
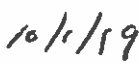
 <b>Wake Forest*</b> Baptist Medical Center	<b>Reflex Testing Policy</b>  <b>Lab Admin 14</b> <b>(Formerly Lab Admin 10)</b>	<b>Department:</b>	Pathology
		<b>Effective Date:</b>	October, 2011
		<b>Revised Date:</b>	Sept 30, 2019
		<b>Contact:</b>	Laboratory Compliance, QA and Safety
<b>Name &amp; Title:</b> Gregory Pomper, MD, Laboratory Director, Department of Pathology			
<b>Signature:</b>		<b>Date:</b>	
			

**1) General Policy Statement:**

It is the policy of the Department of Pathology to provide a mechanism to ensure laboratory reflex testing is approved by senior leader WFBMC attending physicians hereafter referred to as the Medical Executive Committee when required (initially, and annually thereafter) and is in accordance with Office of Inspector General, Medicare, Medicaid, and other payor requirements.

A. **Scope:** This policy applies to all Department of Pathology Clinical and Anatomic Laboratories.

B. **Responsible Department/Party/Parties:**

- i. Procedure owner: Laboratory Compliance, QA and Safety
- ii. Procedure: Laboratory Compliance, QA and Safety
- iii. Supervision: Laboratory Compliance, QA and Safety, Department of Pathology Section Managers
- iv. Implementation: Department of Pathology Chairman, Department of Pathology Administrative Director, Department of Pathology CLIA Laboratory Director and Laboratory Compliance Officer.

**2) Definitions:**

A. **Reflex Testing:** Testing performed when an initial test result is outside the normal range and indicates a second related test(s) is medically appropriate. Generally, the primary test result is enhanced by the follow-up reflex test(s), and the reflex test(s) always adds useful diagnostic, prognostic, and/or therapeutic information.

**3) Procedure:**

A. Reflex testing **MUST** be initially and annually approved by the Medical Executive Committee.

B. Reflex testing addresses only reflex tests that require Medical Executive Committee approval (Table 1).

**C. Reflex testing does not apply to:**

1. confirmatory or adjunctive tests that are universally accepted medical practices, e.g. susceptibilities in microbiology cultures and elucidation of specific antibodies in Transfusion Services
2. tests that are mandatory under state law and performed automatically e.g. confirmation of a positive HIV and certain serological procedures or
3. tests defined in Centers for Medicare/Medicaid Services regulations and/or memoranda, e.g. special stains used in Surgical Pathology/ Cytopathology (Table 2).

**D. CLIA Laboratory Director must:**

1. Identify all reflex tests.
2. Consult with the appropriate Advisory Committee or Clinical Consultants to determine specific criteria for reflex testing.
3. Present all reflex testing initially to the Medical Executive Committee and on an annual basis thereafter to obtain approval via documentation in the Medical Executive Committee minutes.
4. Maintain a copy of the Medical Executive Committee minutes with documentation of reflex testing approval for seven (7) years.
5. Review and ensure applicable revisions are made to the LIS and billing processes.
6. Notify all staff responsible for ordering, testing, charging, or billing laboratory services on the contents of this policy.
7. Inform physicians that they have the option to decline reflex testing in situations where non-mandatory reflex testing exists.

**E. The testing laboratories will:**

1. Perform reflex testing only as defined in this policy.
2. Perform reflex tests when the following conditions are met:
  - a. Medical Executive Committee has approved the reflex testing via documentation in the Medical Executive Committee minutes.
  - b. The physician orders an "Initial Test" which may prompt reflex testing as defined by this policy.
  - c. The "Initial Test" result meets the "Reflex Criteria" for prompting a reflex test which has been approved by the Medical Executive Committee.

- d. Or if it meets the criteria as outlined in Section C.
- 3. Develop and document reflex testing criteria and reflex tests within individual laboratory sections and laboratory procedures.
  - a. In certain situations it is appropriate for clinical laboratory staff to initiate a reflex test order in response to an initial order placed by a provider. In such instances the laboratory staff are required to use the Reflex Order Test mode when placing the order in the system. The Reflex Order mode was designed specifically for use in the laboratory by laboratory staff and should not but used by any other area.

