<table>
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<tr>
<th>Initial Test</th>
<th>CPT Code</th>
<th>Reflex Criteria</th>
<th>Reflex Test</th>
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<tbody>
<tr>
<td>Allergic Bronchopulmonary Aspergillosis (ABPA)</td>
<td>82785</td>
<td>If total IgE is &gt;417 IU/mL</td>
<td>Aspergillosis specific IgE</td>
<td>86003</td>
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<tr>
<td>Activated Protein C Resistance (APCR)</td>
<td>85307</td>
<td>If result is abnormal</td>
<td>Factor V Leiden</td>
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<tr>
<td>ADAMTS13 Activity Profile</td>
<td>85397</td>
<td>*If activity is &lt;= 30% *If inhibitor is &gt;=0.7</td>
<td>ADAMTS13 Inhibitor ADAMTS 13 Antibody</td>
<td>85335 83520</td>
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<td>Alpha-1-Antitrypsin Proteotype S/Z</td>
<td>82542 82103</td>
<td>If proteotype and quantitation are discordant</td>
<td>Alpha-1-Antitrypsin Phenotype</td>
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<td>Aspergillosis Specific IgE</td>
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<td>If elevated</td>
<td>Aspergillosis IgG</td>
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<tr>
<td>Antibody Screen, Blood</td>
<td>86850</td>
<td>If screen is positive</td>
<td>Antibody Identification Elution</td>
<td>86870 86850</td>
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<td>Neutrophil Cytoplasmic Antibody (ANCA)</td>
<td>86255</td>
<td>If ANCA Qual screen is positive</td>
<td>Endomyosal Antibody Titer</td>
<td>83876 83520 86256</td>
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<td>Antinuclear Antibody, ANA, Screen</td>
<td>86038</td>
<td>If ANA qualitative is positive</td>
<td>Antinuclear Antibody, Quant</td>
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<td>Antinuclear Antibody, ANA, Reflex</td>
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<td>If ANA qualitative is positive</td>
<td>ANA, Quantitative DS DNA Quantitative</td>
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<td>Brucella Antibody Screen, IgG and IgM</td>
<td>86622 x2</td>
<td>If screening is positive or equivocal</td>
<td>Brucella Total Ab, Agglutination</td>
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<tr>
<td>Cold Agglutinin Screen, Serum</td>
<td>86156</td>
<td>If result is positive</td>
<td>Cold Agglutinin Titer</td>
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<tr>
<td>Cryoglobulin and Cryofibrinogen Panel, Serum and Plasma</td>
<td>82585 82595</td>
<td>If cryoglobulin has a result other than negative.</td>
<td>Immunofixation-Cryoglobulin</td>
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<td>Cryptococcal Antigen</td>
<td>87899</td>
<td>If result is 2+ or greater</td>
<td>Cryptococcus Titer</td>
<td>87899</td>
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<tr>
<td>Direct Antiglobulin Test, Ployspecific</td>
<td>86880 x2</td>
<td>If screening is positive</td>
<td>Anti-C3 and Anti-IgG Elution and Antibody Identification</td>
<td>86880 86860 86870</td>
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<td>Initial Test</td>
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<td>Drug Screen, Comp MS, Urine</td>
<td>80307</td>
<td>If screening is positive for barbiturates, cannabinoids, or opiates</td>
<td>Barbiturates Confirmation, Opiates Conf MS Ur, and Cannabinoids Conf. The barbiturate and/or opiate confirmation may identify one or more individual drugs within the class.</td>
<td>barbiturates-80345(G0480) cannabinoids-80349(G0480) opiates-80361(G0480) 80365(G0480) 80356(G0480)</td>
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<td>Drug Screen, Meconium</td>
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<td>If screening is positive for any substance(s), confirmation testing is performed for that substance(s).</td>
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<td>80324/80359 80349 80353 80361/80365 83992</td>
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<td>Endomysial Antibodies, Serum</td>
<td>86255</td>
<td>If result is positive</td>
<td>Endomysial Antibody Titer</td>
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<td>Ethylene Glycol, Serum</td>
<td>80320(84600)</td>
<td>If result is &gt;4 mg/dL and specimen is first one for patient</td>
