82247</td>
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<tr>
<td>Panel Ordered</td>
<td>CPT for Panel</td>
<td>Component Parts</td>
<td>CPT for individual test</td>
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<td>-------------------------------</td>
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<td>Potassium</td>
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<td></td>
<td></td>
<td>Chloride</td>
<td>82435</td>
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<td></td>
<td>Carbon Dioxide (CO2)</td>
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<td>Lipid Panel</td>
<td>80061</td>
<td>Cholesterol</td>
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<td>Lipoprotein, HDL Direct</td>
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<td>Triglycerides</td>
<td>84478</td>
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<td>Liver Panel (Hepatic Function)</td>
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<td>ALT (SGPT)</td>
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<td>Albumin</td>
<td>82040</td>
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<td></td>
<td>Alkaline Phosphatase</td>
<td>84075</td>
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<td>AST (SGOT)</td>
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<td>Bilirubin, Direct</td>
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<td>Bilirubin, Total</td>
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</tr>
<tr>
<td></td>
<td></td>
<td>Total Protein</td>
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<td></td>
<td></td>
<td>Blood Urea Nitrogen</td>
<td>84520</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Creatinine</td>
<td>82565</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sodium</td>
<td>84295</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Potassium</td>
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<td></td>
<td></td>
<td>Chloride</td>
<td>82435</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Carbon Dioxide (CO2)</td>
<td>82374</td>
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<td></td>
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<td>Calcium</td>
<td>82310</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Albumin</td>
<td>82040</td>
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<tr>
<td></td>
<td></td>
<td>Phosphorus</td>
<td>84100</td>
</tr>
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</table>
## Section I. Multiple Component Tests

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

### Chemistry: Tests (Multiple Component Tests)

<table>
<thead>
<tr>
<th>Test Ordered</th>
<th>Component Parts</th>
<th>CPT</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bilirubin, Fractions (HML test name: Bilirubin, Total &amp; Direct)</td>
<td>Bilirubin, Total</td>
<td>82247</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bilirubin, Direct</td>
<td>82248</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Bilirubin, Indirect</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Drug Screen, Urine</td>
<td>Benzodiazepines</td>
<td>G0480</td>
<td>One charge for panel. Limit one per day. Can be ordered individually.</td>
</tr>
<tr>
<td></td>
<td>Cocaine Metabolite</td>
<td>G0480</td>
<td>Can be ordered individually.</td>
</tr>
<tr>
<td></td>
<td>Amphetamine/Methamphetamine</td>
<td>G0480</td>
<td>Can be ordered individually.</td>
</tr>
<tr>
<td></td>
<td>Cannabinoids</td>
<td>G0480</td>
<td>Can be ordered individually.</td>
</tr>
<tr>
<td></td>
<td>Opiates</td>
<td>G0480</td>
<td>Can be ordered individually.</td>
</tr>
<tr>
<td></td>
<td>Barbiturates</td>
<td>G0480</td>
<td>Can be ordered individually.</td>
</tr>
<tr>
<td>Glucose Tolerance, 2 hour</td>
<td>Fasting glucose</td>
<td>82951</td>
<td>Glucose + 3 specimens</td>
</tr>
<tr>
<td></td>
<td>1 hour glucose</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 hour glucose</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Gestational Glucose Tolerance, 3 hour</td>
<td>Fasting glucose</td>
<td>82951</td>
<td>Glucose + 3 specimens</td>
</tr>
<tr>
<td></td>
<td>1 hour glucose</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2 hour glucose</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>3 hour glucose</td>
<td>82952</td>
<td>Additional glucose specimen</td>
</tr>
<tr>
<td>ACTH Stimulation Panel</td>
<td>Cortisol 0, 30 and 60 minutes</td>
<td>82533</td>
<td>two or more cortisols</td>
</tr>
</tbody>
</table>
Section I. Multiple Component Tests