**F. Procedure for adding a new Reflex, Confirmatory or Adjunctive Test:**

- 1. The CLIA Laboratory Director and Laboratory Compliance, QA and Safety will oversee changes to the Reflex, Confirmatory or Adjunctive Test list in this policy.
- 2. Changes should be communicated to the Laboratory Compliance, QA and Safety as soon as it is identified by filling out the New Reflex, Confirmatory or Adjunctive Test Request Form, *Attachment A*. The completed form should be emailed to [lab\\_compliance\\_Wake\\_DL@wakehealth.edu](mailto:lab_compliance_Wake_DL@wakehealth.edu).
- 3. Laboratory Compliance, QA and Safety will:
  - a. ensure the form is filled out with all the required information and with the necessary attachments.
  - b. ensure the form is signed by the section Medical Director and will route the form to the CLIA Laboratory Director for approval;
  - c. update the Reflex Test list (Table 1) or the List of Universally Accepted Confirmatory or Adjunctive Tests in this policy upon approval by the CLIA Laboratory Director.
- 4. Before the annual Medical Executive Committee meeting, Lab Compliance, QA and Safety will circulate the Reflex Test list to all testing laboratories for review. If a change is identified, the list will be updated and submitted to the CLIA Laboratory Director for review and approval.
- 5. If new test are added to Table 2 as outlined in Section C, then submit the regulatory documentation to support the addition of the new confirmatory or adjunctive test and keep with the updated table.

**4) Review/Revision/Implementation:**

- A. Review Cycle: Policy itself is reviewed every two years; Reflex Test list is reviewed annually.
- B. Office of Record: Laboratory Compliance, QA and Safety.

5) **Related Policies:**  
N/A

6) **References, National Professional Organizations, etc.:**

**CROSS REFERENCE:**

- A. Compliance Guidelines for Pathologists; Published by the College of American Pathologists, 1998.
- B. Clinical Laboratory Management Association: "Reflex Testing: Do It Right or Not At All", Vantage Point, 5 (14): 1-2, August 27, 2001.

**APPLICABLE STANDARDS:**

- A. OIG Model Compliance Plan for Clinical Laboratories, Federal Register, 9435-9441, March 1997.
- B. The Office of Inspector General's (OIG) Compliance Program Guidance for Clinical Laboratories, August 1998.
- C. Centers for Medicare and Medicaid Services: National Correct Coding Initiative, Version 8, January 1, 2002.
- D. CMS, Medicare Carriers Manual Transmittal 1725: Part III. Medicare Carriers Manual, Section 15021, September 27, 2001.

7) **Attachments:**

- Attachment A:** New Reflex, Confirmatory or Adjunctive Tests Request Form
- Table 1:** Reflex Testing Requiring Attending Physician Approval via Medical Executive Committee
- Table 2:** List of Universally Accepted Confirmatory or Adjunctive Tests Which by Professional Practice Standards or Regulations Do Not Require an Attending Physician's Order / Do Not Require Quality Council Approval

8) **Revision Dates:** November 2016, April 11, 2017, November 6, 2018

<b>Review/ Revision Date</b>	<b>Revision(s)</b>	<b>Signature</b>
June 21, 2019	<p>Added subsection F; Procedure for adding a new Reflex, Confirmatory or Adjunctive Test to section 3; Procedure.</p> <p>Added Attachment A: New Reflex, Confirmatory or Adjunctive Tests Request Form.</p> <p>Table 1:</p> <p>Reflex Testing for Hematopathology:            Changed CPT code of SPEP to 84165 from 86320. Changed CPT code of UPEP to 84166 from 86325. Deleted Cryoglobulins will reflex to Immunofixation to characterize abnormal bands. Updated Peripheral blood Lymphocytes LHS (T&amp;B cell enumerations) will reflex to Reflex Light Chains, in the presence of increased % B-Lymphocyte population (Adults <math>\geq 30\%</math>; Peds <math>\geq 50\%</math>). Added Peripheral blood Lymphocytes LHS (T&amp;B cell enumerations) will reflex to Reflex Gamma Delta T Cells when CD4+ CD8 not equal to CD3 &gt;10% difference. Added Peripheral blood Lymphocytes LHS (T&amp;B cell enumerations) will reflex to Rituxan Screen when CD19 <math>\leq 1.0\%</math> (testing not previously performed). Deleted flow cytometry phenotyping for lymphoma or leukemia will reflex to T-cell Receptor V-beta</p>	Michelle Boquiron Aug 28, 2019