<td>Confirmation by GCMS</td>
<td>80320(84600)</td>
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<tr>
<td>Extractable Nuclear Antigens Screen</td>
<td>86235</td>
<td>If result is positive or border-line positive</td>
<td>Anti-Sm/ RNP Ab Anti-Sm Ab Anti- SSA Ab Anti-SSB Ab</td>
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<td>Hemoglobin Analysis</td>
<td>83020</td>
<td>If abnormal C or S fraction is identified, first time patient</td>
<td>Acid Gel Electrophoresis Acid Gel Electrophoresis Alkaline Gel Electrophoresis</td>
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<td>If other abnormal hemoglobin fraction is identified, first time patient</td>
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<td>Hepatitis B Surface Antigen</td>
<td>87340</td>
<td>If result is indeterminate</td>
<td>Hepatitis B Surface Specific Antibody Neutralization (EIA) Confirmation</td>
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<tr>
<td>HIV 1/2 Ab + p24 Ag</td>
<td>87389</td>
<td>Reactive HIV-1&amp;2 Ab result</td>
<td>Multiplex HIV-1/HIV-2 Rapid test</td>
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<tr>
<td>Histoplasma Antigen, Urine</td>
<td>87385</td>
<td>If antigen test is indeterminate, confirmation testing will be performed by Mira Vist</td>
<td>Histoplasma Antigen, Urine</td>
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<tr>
<td>Histoplasma Capsulation Antibody Screen, Serum</td>
<td>86698</td>
<td>If result is positive or equivocal</td>
<td>Histoplasma, Immunodiffusion Histoplasma, Mycelial CF Histoplasma, Yeast CF</td>
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<td>Hepatitis C Genotype</td>
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<td>An indeterminate result</td>
<td>Hepatitis C Genotype Resolution</td>
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<td>HTLV 1-2 Antibody</td>
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<td>Reactive HTLV 1-2 antibody result</td>
<td>HTLV 1-2 Ab Confirmation</td>
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<td>Infliximab</td>
<td>80299</td>
<td>Results below 5.1 mcg/dL</td>
<td>Testing for antibodies to infliximab</td>
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<td>Lipid Panel</td>
<td>80061</td>
<td>If Triglyceride is &gt;400 mg/dL</td>
<td>Direct LDL</td>
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<td>Hepatitis C Genotype</td>
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<td>Lipid Panel</td>
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<td>Lupus Antibody Panel</td>
<td>85670</td>
<td>If the dRVVT Screen is abnormal</td>
<td>dRVVT Confirm</td>
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<td>85613</td>
<td>or the LA PTT Screen is abnormal</td>
<td>50:50 Ratio</td>
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<td>LA PTT Confirm</td>
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<tr>
<td>Lyme Disease Ab</td>
<td>86618</td>
<td>If result is positive</td>
<td>Lyme Disease Ab Western Blot</td>
<td>86617x2</td>
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<td>Mitochondrial Antibody</td>
<td>86255</td>
<td>If result is positive at 1:10 dilution</td>
<td>Mitochondrial Antibody Titer</td>
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<tr>
<td>Mycoplasma pneumoniae IgG and IgM</td>
<td>86738x2</td>
<td>If Mycoplasma pneumoniae IgG is positive or equivocal</td>
<td>Mycoplasma pneumoniae IgM by Indirect Immunofluorescence (IFA) performed</td>
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<td>Myocardial Antibody</td>
<td>86255</td>
<td>If positive, results are titerized</td>
<td>Myocardial Antibody Titer</td>
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<tr>
<td>Paraneoplastic Autoantibody</td>
<td>83519x5</td>
<td>If evaluation patterns are indeterminate or suggestive, reflex testing will be performed for the pattern(s) in question.</td>
<td>GAD65 Ab Assay</td>
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<td>Evaluation, Serum</td>
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<td>Paraneoplastic Autoantibody</td>
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<td>Wblot CRMP-5-IgG Western Blot</td>
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<td>ACh Receptor (Muscle) Mod Ab</td>