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

<table>
<thead>
<tr>
<th>Test Ordered</th>
<th>Component Parts</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBC with Manual Diff</td>
<td>Hemogram W/PLTS</td>
<td>85027</td>
</tr>
<tr>
<td></td>
<td>Manual Differential</td>
<td>85007</td>
</tr>
<tr>
<td>CBC with Automated Diff</td>
<td>Hemogram W/PLTS</td>
<td>85025</td>
</tr>
<tr>
<td></td>
<td>Auto Diff HAR</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Reflex Manual Diff</td>
<td>NA</td>
</tr>
<tr>
<td></td>
<td>Reflex Smear Review</td>
<td>NA</td>
</tr>
</tbody>
</table>
**Section I. Multiple Component Tests Coagulation**

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

<table>
<thead>
<tr>
<th>Test Ordered</th>
<th>Component Parts</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>DRVVT</td>
<td>DRVVT</td>
<td>85613</td>
</tr>
<tr>
<td></td>
<td>DRVVT 1:1 mix</td>
<td>85613</td>
</tr>
<tr>
<td></td>
<td>DRVVT ratio</td>
<td>85613</td>
</tr>
<tr>
<td>Lupus/Mixing Study Heparin XA and</td>
<td>Lupus/Mix Study</td>
<td>NA</td>
</tr>
<tr>
<td>Thrombin Time may be performed</td>
<td>PT</td>
<td>85610</td>
</tr>
<tr>
<td>but are not charged.</td>
<td>PTT-LA</td>
<td>85730</td>
</tr>
<tr>
<td></td>
<td>DRVVT</td>
<td>85613</td>
</tr>
<tr>
<td></td>
<td>DRVVT 1:1 mix</td>
<td>85613</td>
</tr>
<tr>
<td></td>
<td>DRVVT ratio</td>
<td>85613</td>
</tr>
<tr>
<td></td>
<td>PT 1:1 zero minutes inc</td>
<td>85611</td>
</tr>
<tr>
<td></td>
<td>PT T-LA zero minutes undiluted</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>PTT-LA 1:1 zero minutes</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>PTT-LA 1 hr undiluted</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>PTT-LA 1:1 one hour</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>Hexagonal Phosphate</td>
<td>85597</td>
</tr>
<tr>
<td></td>
<td>LA Path Interp</td>
<td></td>
</tr>
<tr>
<td>Platelet Function Assay (PFA)</td>
<td>PFA Panel</td>
<td>NA</td>
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<tr>
<td></td>
<td>PFA-epi</td>
<td>85576</td>
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<tr>
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<td>PFA-adp</td>
<td>85576</td>
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<tr>
<td>Circulating Anticoagulant PT</td>
<td>PT Undiluted</td>
<td>85610</td>
</tr>
<tr>
<td></td>
<td>PT 1:1</td>
<td>85611</td>
</tr>
<tr>
<td></td>
<td>Circulating Anticoagulant Path Review</td>
<td></td>
</tr>
<tr>
<td>Circulating Anticoagulant PTT</td>
<td>PTT Undiluted</td>
<td>85730</td>
</tr>
<tr>
<td></td>
<td>PTT 1:1 0 minutes</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>PTT 1:1 one hour</td>
<td>85732</td>
</tr>
<tr>
<td></td>
<td>Circulating Anticoagulant Path Review</td>
<td></td>
</tr>
<tr>
<td>Activated Protein C Resistance</td>
<td>APC Resistance</td>
<td>85307</td>
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<td>Factor V Leiden</td>
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<tr>
<td></td>
<td>FVL Isolation - Reflex if APC Resistance is 1.9-2.3</td>
<td>83890</td>
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</table>
**Section I. Multiple Component Tests**
The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