	<p>repertoire clonality when aberrant T-cell phenotype or deletion of T-cell associated antigen.</p> <p><b>Reflex Testing for Microbiology:</b>  Removed stool culture will reflex to Shiga Toxin 1 and 2 to screen for toxigenic E.coli. Removed Ova and Parasite will reflex to Giardia and Cryptosporidium Antigen by EIA to allow for rapid detection of two most common pathogens. Removed Urine Gram Stain will reflex to Bacterial culture: Quantitative colony count in the presence of Bacteria or &gt;5 WBC/HPF. Removed positive Chlamydia culture in pediatric patients will reflex to Molecular testing to confirm results.</p> <p><b>Reflex Testing for Blood Bank:</b>  Created new section and listed Fetal Bleed Screen Rosette Test will reflex to Fetomaternal Bleed, Flow Cytometry, if result is positive or invalid.</p> <p><b>Reflex Testing for Molecular Pathology:</b>  Updated reflex testing list to match the list published in policy titled Reflex Testing in Anatomic Pathology available in Molecular Pathology.</p> <p><b>Reflex Testing for Medical Genetics / Cytogenetics:</b>  Added Bone marrow;peripheral blood - unstimulated; tumor will reflex to FISH test [MYC/IGK - t(2;8) &amp; MYC/IGL - t(8;22)] when pathology is attempting to rule out Burkitts lymphoma - specifically when MYC is positive (broken) and the MYC/IGH (t8;14) is negative.</p> <p>Table2: Reformatted.</p> <p><b>Confirmatory or Adjunctive Tests for Clinical Microbiology:</b>  Deleted culture bacteria stool will reflex to bacterial identification and susceptibility testing. Removed culture Yersinia will reflex to bacterial identification and susceptibility testing. Removed culture bacteria stool will reflex to routine Campylobacter charge and E.coli and Vibrio charge when requested. Removed culture Virus and Herpes simplex virus will reflex to viral identification. Removed parasite complete exam will reflex to parasite concentration and identification. Trichrome stain and Microsporidia exam when requested. Removed CSF VDRL will reflex to quantitative VDRL.</p>	
Sept 30, 2019	<p>Table 1:  <b>Reflex Testing For Serology:</b> Changed reflex test of HIV Antibody/Antigen Combo from Western Blot, CPT Code 86689 to reflex to HIV Ab Confirmation/Differentiation, CPT Code 86701/86702.</p> <p><b>Reflex Testing for Chemistry:</b> Created new section and listed CMP/BMP will reflex to <math>\beta</math>-Hydroxybutyrate test at Anion GAP <math>\geq 14</math> mmol/L and Glucose <math>\geq 250</math> mg/dl, for Adult (inpatient and ED).</p>	

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Attachment A: **New Reflex, Confirmatory or Adjunctive Tests Request Form**

Fill out and email completed form to Laboratory Compliance, QA and Safety at [lab\\_compliance\\_Wake\\_DL@wakehealth.edu](mailto:lab_compliance_Wake_DL@wakehealth.edu). For changes to Table 2, please submit regulatory documentation to support the addition of the new confirmatory or adjunctive test.

**Laboratory Section:** \_\_\_\_\_

**Person or Group Requesting New Reflex, Confirmatory or Adjunctive Test:** \_\_\_\_\_

**New reflex, confirmatory or adjunctive test to be added to:**

**Table 1.** Reflex Testing Requiring Attending Physician Approval via Medical Executive Committee

**Table 2.** List of Universally Accepted Confirmatory or Adjunctive Tests Which by Professional Practice, Standards or Regulations Do Not Require an Attending Physician's Order/Do Not Require Medical Executive Committee Approval

Initial Test	CPT Code for Initial Test	Reflex Test Criteria	Reflex, Confirmatory or Adjunctive Test Requested	CPT Code for Reflex, Confirmatory or Adjunctive Test

**Request Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Section Medical Director Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Form Received in Compliance By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Laboratory Director Approval:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Table 1. Reflex Testing Requiring Attending Physician Approval  
via Medical Executive Committee**

**Reflex Testing for Chemistry**

Initial Test Request	CPT Code for Initial Test	Reflex Criteria	Reflex Test Procedure	CPT Code for Reflex Test
BMP CMP	80048 80053	Anion GAP $\geq$ 14 mmol/L and Glucose $\geq$ 250 mg/dL  Adult (inpatient and ED)	$\beta$ -Hydroxybutyrate test	82010

**Reflex Testing for Hematopathology**

Initial Test Request	CPT Code for Initial Test	Reflex Criteria	Reflex Test Procedure	CPT Code for Reflex Test
Serum Protein Electrophoresis (SPEP)	84165	Presence of abnormal banding and/or altered immunoglobulin profile, e.g. M-spike	Immunofixation to characterize abnormal bands (IFIX)	86334
Urine Protein Electrophoresis (UPEP)	84166	Presence of abnormal banding and/or altered immunoglobulin profile, e.g. M spike	Immunofixation to characterize abnormal bands (UFIX)	86335
Hemoglobin electrophoresis alkaline gel electrophoresis	83020	Presence of abnormal banding	Hemoglobin electrophoresis acid gel electrophoresis to further characterize abnormal banding	83020
Peripheral blood Lymphocytes LHS (T&B cell enumerations)	86360	Presence of increased % B-Lymphocyte population (Adults $\geq$ 30%; Peds $\geq$ 50%)	Reflex Light Chains Immunophenotyping to characterize increased B-lymphocyte population	88185 x2 88184 x1
Peripheral blood Lymphocytes LHS (T&B cell enumerations)	86360	Lymphocyte sum (T-cell + B-cell) < 90% of lymphocyte populations	Reflex NK/LGL Immunophenotyping to characterize increased NK-lymphocyte population	86357 88185
Peripheral blood Lymphocytes LHS (T&B cell enumerations)	86360	CD4 + CD8 not equal to CD3 >10% difference	Reflex Gamma Delta T Cells	88185
Peripheral blood Lymphocytes LHS (T&B cell enumerations)	86360	CD19 $\leq$ 1.0%	Rituxan Screen Testing not performed on previous specimen.	86355 88185