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<td>Amphiphysin Western Blot NMDA-R Ab CBA</td>
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<td>AMPA-R Ab CBA GABA-B-R Ab CBA</td>
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<td>NMDA-R Ab IF Titer Assay AMPA-R Ab IF titer Assay GABA-B-R Ab IF Titer Assay</td>
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<td>NMO/AQP4-IgG CBA</td>
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<td>Paraneoplastic Autoantibody</td>
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<td>If evaluation patterns are indeterminate or suggestive, reflex testing will be performed for the pattern(s) in question.</td>
<td>GAD65 Ab Assay, CSF</td>
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<td>Evaluation, Spinal Fluid</td>
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<td>Paraneoplastic Autoantibody</td>
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<td>Wblot CRMP-5-IgG Western Blot, CSF VGKC-complex Ab IPA, CSF</td>
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<td>NMDA-R Ab IF Titer Assay AMPA-R Ab IF titer Assay GABA-B-R Ab IF Titer Assay</td>
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<td>NMO/AQP4-IgG CBA</td>
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### SLCH STANDARD REFLEX/CONFIRMATION TESTS 2017

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<tr>
<th>Initial Test</th>
<th>CPT Code</th>
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<th>Reflex Test</th>
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<tbody>
<tr>
<td>Peanut</td>
<td>86003</td>
<td>If result is &lt; 5.00</td>
<td>Peanut Component 2</td>
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<td>Porphyrins Evaluation, RBC WB</td>
<td>84311</td>
<td>If total erythrocyte porphyrin value is &gt; or = 80 mcg/dL</td>
<td>Protoporphyrins, Fractionation, WB</td>
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<tr>
<td>Porphyrins, Total, Plasma</td>
<td>84311</td>
<td>If total porphyrins are &gt;1.0 mcg/dL</td>
<td>Protoporphyrins, Fractionation, Plasma</td>
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<tr>
<td>Protein Electrophoresis, Serum</td>
<td>84165</td>
<td>*If a paraprotein is detected and an immunofixation has not been performed within the last year. *If gamma globulin result is &lt; 0.6 g/dL. If immunofixation is negative for monoclonal protein</td>
<td>Immunofixation Electrophoresis, Ser</td>
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<td>Protamine corrected</td>
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<td>Immunofixation Electrophoresis, Ser</td>
<td>83883x2</td>
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<td>Rapid Strep, Group A abx</td>
<td>87880</td>
<td>If result is negative</td>
<td>Culture, Beta Strep group A</td>
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<td>RPR, Qualitative</td>
<td>86592</td>
<td>If result is positive</td>
<td>RPR Quantitative and FTA</td>
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<tr>
<td>Smooth Muscle Antibody</td>
<td>86255</td>
<td>If screen is positive at 1:10 dilution</td>
<td>Smooth Muscle Antibody Titer</td>
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<tr>
<td>Thrombin Time</td>
<td>85670</td>
<td>If thrombin time is prolonged &gt; 25 seconds</td>
<td>Thrombin time - protamine corrected</td>
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<tr>
<td>Toxoplasma A IgG and igM</td>
<td>86778</td>
<td>If IgM is positive</td>
<td>Toxoplasma IgM Confirmation</td>
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<tr>
<td>Urine macroscopy</td>
<td>81003</td>
<td>If any result is abnormal</td>
<td>Urine microscopy</td>
<td>81015</td>
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<td>Volatiles Screen</td>
<td>80320</td>
<td>Quantitation of positive analyte(s)</td>
<td>Acetone Quantitation</td>
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<td>Ethanol Quantitation</td>
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<td>Isopropanol Quantitation</td>
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<td>Methanol Quantitation</td>
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<td>Von Willebrand Factor Activity</td>
<td>85246</td>
<td>If result is abnormal</td>
<td>Ristocetin cofactor</td>
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