**Transfusion Services: Tests (Multiple Component Tests)**

<table>
<thead>
<tr>
<th>Blood Bank Orderable</th>
<th>Initial Test Performed</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>RhoGAM Workup, Mother’s Specimen</td>
<td>ABO Blood Group</td>
<td>86900</td>
</tr>
<tr>
<td></td>
<td>Rh Blood Type</td>
<td>86901</td>
</tr>
<tr>
<td></td>
<td>Weak D</td>
<td>86880</td>
</tr>
<tr>
<td></td>
<td>Antibody Screen</td>
<td>86850</td>
</tr>
<tr>
<td></td>
<td>Fetal Cell Screen</td>
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</tr>
<tr>
<td>RhoGAM Workup, Newborn’s Specimen</td>
<td>Coombs Direct Cord</td>
<td>86880</td>
</tr>
<tr>
<td></td>
<td>Rh Blood Type</td>
<td>86901</td>
</tr>
<tr>
<td>Transfusion Reaction</td>
<td>Pathologist Evaluation. The following are performed and not billed: Clerical check, DAT, ABO Rh verification, urinalysis, repeat antibody screen, etc. as needed/appropriate.</td>
<td>86078</td>
</tr>
<tr>
<td>Type and Crossmatch</td>
<td>ABO Blood Group</td>
<td>86900</td>
</tr>
<tr>
<td></td>
<td>Rh Blood Type</td>
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</tr>
<tr>
<td></td>
<td>Crossmatch</td>
<td>86901</td>
</tr>
<tr>
<td></td>
<td>Antibody Screen</td>
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</tr>
<tr>
<td>Computer Crossmatch</td>
<td>Immediate-spin Crossmatch</td>
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</tr>
<tr>
<td>Type, Screen &amp; Hold (TS&amp;H)</td>
<td>ABO Blood Group</td>
<td>86900</td>
</tr>
<tr>
<td></td>
<td>Rh Blood Type</td>
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</tr>
<tr>
<td></td>
<td>Antibody Screen</td>
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</tr>
<tr>
<td>ROTEM</td>
<td>Coag/Fibrinolysis assay, whole blood viscoelastic clot assessment.</td>
<td>85396</td>
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</table>
**Section I. Multiple Component Tests**

The following section delineates tests that contain multiple component tests as determined by a single order. That is, one test order by the physician results in multiple tests being performed with associated codes/charges.