**Reflex Testing for Microbiology**

Initial Test Request	CPT Code for Initial Test	Reflex Criteria	Reflex Test Procedure	CPT Code for Reflex Test
AFB smear	87206	Culture needed for identification	AFB culture	87118

AFB culture	87118	Allows rapid preliminary diagnosis	AFB smear	87206
Culture, Lower Respiratory	87070	Allows evaluation of specimen quality	Gram stain	87205
Culture, Fluids	87070	Allows rapid preliminary diagnosis	Gram stain	No additional charge
Culture, wounds	87070	Allows evaluation of specimen quality	Gram stain	No additional charge
Fungal culture	87102	Allows rapid diagnosis	Calcofluor white smear	87206
HSV culture or PCR	86694	Positive	HSV Typing to differentiate HSV 1 and 2	87253 (x2)
Viral culture when BAL, Bronch wash or NP swab	87253	Rapid diagnosis of respiratory viruses	Multiplex PCR	83901-91 (x9)
Ova and Parasite	87177	Allows rapid detection of two most common pathogens	Giardia and Cryptosporidium Antigen by EIA	87327 (x2) Requisition allows to select EIA w/o O&P
Influenza PCR	87798	Subtyping of Influenza A positive screen	PCR for subtyping	87798 (x2)
Gram Stain - Urine	87205	Presence of Bacteria or >5 WBC per HPF	Culture, bacterial: Quantitative colony count, urine	87086
GC/Chlamydia Amplification In urine samples from pediatric patients	87150	Positive (needs confirmation by another method)	Molecular testing with different target (Send out test)	
Chlamydia culture In pediatric patients	87110	Positive culture	Confirm result by Molecular testing	87150

### Reflex Testing for Serology

Initial Test Request	CPT Code for Initial Test	Reflex Criteria	Reflex Test Procedure	CPT Code for Reflex Test
ANA Screen	86038	Positive	ANA Titer	86039
Cryptococcus Antigen	87327	Positive	Cryptococcus Ag Titer	No additional charge
HIV Antibody/Antigen Combo	87389	Repeat Reactive	HIV Ab Confirmation/Differentiation	86701 86702
Hepatitis A total	86708	Reactive	Hepatitis A IgM	86709
Hepatitis B Surface Ag	87340	Reactive	Neutralization Confirmatory Test	87341
RA Screen	86430	Positive	RA Titer	86431
RMSF Serology	8600	Positive	RMSF Titer	No additional charge
RPR (Syphilis) Screen	86592	Positive	RPR Titer and MHATP confirmatory tests	86431



### Reflex Testing for Blood Bank

Initial Test Request	CPT Code for Initial Test	Reflex Criteria	Reflex Test Procedure	CPT Code for Reflex Test
Fetal Bleed Screen Rosette Test	86850	Positive Result or Invalid Result (needs quantitative method)	Fetomaternal Bleed, Flow Cytometry	88184

### Reflex Testing for Molecular Pathology

Initial Diagnostic Specimen	Reflex Criteria	Reflex Test	CPT Codes for Reflex Test
<i>Breast</i> Biopsy or Lumpectomy or Mastectomy	New diagnosis of invasive carcinoma. Testing not performed on previous specimen.	Estrogen receptor, progesterone Receptor, and Her2 expression by immunohistochemistry.	88360 x 3
<i>Breast</i> Biopsy or Lumpectomy or Mastectomy	New diagnosis of ductal carcinoma in situ (DCIS). Testing not performed on previous specimen, including cases in which invasive component present and previously tested.	Estrogen receptor and progesterone receptor expression by immunohistochemistry	88360 x 2
<i>Breast</i> Biopsy or Lumpectomy or Mastectomy	At least one tumor sample for all patents with breast cancer (early stage, recurrent, or metastatic disease) is tested for either HER2 protein expression (IHC assay) or HER2 gene expression (ISH assay) using a validated HER2 test if tissue is available.  NOTE: HER2 testing should be repeated on another specimen or block if: 1) the initial HER2 results is discordant with the histologic features of the tumor, or 2) in a core biopsy, the initial result is negative when the amount of tumor used for testing is limited, or the results is equivocal by IHC and ISH. Before HER2 testing is repeated, <i>discuss the situation with the treating physician to make sure they are in agreement.</i>	HER2 expression by IHC or  HER2 gene by ISH	88360 x 1  882871 x 2 88275 x 1
<i>Breast carcinoma, metastatic</i> , FNA, biopsy or excision	New diagnosis of metastatic breast carcinoma.	Estrogen receptor, progesterone Receptor, and Her2 expression by immunohistochemistry.	88360 x 3
<i>Colon</i> Resection	Colon cancer in a patient $\leq 70$ years of age. Testing not previously performed.	MLH1, MSH2, MSH6, PMS2 expression by immunohistochemistry (see Reflex Testing Algorithm for interpretations and reporting)	88342 x 1 88341 x 3 (if not other IHCs performed)
<i>Endometrial Cancer</i> Resection	Endometrial cancer in a patient $\leq 70$ years of age. Testing not previously performed.	MLH1, MSH2, MSH6, PMS2 expression by immunohistochemistry (see Reflex Testing Algorithm for interpretations and reporting)	88342 x 1 88341 x 3 (if not other IHCs performed)

