

Methodist Health Services Corporation & UnityPoint Health Methodist Proctor Laboratory ADMINISTRATION	Page # 1 of 3	Section: UPPIA LA: Regulatory & Administrative	Policy #: 02.009 Formerly: B-09
	Approved by: see signature block at end of document		Date: 6/6/17
	Revised: 6/6/17, 3/30/16 9/28/15, 6/19/14, 8/30/11, 7/27/10, 9/1/2008, 1/21/08,7/31/07, 1/22/07, 8/09/06, 4/17/06, 3/22/06, 10/16/05, 11/29/00, 7/20/00, 6/20/00,		
	Reviewed: 8/24/13		
	Policy/Revision Submitted by: Dana Spears, Interim Administrative Director		
	CAP Standard: NA		
POLICY GUIDELINE ON: Ordering of Reflexive Tests			

I. POLICY:

The Department of Pathology is committed to complying with all regulations that apply to reflexive testing.

II. PURPOSE:

- A. To identify testing that the laboratory may reflex to further testing without intervention of the ordering provider.
- B. To inform staff, clients, and physicians as to which test may have reflexive testing performed.
- C. To clearly state why reflexive testing is performed and how it is billed.

III. POLICY SCOPE:

This policy applies to any lab tests that will generate reflexive tests at either lab campuses..

IV. GENERAL INFORMATION:

Reflexive tests are those that are performed as a result of the original test result and have been determined by the pathologists to be clinically significant and in the patient's best interest. It is necessary that physicians be notified of any reflexive testing to be ordered by the laboratory. The Medical Staff must understand and concur that a reflexive test is a necessary part of the diagnosis and treatment of patients. The physician always retains the right to request that the reflexive test not be performed if he/she feels it is not medically necessary. Reflexive testing is identified below.

V. PROCEDURE:

- A. Microbiology Reflexive Testing (only selected microbiology is performed at Proctor campus)
 1. Direct Smears (Gram stain, AFB stain)
 - a. Physician orders for the following cultures will imply that a direct smear should be performed and billed:
 - Aerobic/Anaerobic culture
 - Body fluid culture
 - Cerebrospinal fluid culture
 - Genital, male culture
 - Lower Respiratory culture (sputum, bronchial brushings, washings, BAL secretions, or biopsy)
 - Sinus Culture
 - Tissue culture
 - AFB culture
 - Aerobic Wound culture
 - b. Physician orders for the following cultures will **not** imply that a direct smear should be performed and billed. A separate Gram stain or fungal stain order is required before testing and billing will occur.
 - Ear culture

Eye culture
Fungus culture

2. Susceptibility testing

Susceptibility testing is performed and charged as reflexive testing when the isolate is clinically significant. Clinical significance is based on site of infection, pathogenicity of the isolate, quantity of the isolate and patient's diagnosis. Susceptibility testing will not be performed reflexively on polymicrobial cultures. In these cases, a written physician order is required before susceptibility testing will be performed and billed.

3. Emergency/5 SW locations

If a specimen is received from the Emergency department or Labor and Delivery (5SW) for Urinalysis then laboratory will order urine culture if the criteria is met. Criteria: Positive Leukocyte esterase and/or Positive Nitrite and >5 WBCs observed in the microscopic.

4. Throat culture

If the physician orders a Rapid Strep Screen for Group A Strep and the screen is negative, a throat culture will be ordered, and results reported. (Exception: If only one swab is submitted, culture cannot be done.)

B. Immunology Reflexive Testing

1. Antinuclear Antibody (ANA) – Any positive ANA screen will be quantified automatically.

2. FTA-ABS – confirmatory testing for Syphilis will be performed on all patients with reactive RPR results. A FTA-ABS will automatically be ordered, charged, and reported when the RPR result is reactive.

3. Confirmatory Method for Reactive HIVs will be ordered and charged in all positive HIV tests..

C. Histology Reflexive Testing

1. Decalcification of Tissue – Certain tissue samples require a decalcification procedure performed before they can be processed. A charge for decalcification is billed for this additional process.

2. Special Stains – It may be necessary to perform special stains on tissue sections to obtain a definitive diagnosis. These stains are ordered by the Pathologist, billed by the laboratory and the results incorporated into the final report.

D. Flow Cytometry Analysis

1. Flow Analysis – it may be necessary to perform flow analysis on blood or tissue to determine cellular characteristic in order to obtain a definitive diagnosis. These analysis are ordered by the Pathologist, billed by the laboratory and the results incorporated into the final report.

E. Blood Bank Reflexive Testing

1. Antibody Identification – antibody identification is performed as reflexive testing when the Antibody Screen is reported as positive.

2. Compatibility Testing – When the patient is found to have an antibody upon performing the Type & screen, the Blood Bank will crossmatch and antigen type two units of blood. These procedures will be considered reflexive testing and will automatically be billed for the technical services.

3. Antibody Elution – If a sample has a positive direct antiglobulin test, an antibody elution will be performed on the cells to identify the coating antibody. This will be considered as reflexive testing and will be billed.

F. Urinalysis Reflexive Testing

1. Urine microscopic - this will be performed and charged on any UA –dip when one or more of the biochemical reactions tested on the dip stick show a positive result, with the exception of Protein, which will require a result of greater than Trace (15mg/dl) before it is considered as a positive result.

G. Cytology

1. HPV by In-situ hybridization – If a Pap Smear has an atypical squamous cells of undetermined significance diagnosis, an ISH probe will be used to identify certain types of HPV associated with cervical cancer. This will be considered as reflexive testing and will be billed.

H. Chemistry

If Hepatitis C Ab screen is reactive, testing will reflex to order Hepatitis C Virus Quantitative PCR.

There are certain tests are performed to produce a result but these are not billed.

I. Hematology- Peripheral blood smear by pathologists.

J. Send outs- Various send outs will generate a charge if the result is positive.

Reflexive tests are not to be confused with tests that are performed, and not billed, because they are needed as part of the analysis or as information for the technologist. Some examples would be a manual differential due to a resulted CBC, sickle cell screen done for the hemoglobin electrophoresis or a hematocrit done for RBC folates.

V. MAINTENANCE AND STORAGE

A. All policies and procedures are reviewed every two years, (except for Safety procedures which are yearly) by Laboratory Administration and or the Medical Director of the Laboratory or designee when there are changes in practice standards, or requirements.

B. All policies and procedures are reviewed every two years (except for Safety procedures which are yearly) by staff or at the time new or revised ones are put in effect.

C. All policies are retained 8 years after being discontinued or revised.

D. All procedures are retained 2 years after being discontinued or revised

REVISION HISTORY (began tracking 2011)			
Rev	Description of Change	Author	Effective Date
1	Added policy scope, updated system name, added revision history and signature block	R. Borge	8/24/13
2	Revised for both campuses, removed Cult Hold, changed name of confirmatory HIV testing.	R. Borge	3/30/16
3	Added reactive Hepatitis C Ab reflex to Hep C Virus Quantitation PCR	A.Gibbs	06/08/17

Reviewed by

Designee	Date	Administrative Director	Date
		<i>Richard J. Borge</i>	8/24/13
		<i>Richard J. Borge</i>	3/30/16
R. Gross	6/8/17	<i>Pana Spears / R. Gross DO.</i>	6/10/17