**Transfusion Services: Blood & Blood Products (Multiple Component Tests)**

<table>
<thead>
<tr>
<th>Blood Bank Product Ordered</th>
<th>Blood Components</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Platelet apheresis, Crossmatch, Leuko-reduced, Irradiated</td>
<td>Platelets, Leuko-reduced Pheresis</td>
<td>P9035</td>
</tr>
<tr>
<td></td>
<td>Platelet crossmatch, complete</td>
<td>86022</td>
</tr>
<tr>
<td></td>
<td>Irradiation Fee</td>
<td>86945</td>
</tr>
<tr>
<td>Platelet apheresis, HLA Matched, Leuko-reduced, Irradiated</td>
<td>Irradiation Fee</td>
<td>86945</td>
</tr>
<tr>
<td></td>
<td>Platelets, Pheresis, HLA Match</td>
<td>P9052</td>
</tr>
<tr>
<td>Autologous Deglycerolized RBCs (Red Blood Cells)</td>
<td>Autologous Frozen Blood</td>
<td>P9039</td>
</tr>
<tr>
<td></td>
<td>Donor Group and Type</td>
<td>86900</td>
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<tr>
<td></td>
<td>Deglycerolized Service Fee per Carter BloodCare</td>
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<td>Frozen Blood Storage – 3 months</td>
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<td>Autologous Frozen at Carter BloodCare</td>
<td>Autologous Frozen Blood</td>
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<td>Donor Group and Type</td>
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<tr>
<td>Autologous Leukoreduced Red Cells</td>
<td>Autologous Leukoreduced Red Cells</td>
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<tr>
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<td>Donor Group and Type</td>
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<td>Autologous Whole Blood</td>
<td>Autologous Whole Blood</td>
<td>P9010</td>
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<td>Donor Group and Type</td>
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<tr>
<td>Cryo, Pooled</td>
<td>Cryoprecipitate, each unit</td>
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<td>Pooling Charge Cryo</td>
<td>86965</td>
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<tr>
<td>Leukocytes, Pheresis, Irradiated</td>
<td>Leukocytes Single Donor</td>
<td>P9050</td>
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<td></td>
<td>Irradiation Fee</td>
<td>86945</td>
</tr>
<tr>
<td>Neonatal Leuko-reduced Red Cell, Irradiated</td>
<td>Neonatal Leuko-Reduced RBC</td>
<td>P9040</td>
</tr>
<tr>
<td></td>
<td>Irradiation Fee</td>
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<tr>
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<td>Sickle-Dex</td>
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<tr>
<td></td>
<td>Donor Unit Type</td>
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<td>Neonatal Leuko-reduced Red Cells</td>
<td>Neonatal Leuko-Reduced RBC</td>
<td>P9040</td>
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<tr>
<td></td>
<td>Sickle-Dex</td>
<td>85660</td>
</tr>
<tr>
<td>Platelet Concentrate, Leuko-reduced, Volume Depletion</td>
<td>Volume Reduction</td>
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</tr>
<tr>
<td></td>
<td>FVL Isolation - Reflex if APC Resistance is 1.9-2.3</td>
<td>P9031</td>
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<td>Blood Bank Product Ordered</td>
<td>Blood Components</td>
<td>CPT</td>
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<tr>
<td>----------------------------------------------------------------</td>
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</tr>
<tr>
<td>Reconstituted Whole Blood for exchange transfusion</td>
<td>RBC Leuko-reduced</td>
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<td>Fresh Frozen Plasma</td>
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<td>Irradiation Fee</td>
<td>86945</td>
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<td>Splitting Fee</td>
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<td>CMV Negative Unit</td>
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<td>Sickle-Dex</td>
<td>85660</td>
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<td></td>
<td>Donor Unit Hct.</td>
<td>85013</td>
</tr>
<tr>
<td></td>
<td>Pooling Fee, RBCs</td>
<td>86965</td>
</tr>
<tr>
<td>Red Cells, Directed, Leuko-reduced, Irradiated</td>
<td>Irradiation Fee</td>
<td>86945</td>
</tr>
<tr>
<td></td>
<td>Leukocyte-reduced Red Cell</td>
<td>P9016</td>
</tr>
</tbody>
</table>
Section I. Multiple Component Tests

The following section delineates tests that contain multiple component tests as determined by a single order. That is one test order by the physician results in multiple tests being performed with associated codes/charges.

Cytology and Histology: Tests (Multiple Component Tests and/or Test Clarification)
The referral of a specimen to Anatomic Pathology (Surgical Pathology, Cytology, etc.) represents a request for a pathology consultation. If in the judgment of the pathologist, additional routine, histochemistry, cytochemistry, electron microscopy, and/or immunohistochemistry stains/techniques are indicated, they may be ordered by the pathologists.