Initial Diagnostic Specimen	Reflex Criteria	Reflex Test	CPT Codes for Reflex Test
FNA, Biopsy or Resection Specimen from <b>OROPHARYNX</b>	New diagnosis of squamous cell carcinoma of the oropharynx	p16 by immunohistochemistry AND HPV detection and identification by PCR	88342 x 1
FNA, Biopsy or Resection Specimen from <b>HEAD and NECK (NON-OROPHARYNX)</b>	New diagnosis of squamous cell carcinoma involving head-and-neck sites other than the oropharynx  NOTE: HPV detection and identification by PCR will be requested by treating physician on a case by case basis.	p16 by immunohistochemistry	88342 x 1
Gastric or Gastroesophageal Adenocarcinoma in Biopsy or Resection	New diagnosis of adenocarcinoma of the stomach or gastroesophageal junction. Testing not previously performed.	Her2 by immunohistochemistry	88360 x 1
Lung Fine Needle Aspiration, Biopsy or Resection	New diagnosis of lung adenocarcinoma OR non-small cell carcinoma NOS (subtype undetermined)	PDL-1 by immunohistochemistry EGFR mutation analysis by PCR ALK-1 by FISH ROS- 1 by FISH	88360 x 1 81235 88271 x 4 88274 x 2
Lung Fine Needle Aspiration, Biopsy or Resection	New diagnosis of lung squamous cell carcinoma	PDL-1 by Immunohistochemistry	88360 x 1
Metastatic Melanoma, FNA, Biopsy or Resection	New diagnosis of metastatic melanoma. Testing not previously performed	BRAF mutation analysis (V600) for melanoma (send out to Mayo Clinic, FDA approved test, test code: BRAFC)	
Glioblastoma, Biopsy or Resection	New diagnosis of glioblastoma.	IDH-1 (R132H) by immunohistochemistry IDH-1 and -2 PCR if IHC is negative (send out to Mayo Clinic) MGMT promoter methylation PCR (send out to Mayo Clinic)	
Diffuse Glioma with Oligodendroglial Features, WHO Grade II or III	New diagnosis of diffuse glioma with oligodendroglial morphology.	IDH-1 (R132H) by immunohistochemistry IDH-1 and -2 PCR if IHC is negative (send out to Mayo Clinic) MGMT promoter methylation PCR (send out to Mayo Clinic) 1p/19q FISH	
Diffuse Astrocytoma, WHO Grade II or III	New diagnosis of diffuse astrocytoma without oligodendroglial morphologic features.	IDH-1 (R132H) by immunohistochemistry IDH-1 and -2 PCR if IHC is negative (send out to Mayo Clinic) MGMT promoter methylation PCR (send out to Mayo Clinic)	

Initial Diagnostic Specimen	Reflex Criteria	Reflex Test	CPT Codes for Reflex Test
Low-Grade Circumscribed (Non-Diffuse) Glioma	New diagnosis of pilocytic astrocytoma or ganglioglioma.	BRAF V600E PCR BRAF-KIAA1549 FISH (send out to Mayo Clinic)	
Medulloblastoma	New diagnosis of medulloblastoma.	Molecular subtyping (send out to Cincinnati Children's Hospital)	
Pediatric Ependymoma	New diagnosis of ependymoma in the pediatric population (non-spinal cord), especially those that are supratentorial	RELA fusion studies (send out to Mayo Clinic)	
Diffuse Midline Glioma	New diagnosis of a diffuse midline glioma (diffuse glioma, typically in children, located in the thalamus, brainstem, or spinal cord)	H3 K27M PCR (send out to Mayo Clinic)	
Primary CNS Lymphoma	New diagnosis of a primary CNS lymphoma (typically diffuse large B-cell lymphoma)	CD3, CD10, CD20, BCL-6, MUM-1, and Ki67 by immunohistochemistry EBV by in situ hybridization Triple hit panel by FISH	