<table>
<thead>
<tr>
<th>Test Ordered</th>
<th>Component Tests</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bladder, renal pelvis washing</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Body Fluids (abdominal, pleural, pericardial)</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Bronchial Brushings</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Bronchial Washing r/o Pneumocystis carinii (PCP)</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td></td>
<td>Special Stain-organism</td>
<td>88312</td>
</tr>
<tr>
<td>Bronchial Washings</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Cerebrospinal Fluid</td>
<td>Concentration and Filter Prep</td>
<td>88108</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Common Bile Duct Brushing</td>
<td>Prepare/interpret Smears; Less than 5</td>
<td>88104</td>
</tr>
<tr>
<td>Test Ordered</td>
<td>Component Tests</td>
<td>CPT</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Common Bile Duct Brushing Fluid</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Cyst Fluid (various sites)</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Cyto Smears; other source; preparation,</td>
<td>Touch Prep</td>
<td>88161</td>
</tr>
<tr>
<td>screening, and interp.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Path Consult Cytologic Exam during surgery</td>
<td>Touch Prep</td>
<td>88333</td>
</tr>
<tr>
<td></td>
<td>Touch Prep each additional</td>
<td>88334</td>
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<tr>
<td>Duodenal Brushing Fluid</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
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<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
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<td>Duodenal Washing</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
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<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
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</tr>
<tr>
<td>Fine Needle Aspirate (FNA) – Pathologist</td>
<td>FVL Isolation - Reflex if APC Resistance is 1.9-2.3</td>
<td>10021</td>
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<tr>
<td>Performed</td>
<td>FNA Immediate Adequacy Assessment</td>
<td>88172</td>
</tr>
<tr>
<td></td>
<td>FNA Immediate Adequacy Assessment each additional</td>
<td>88177</td>
</tr>
<tr>
<td></td>
<td>FNA Interpretation + Report</td>
<td>88173</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Fine Needle Aspirate (FNA) - Radiology-</td>
<td>FNA Immediate Adequacy Assessment</td>
<td>88172</td>
</tr>
<tr>
<td>Endoscopy</td>
<td>FNA Immediate Adequacy Assessment each additional</td>
<td>88177</td>
</tr>
<tr>
<td></td>
<td>FNA Interpretation + Report</td>
<td>88173</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Gastric Brushing</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
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<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Gastric Washing</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td>Test Ordered</td>
<td>Component Tests</td>
<td>CPT</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>----------------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>Test Ordered</td>
<td>Component Tests</td>
<td>CPT</td>
</tr>
<tr>
<td>Gyn Cytology – Conventional Pap</td>
<td>Pap Smear The Bethesda System (TBS)</td>
<td>88164</td>
</tr>
<tr>
<td>Gyn Cytology – Conventional Pap w/ QC</td>
<td>Pap Smear TBS + QC</td>
<td>88165</td>
</tr>
<tr>
<td>Gyn Cytology – Maturation Index</td>
<td>Maturation Index</td>
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<tr>
<td>Gyn Cytology – Thin Prep Pap Test</td>
<td>Monolayer Pap</td>
<td>88142</td>
</tr>
<tr>
<td>Gyn Cytology – Thin Prep Pap Test w/ QC</td>
<td>Monolayer Pap + QC</td>
<td>88143</td>
</tr>
<tr>
<td>Miscellaneous Fluid</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Level 4 Gross &amp; Micro</td>
<td>88305</td>
</tr>
<tr>
<td>Needle Aspirate Fluid</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Needle Aspirate Smears</td>
<td>Prepare/interpret Smears; Less than 5</td>
<td>88104</td>
</tr>
<tr>
<td></td>
<td>Extended study &gt;5 smears and/or stains</td>
<td>88162</td>
</tr>
<tr>
<td>Pelvic Washings</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
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<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Renal pelvic brushing</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
</tr>
<tr>
<td>Sex Chromatin Identification; Barr Bodies</td>
<td>Buccal Smear</td>
<td>88130</td>
</tr>
<tr>
<td>Urine, voided or catheterized</td>
<td>Liquid Based Preparation-Non Gyn Cytology-Monolayer</td>
<td>88112</td>
</tr>
<tr>
<td></td>
<td>Cell Block - Level 4 Gross &amp; Micro or Rapid Cell Block-Cellient (if needed)</td>
<td>88305</td>
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</tbody>
</table>
### Microbiology

<table>
<thead>
<tr>
<th>Test that may be added on to culture work up:</th>
<th>CPT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concentration, Infectious Agents</td>
<td>87015</td>
</tr>
<tr>
<td>Culture, Stool, Additional Pathogens</td>
<td>87046</td>
</tr>
<tr>
<td>Culture Typing, Identification by Probe</td>
<td>87149</td>
</tr>
<tr>
<td>Homogenization, Tissue, Culture</td>
<td>87176</td>
</tr>
<tr>
<td>Identification, AFB (Acid Fast Bacillus)</td>
<td>87118</td>
</tr>
<tr>
<td>Identification, Fungus, Mold</td>
<td>87107</td>
</tr>
<tr>
<td>Identification, Fungus, Yeast</td>
<td>87106</td>
</tr>
<tr>
<td>Identification Aerobe</td>
<td>87707</td>
</tr>
<tr>
<td>Identification Anaerobe</td>
<td>87076</td>
</tr>
<tr>
<td>MRSA Screen (Methicillin Resistant Staphylococcus Aureus)</td>
<td>87081</td>
</tr>
<tr>
<td>MIC, Bacteria, Yeast or Mold</td>
<td>87186</td>
</tr>
<tr>
<td>Sensitivity, Agar Diffusion</td>
<td>87181</td>
</tr>
<tr>
<td>Stain, AFB (Acid Fast Bacillus)</td>
<td>87206</td>
</tr>
<tr>
<td>Stain, Direct Gram</td>
<td>87205</td>
</tr>
<tr>
<td>Stain, Fungus</td>
<td>87205</td>
</tr>
<tr>
<td>Susceptibility by Enzyme</td>
<td>87185</td>
</tr>
<tr>
<td>Susceptibility, Agar Dilution</td>
<td>87181</td>
</tr>
<tr>
<td>Shiga Toxin 1</td>
<td>87899</td>
</tr>
<tr>
<td>E coli O157</td>
<td>87147</td>
</tr>
<tr>
<td>Shiga Toxin 2</td>
<td>87899</td>
</tr>
<tr>
<td>Typing, Miscellaneous</td>
<td>Multiple CPTs – See Section I, Component Tests</td>
</tr>
<tr>
<td>Typing, Salmonella</td>
<td>Multiple CPTs – See Section I, Component Tests</td>
</tr>
<tr>
<td>Typing, Shigella</td>
<td>Multiple CPTs – See Section I, Component Tests</td>
</tr>
<tr>
<td>Fungus Culture, source CSF will reflex to Cryptococcal Antigen, CSF</td>
<td>87327</td>
</tr>
<tr>
<td>Anaerobic culture when indicated by specimen source, body site or clinical</td>
<td>87073</td>
</tr>
<tr>
<td>information. Sites included: Deep wounds, Sterile body fluids, tissue, aspirated, bone.</td>
<td></td>
</tr>
</tbody>
</table>
### Section II: Reflex, Confirmatory and/or Accepted Clinical Practice Testing

This section delineates tests that may be added to the original order based on initial laboratory findings without an additional physician order.

#### Microbiology

A blood culture order, when positive for growth, will result in molecular tests to detect the following:

<table>
<thead>
<tr>
<th>Organism Target: Gram Positive Panel</th>
<th>CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Targets NOT DETECTED</td>
<td>87149</td>
</tr>
<tr>
<td><em>Staphylococcus sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. aureus</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. aureus</em> mecA Detected</td>
<td>87149</td>
</tr>
<tr>
<td><em>S. epidermidis</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. epidermidis</em> mecA Detected</td>
<td>87149</td>
</tr>
<tr>
<td><em>S. lugdunensis</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>Streptococcus sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. agalactiae</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. pyogenes</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. pneumoniae</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>S. anginosus</em> gp.*</td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecalis</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecalis</em> vanA Detected</td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecalis</em> vanB Detected</td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecium</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecium</em> vanA Detected</td>
<td>87149</td>
</tr>
<tr>
<td><em>E. faecium</em> vanB Detected</td>
<td>87149</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ORGANISM TARGET: Gram Negative Panel</th>
<th>CPT CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Targets NOT DETECTED</td>
<td>87149</td>
</tr>
<tr>
<td><em>Acinetobacter sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>Citrobacter sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>Enterobacter sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td><em>Proteus sp.</em></td>
<td>87149</td>
</tr>
<tr>
<td>Organism</td>
<td>Resistance Factor</td>
</tr>
<tr>
<td>----------------------</td>
<td>---------------------------</td>
</tr>
<tr>
<td>E. coli</td>
<td>87149</td>
</tr>
<tr>
<td>K. pneumoniae</td>
<td>87149</td>
</tr>
<tr>
<td>K. oxytoca</td>
<td>87149</td>
</tr>
<tr>
<td>P. aeruginosa</td>
<td>87149</td>
</tr>
<tr>
<td>CTX-M Resistance Factor</td>
<td>87149</td>
</tr>
<tr>
<td>KPC Resistance Factor</td>
<td>87149</td>
</tr>
<tr>
<td>NDM Resistance Factor</td>
<td>87149</td>
</tr>
<tr>
<td>VIM Resistance Factor</td>
<td>87149</td>
</tr>
<tr>
<td>IMP Resistance Factor</td>
<td>87149</td>
</tr>
<tr>
<td>OXA Resistance Factor</td>
<td>87149</td>
</tr>
</tbody>
</table>
**Section II: Reflex, Confirmatory and/or Accepted Clinical Practice Testing**