### Reflex Testing for Medical Genetics / Cytogenetics

Initial Diagnostic Specimen	Reflex Criteria	Reflex Test	CPT Codes for Reflex
Any tissue specimen, biopsy, fine needle aspiration	Any new diagnosis of non-squamous non-small cell lung cancer	FISH for Alk Fusion Gene	88271 88275
Bone marrow/core Unstimulated peripheral blood -on a child (<18 yrs of age)	Pathology diagnosis the sample to be B-ALL	FISH tests: t(1;19) - TCF3PBX1 t(9;22) - BCR/ABL t(12;21) - Tel/AML1 11q23 rearranged (MLL) Trisomy 4, 10, 17	88271x11 88275x5
Bone marrow/core Unstimulated peripheral blood	FISH test for BCR/ABL shows a single fusion event with a dual fusion BCR/ABL probe indicating a possible deletion of ASS. Knowing whether or not ASS is deleted helps with a normal vs abnormal diagnosis and is of primary importance if deleted with the detection of minimal residual disease	FISH test: Argininosuccinate synthetase	88271x2 88275
Bone marrow; peripheral blood - unstimulated; tumor	Pathology attempting to rule out Burkitts lymphoma - specifically when MYC is positive (broken) and the MYC/IGH (t8:14) is negative	FISH test: MYC/IGK - t(2:8) & MYC/IGL - t(8:22)	88271x2 88275x2
Bone tumors	Pathology attempting to rule out Ewings sarcoma - specifically the break point involved	FISH test: EWSR1 - break of 22q EWSR1/ERG - t(21;22) FLI1/EWSR1 - t(11;22)	88271x6 88275x3

**Table 2. List of Universally Accepted Confirmatory or Adjunctive Tests Which by Professional Practice Standards or Regulations Do Not Require an Attending Physician's Order / Do Not Require Medical Executive Committee Approval**

**Confirmatory or Adjunctive Tests for Clinical Core Laboratory; Outpatient Clinical Laboratories; Pediatric Laboratories**

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
Complete Blood Count (CBC) Or CBCD/Automated Differential. Any Instrument Flag, ie. a) Poor scatterplot discrimination b) Incomplete computation messages for differential results c) WBC or differential region flags d) Instrument suspect messages e) Instrument definitive message		Blood film review and/ or manual white blood cell (WBC) differential	

**Confirmatory or Adjunctive Tests for Hematopathology**

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
Bone Marrow Aspirate Smear Interpretation		PAS stain (special stains group 2)	88313
		Myeloperoxidase (determinative histochemistry to identify enzyme components)	88319
		Esterase (determinative histochemistry to identify enzyme components)	88319

**Confirmatory or Adjunctive Tests for Flow Cytometry**

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
Leukemia Immunophenotyping of Bone Marrow, Fine Needle Aspiration, Cerebral Spinal Fluid, Pleural Fluid, Peritoneal Fluid, Tissue, Peripheral Blood		Leukemia Immunophenotyping	
		2 to 8 antibodies tested	88187
		9 to 15 antibodies tested	88188
Additional Flow Cytometry tests to identify prognostic markers and / or therapeutic targets will be performed in patients diagnosed with the appropriate leukemia / lymphoma.		16 or more antibodies tested	88189

### Confirmatory or Adjunctive Tests for Clinical Microbiology

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
Culture Bacteria Body Fluid, CSF, Sputum/ETA/BAL, Tissue, Ear, Dialysis Fluid, Cystic Respiratory, Other Source Without Anaerobes, Other Source With Anaerobes		Gram stain	87205
Culture Bacteria Tissue		Grind tissue	87176
Culture Bacteria Blood, Body Fluid, CSF, Catheter Tip, Sputum/ETA/BAL, Tissue, Ear, Eye, Dialysis Fluid, Cystic Respiratory, Other Source Without Anaerobes, Other Source With Anaerobes, Culture Fungus Blood		Bacterial identification (definitive, GLC, Streptex) based on method(s) used for each appropriate aerobic isolate.	87077 87143 87147
		Bacterial susceptibility testing (KB, MIC, Etest, or beta-lactamase) for each appropriate isolate based on method used.	87181 87184 87186 87185
		Yeast or mold identification (definitive) for each appropriate isolate.	87106 or 87107
		Fungal susceptibility testing (Etest, MIC) for each drug/yeast isolate based on physician request and test method used as appropriate for yeast isolated.	87181 87186
Culture Group A Strep, Culture Group B Strep Screen, Culture GC		Bacterial identification (definitive, GLC, Streptex) based on method(s) used for each appropriate aerobic isolate.	87077 87143 87147
		Bacterial susceptibility testing (KB, MIC, Etest, or beta-lactamase) for each appropriate isolate based on method used.	87181 87184 87186 87185
Culture Bacteria Body Fluid, Tissue, Other Source With Anaerobes		Anaerobic Culture	87075
		Anaerobe identification (definitive) for each anaerobic isolate.	87076
Culture Bacteria Blood		Anaerobe identification (definitive) for each anaerobic isolate.	87076
Culture Bacteria Urine		Bacterial identification for each aerobic isolate.	87077 or 87088
		Bacterial susceptibility testing (KB, MIC, Etest, or beta-lactamase) for each appropriate isolate based on method used.	87181 87184 87186 87185
		Yeast identification (definitive) for each appropriate isolate.	87106
		Fungal susceptibility testing (Etest, MIC) for each drug/yeast isolate based on physician request and test method used as appropriate for yeast isolated.	87181 87186
Culture AFB Respiratory Culture AFB Other Source Culture AFB Blood		Grind/homogenize specimen (tissue only)	87176
		Concentration of specimen (respiratory only)	87015
		AFB Smear (non-blood sources)	87206
		AFB identification (by probe or biochemicals) for each isolate	87149 or