This section delineates tests that may be added to the original order based on initial laboratory findings for an additional charge without an additional physician order.

<table>
<thead>
<tr>
<th>Test Order</th>
<th>Reflex/Confirmation</th>
</tr>
</thead>
</table>
| Hepatitis C Antibody if positive reflex to HCV RNA | Hepatitis C Antibody (CPT 86803).  
  If Hepatitis C Antibody Signal Cutoff Ratio S/O 1.0-4.99 reflex to HCV RNA Quant PCR (CPT 87522). |
| Hepatitis B Surface Antigen if positive reflex to confirmation. | Hepatitis B Surface Antigen (CPT 87340).  
  If positive reflex to HBsAg confirmation sent to THHEB (CPT 87341). |
| HIV1/HIV2 Antibody + HIV2 Antigen Assay if positive reflex to HIV1/HIV2 Antibody (Multispot) | Multispot (HIV 1 Antibody CPT 86701 and HIV 2 Antibody CPT 86702)  
  If Multispot negative reflex to HIV1 NAAT (Aptima) | Aptima sent to Dallas County Health Department. |
Section II: Reflex, Confirmatory and/or Accepted Clinical Practice Testing

This section delineates tests that may be added to the original order based on initial laboratory findings without an additional physician order.

**Hematology**

<table>
<thead>
<tr>
<th>Tests that may be added on to:</th>
<th>CPT</th>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Complete Blood Count (CBC)</td>
<td>85025</td>
<td></td>
</tr>
<tr>
<td>Manual Differential or smear review</td>
<td>N/A</td>
<td>Criteria used for reflex smear review are based on instrument flags and/or results of specified portions of the testing process reported on the hemogram.</td>
</tr>
<tr>
<td>Pathologist Smear Review</td>
<td>85060</td>
<td>Order for this test is requested by the bench technologist based on departmental criteria (Criteria available upon request). Can also be ordered by physician.</td>
</tr>
<tr>
<td>Body Fluid Cell Count</td>
<td>89051</td>
<td></td>
</tr>
<tr>
<td>Pathologist Body Fluid Review</td>
<td>88108</td>
<td>Order for this test is requested by the bench technologist based on departmental criteria (Criteria available upon request). Can also be ordered by physician.</td>
</tr>
<tr>
<td>CSF Cell Count</td>
<td>89051</td>
<td></td>
</tr>
<tr>
<td>Pathologist CSF Review</td>
<td>88108</td>
<td>Order for this test is requested by the bench technologist based on departmental criteria (Criteria available upon request). Can also be ordered by physician, if desired.</td>
</tr>
</tbody>
</table>
## II. Reflex, Confirmatory and/or Standard Clinical Practice Testing

The following section delineates tests that may be added to the original order based on initial laboratory findings without an additional physician order.