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
		AFB susceptibility each drug (5) for each isolate.	87118 87190
Culture Fungus Culture Fungus Blood Culture Fungus, Skin, Hair, Nail		KOH Prep (appropriate source) India ink and 86403 Cryptococcal antigen (CSF only) Yeast or mold identification (definitive) for each isolate Fungal susceptibility testing (Etest, MIC) for each drug/yeast isolate based on physician request and test method used as appropriate for yeast isolated.	87210 or 87220 87210 87106 or 87107 87181 87186
Culture Candida Screen		Yeast identification (definitive) for each isolate Fungal susceptibility testing (Etest, MIC) for each drug/yeast isolate based on physician request and test method used as appropriate for yeast isolated.	87106 87181 87186
HIV Antibody 1&2 Combined (By EIA)		Western blot to confirm positive EIA test	86701
ICRV-1 (HIV-1 Antibody Stat for Blood and Body Fluid Exposure) or Labor & Delivery HIV-1 Antibody		HIV 1&2 antibody (EIA) to confirm stat method Western blot to confirm positive EIA test.	86689 86701
Malaria Smear (Thick And Thin Films) Microfilariae Exam		Concentration of specimen	87015
RPR		RPR quantitative to determine actual titer Treponema pallidum Confirm to confirm reactive RPR results.	86593 86781
Treponema pallidum Confirm		RPR RPR quantitative if RPR reactive for actual titer.	86592 86593

### Confirmatory or Adjunctive Tests for Transfusion Service

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
Type And Screen		ABO discrepancy ABO Rh recheck Adsorption procedure Antibody panel/blood Antibody screen (IAT) Antibody titer-blood Antigen typing	86901 86901 86978 86870 86885 86886 86903

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
		Cold agglutinins titer-blood Cold screen Direct antiglobin (DAT) Eluate blood HTLA titer Pretreat RBC-chem, drug Pretreat RBC-density Pretreat RBC-enzyme Pretreat serum-drugs Pretreat serum-inhibitors Red cell phenotype-complete	86157 86156 86880 86860 86886 86970 86972 86971 86975 86977 86905
Newborn Type And Screen		ABO discrepancy ABO Rh recheck Antibody panel/blood Antibody screen (IAT) Antigen typing Eluate blood	86901 86901 86870 86885 86903 86860
Red Cell Blood Product Order		Type and screen/ABO type Type and screen/Rh type Type and screen/Ab screen ABO recheck Crossmatch Crossmatch-extended Antigen typing Hematocrit blood Irradiation blood product Deglycerolization handling fee Reconstituted RBC handling fee Red blood cells handling fee Sickle cell screen Transfusion reaction	86900 86901 86885 86901 86920 86922 86903 85013 86945 86931   85660 86078
Platelet Product Order		Transfusion reaction Type and screen/ABO type Type and screen/Rh type ABO recheck	86078 86900 86901 86901

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
		Volume reduction fee-platelet	86985
		Irradiation blood product	86945
		Platelet handling fee-pheresis	86965
		Platelet handling fee-pooled	86965
		Platelet HLA best match fee	86965
		Platelet Crossmatch	86920
		Platelet antibodies direct	86022
		Platelet antibodies indirect	86023
		Platelet antibodies-drug induced	86022
		Platelet specific antigen-PL A1 typing	86022
Plasma Product Order		Type and screen/ABO type	86900
		ABO recheck	86901
		Type and screen/Rh type	86901
		Type and screen/Ab screen	86885
		Transfusion reaction workup	86078
		Plasma products handling fee	86927
Post-Natal Rh Immunoglobulin		Type and screen/ABO type	86900
		Type and screen/Rh type	86901
		Type and screen/Ab screen	86885
		Fetal screen	85461
		ABO Rh recheck	86901
Pre-Natal Rh Immunoglobulin		Type and screen/ABO type	86900
		Type and screen/Rh type	86901
		Type and screen/Ab screen	86885
		ABO Rh recheck	86901
DAT (Direct Antiglobulin Test)		ABO and Rh type/ABO type	86900
		ABO and Rh type/Rh type	86901
		Antibody screen (IAT)	
		Cold screen	86156
		DAT C3	86880
		DAT IGG	86880
		Eluate Blood	86860
		Antibody panel/blood	86870
Antibody Titer		ABO Rh recheck	86901
		Antibody panel/blood	86870



Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test	CPT Code for Confirmatory or Adjunctive Test
RBC Phenotype		ABO Rh recheck	86901
		Direct antiglobin (DAT)	86880
ABO/Rh Type		ABO discrepancy	86901
		ABO recheck	86901
		Cold screen	86156
		Direct antiglobin (DAT)	

### Confirmatory or Adjunctive Tests for Histopathology

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
Level II Surgical Pathology Gross And Microscopic Examination	88302	Technical only, additional slides	902-907
		Decalcification	88311
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Electron microscopy	88348
Level III Surgical Pathology Gross And Microscopic Examination	88304	Technical only, additional slides	902-907
		Decalcification	88311
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
Level IV Surgical Pathology Gross And Microscopic Examination	88305	Immunofluorescent study indirect method	88347
		Electron microscopy	88348
		Technical only, additional slides	902-907
		Decalcification	88311
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
		Immunohistochemistry Immunofluorescent study Immunofluorescent study indirect method Electron microscopy Nerve teasing preparations	88342 88346 88347 88348 88362
Level V Surgical Pathology Gross And Microscopic Examination	88307	Technical only, additional slides Decalcification Special stains group I for microorganisms Special stains group II all other Determinative histochemistry to identify chemical components Determinative histochemistry to identify enzyme constituents Immunohistochemistry Immunofluorescent study Immunofluorescent study indirect method Electron microscopy	902-907 88311 88312 88313 88318 88319 88342 88346 88347 88348
Level VI Surgical Pathology Gross And Microscopic Examination	88309	Technical only, additional slides Decalcification Special stains group I for microorganisms Special stains group II all other Determinative histochemistry to identify chemical components Determinative histochemistry to identify enzyme constituents Immunohistochemistry Immunofluorescent study Immunofluorescent study indirect method Electron microscopy	902-907 88311 88312 88313 88318 88319 88342 88346 88347 88348
Consultation And Report On Referred Material Requiring Preparation Of Slides	88323	Technical only, additional slides Special stains group I for microorganisms Special stains group II all other Determinative histochemistry to identify chemical components Determinative histochemistry to identify enzyme constituents Immunohistochemistry Electron microscopy	902-907 88312 88313 88318 88319 88342 88348
Consultation, Comprehensive, With Review of Records And Specimens, With Report On Referred Material	88325	Technical only, additional slides Decalcification Special stains group I for microorganisms	902-907 88311 88312

Initial Test Request	CPT Code for Initial Test	Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
		Special Stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Electron microscopy	88348
Pathology Consultation During Surgery With Frozen Section	88331	Additional tissue block with frozen section	88332

### Confirmatory or Adjunctive Tests for Cytopathology

Initial Test Request	CPT Code for Initial Test	CPT Code for Confirmatory or Adjunctive Test / Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
Concentration technique, smears and interpretation (cytospin)	88108	Technical and professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Liquid-based slide prep technique, smears and interpretation	88112	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Fluids, washings or brushings, except cervical or vaginal; smears with interpretations	88104	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319

Initial Test Request	CPT Code for Initial Test	CPT Code for Confirmatory or Adjunctive Test / Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Fluids, washings or brushings, except cervical or vaginal; smears and filter preparation with interpretation	88107	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Consultation And Report On Referred Material Requiring Preparation Of Slides	88323	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Consultation, Comprehensive, With Review of Records And Specimens. With Report On Referred Material	88325	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special Stains group II all other	88313
		Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Evaluation of fine needle aspirate; immediate cytohistologic study to determine adequacy of specimen	88172	Technical & professional fee additional slides/services	
		Cell Block	88305
		Special stains group I for microorganisms	88312
		Special Stains group II all other	88313
Evaluation of fine needle aspirate; interpretation and report	88173	Determinative histochemistry to identify chemical components	88318
		Determinative histochemistry to identify enzyme constituents	88319

Initial Test Request	CPT Code for Initial Test	CPT Code for Confirmatory or Adjunctive Test / Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
Cervical or vaginal (any reporting system), collected in preservative fluid, automated thin layer preparation	88142 P3000 G0123	Cytopathology, cervical or vaginal (any reporting system); requiring interpretation by physician	88141

### Confirmatory or Adjunctive Tests for Immunopathology

Initial Test Request	CPT Code for Initial Test	CPT Code for Confirmatory or Adjunctive Test / Confirmatory or Adjunctive Test Procedure	CPT Code for Confirmatory or Adjunctive Test
Immunopathology of Native or Transplant Kidney, Heart, or Lung Biopsy		Immunohistochemistry	88342
		Immunofluorescent study	88346
		Immunofluorescent study indirect method	88347
		Electron microscopy	88348

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