<table>
<thead>
<tr>
<th>Test Order</th>
<th>Possible Additional Charges</th>
<th>CPT</th>
</tr>
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<tbody>
<tr>
<td>Crossmatch Result</td>
<td>Computer Crossmatch</td>
<td>86923</td>
</tr>
<tr>
<td></td>
<td>Crossmatch AHG</td>
<td>86922</td>
</tr>
<tr>
<td></td>
<td>Crossmatch by Carter BloodCare</td>
<td>86922</td>
</tr>
<tr>
<td></td>
<td>Antigen Except ABO/Rh (donor unit phenotype)</td>
<td>86905</td>
</tr>
<tr>
<td></td>
<td>Autologous Fee Outside</td>
<td>86903</td>
</tr>
<tr>
<td></td>
<td>Autologous Collection Fee</td>
<td>86890</td>
</tr>
<tr>
<td></td>
<td>Carter BloodCare Donor Antigen Fee</td>
<td>86902</td>
</tr>
<tr>
<td></td>
<td>CMV Negative Unit</td>
<td>86644</td>
</tr>
<tr>
<td></td>
<td>Irradiation Fee</td>
<td>86945</td>
</tr>
<tr>
<td></td>
<td>Sickle-Dex</td>
<td>85660</td>
</tr>
<tr>
<td></td>
<td>RBC Washing Fee</td>
<td>86999</td>
</tr>
<tr>
<td></td>
<td>Rare Donor Unit</td>
<td>86999</td>
</tr>
<tr>
<td>RH Blood Type</td>
<td>Weak D</td>
<td>86880</td>
</tr>
<tr>
<td>RHIG WKUP, Cord Blood (RhoGAM Workup, Cord Blood)</td>
<td>Weak D</td>
<td>86880</td>
</tr>
<tr>
<td></td>
<td>Chemical Pretreatment of RBC's</td>
<td>86970</td>
</tr>
<tr>
<td>RHIG WKUP, Mother (RhoGAM Workup, Mother's specimen)</td>
<td>Antibody Identification</td>
<td>86870</td>
</tr>
<tr>
<td></td>
<td>Antigen Except ABO/Rh (donor unit phenotype)</td>
<td>86905</td>
</tr>
<tr>
<td></td>
<td>Antibody Neutralization</td>
<td>86977</td>
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<tr>
<td></td>
<td>Chemical Pretreatment of RBC's</td>
<td>86970</td>
</tr>
<tr>
<td></td>
<td>Direct Coombs (polyspecific)</td>
<td>86880</td>
</tr>
<tr>
<td></td>
<td>Cirect Coombs Complement</td>
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<tr>
<td></td>
<td>Direct Coombs, IgG</td>
<td>85460</td>
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<td></td>
<td>Hgb F by Blood Center</td>
<td>88184</td>
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<tr>
<td></td>
<td>Pathologist Evaluation</td>
<td>86077</td>
</tr>
<tr>
<td></td>
<td>Screen, Post RhoGAM (RHIG)</td>
<td>86886</td>
</tr>
<tr>
<td>Type, Screen &amp; Hold (TS&amp;H) or Type and Crossmatch</td>
<td>ABO by Carter Blood Care</td>
<td>86900</td>
</tr>
<tr>
<td></td>
<td>ABO Type Discrepancy by Carter BloodCare</td>
<td>86900</td>
</tr>
<tr>
<td></td>
<td>FVL Isolation - Reflex if APC Resistance is 1.9-2.3</td>
<td>86978</td>
</tr>
<tr>
<td>Test Order</td>
<td>Possible Additional Charges</td>
<td>CPT</td>
</tr>
<tr>
<td>---------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------</td>
<td>------</td>
</tr>
<tr>
<td>Type, Screen &amp; Hold (TS&amp;H) or Type and Crossmatch (cont)</td>
<td>Absorption Cold second absorption</td>
<td>86978</td>
</tr>
<tr>
<td></td>
<td>Absorption Cold third absorption</td>
<td>86978</td>
</tr>
<tr>
<td></td>
<td>Absorption Warm</td>
<td>86978</td>
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<tr>
<td></td>
<td>Absorption Warm second absorption</td>
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<tr>
<td></td>
<td>Absorption Warm third absorption</td>
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<td>Adsorption Phenotype by Carter BloodCare</td>
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<td>Test Order</td>
<td>Possible Additional Charges</td>
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II. Reflex, Confirmatory and/or Standard Clinical Practice Testing
The following section delineates tests that may be added to the original test order based on initial laboratory findings by surgeon, pathologist, or clinician.

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<td>Other Special Stain (per block, per specimen)</td>
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<td>Oil Red O (per block, per specimen)</td>
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<td>Consult, prepare slides</td>
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