

STANDARD REFLEX/CONFIRMATION TESTS - 2021

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
ABO Type	86900	If ABO discrepancy	Antibody identification Patient Red Cell Phenotyping	86870 86906
Activated Protein C Resistance (APCR)	85307	If result is abnormal If Low Delta mAbs (below 15)	Factor V Leiden	81241
Adalimumab Quantitative with Reflex to Antibody	80299	If the result is ≤ 5.0 mcg/ml	Adalimumab Antibody	83520
ADAMTS13 Activity (Evaluation)	85397	If activity is ≤ 30 If inhibitor is ≤ 0.7	ADAMTS13 Inhibitor ADAMTS 13 Antibody	85335 83520
Adenovirus DNA Detection by PCR, Qual	87798	If result is positive	Adenovirus DNA Detection by PCR, Quant	87799
Allergic Bronchopulmonary Aspergillosis (ABPA) Cascade	82785	If total IgE is > 417 IU/mL If Aspergillus IgE is > 0.35 kUnits/L	Aspergillus specific IgE (M3) Aspergillus IgG Antibody	86003 86606
Aspergillus Specific IgE	86003	If result is positive	Aspergillus IgG	86606
Alpha-1-Antitrypsin Proteotype S/Z, LC-MS/MS	82542 82103	If MS proteotype and quantitation are discordant	Alpha-1-Antitrypsin Phenotype	82104
Antineutrophil Cytoplasmic Antibody (ANCA)	86255	If ANCA qualitative is positive	ANCA , Confirmation (MPO, PR3) ANCA, Quantitative	83876 83520 86256
Antinuclear Antibody, ANA, Reflex	86038	If ANA qualitative is positive	ANA, Quantitative DS DNA, Quantitative	86039 86225
Antinuclear Antibody, ANA, Screen	86038	If ANA qualitative is positive	ANA, Quantitative	86039
Antibody Screen, Blood	86850	If screen is positive, the following <u>may</u> be performed as required	Antibody identification Antibody, Titer Absorption Elution Antigen Testing Patient Red Cell Phenotyping Inhibition/Neutralization Pretreatment of RBCs for Antibody with drugs Crossmatch Immediate Spin Crossmatch IgG Crossmatch Electronic Antigen Typing Donor	86870 86886 86978 86860 86905 86906 86977 86970 86920 86922 86923 86902
BCR/ABL major (p210)	81206	New diagnosis that is negative for major translocation	BCR/ABL minor (p190)	81207

Brucella Antibody Screen, IgG & IgM	86622 x2	If screening is positive or equivocal	Brucella, Total Ab, Confirmation	86622
Celiac Screen	83516 x2	TTG IgA and Gliadin ab IgA performed. If patient is deficient for IgA.	anti TTG IgG and Gliadin Ab IgG	83516 x2
Compatibility Antiglobulin	86922	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Compatibility Electronic	86923	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Compatibility Immediate Spin	86920	If compatibility testing is required for RBC exchange procedure on a patient with sickle cell disease, red cell antigen typing for C, E and Kell will be performed, if not previously performed or available in patient's blood bank history	Blood Type Non ABO/Rh each antigen	86905
Cryoglobulin, Serum	82595	If cryoglobulin has a result other than negative	Immunofixation Cryoglobulin	86334
Cryptococcus Antigen	87899	If latex agglutination is positive	Cryptococcus Titer	87899

Direct Antiglobulin Test, Polyspecific	86880	If screening is positive If anti-IgG is positive	Anti-C3 and Anti-IgG Elution Antibody Identification	86880 x2 86860 86870
Drug Abuse Screen, Meconium	80307	If screening is positive for any substance(s), confirmation testing is performed for that substance(s).	The confirmation may identify one or more of the following: Amphetamines Cannabinoids (Carboxy-THC) Cocaine metabolites Opiates Phencyclidine	<u>amphetamines</u> 80324 (G0480) 80359 (G0480); <u>cannabinoids-</u> 80349 (G0480); <u>cocaine</u> <u>metab-</u> 80353(G0480); <u>methadone-</u> 80358 (G0480) <u>opiates-</u> 80361 (G0480) 80365 (G0480) 80356 (G0480); <u>phencyclidine-</u> 83992
Electrophoresis, Protein, Reflex, Serum	84165	If a paraprotein is detected and an immunofixation has not been performed within the last year, or if the protein electrophoresis pattern is different from previous, or If gamma globulin is < 0.9 g/dL on initial testing If immunofixation is negative for monoclonal protein	Immunofixation, Serum Immunoglobulin Free Light Chains	86334 83883x2
Encephalopathy Autoimmune Evaluation, CSF	83519 86255 x 14 86341	If IFA is indeterminate. If IFA pattern suggests NMO/AQP4-IgG If NMO/AQP4-IgG FACS requires further evaluation If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests Amphiphysin Ab If IFA pattern	Paraneoplastic autoantibody Western Blot NMO/AQP4 FACS, CSF NMO/AQP4 FACS Titer, CSF CRMP-5-IgG Western blot Amphiphysin Western blot NMDA-R Ab IF titer AMPA-R Ab IF titer GABA-B-R Ab IF titer	84182 86255 86256 84182 84182 86256 86256 86256

		suggests NMDA-R and NMDA-R Ab CBA, CSF is positive If IFA pattern suggests AMPA-R and AMPA-R Ab CBA,CSF is positive If IFA pattern suggests GABA-B-R and GABA-B-R Ab CBA, CSF is positive		
Endomysial Antibodies, Serum	86255	If result is positive	Endomysial Antibody Titer	86256
Extractable Nuclear Antigens (ENA) Screen	86235	If screen is positive	RNP Ab Scl 70 Jo 1 Sm Ab SSA Ab SSB Ab	86235 86235 86235 86235 86235 86235
Heavy Metals Screen, with reflex, 24 hour urine	82175 82300 83825 83655	If the total Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, 24 hour urine	82175
Heavy Metal/Creatinine Ratio, with reflex, random urine	82175 82300 83825 83655 82570	If the total Arsenic concentration is 35 mcg/L or greater	Arsenic Fractionation, random urine	82175
Hemoglobin Analysis	83020	If abnormal C or S fraction is identified, first time patient If other abnormal hemoglobin fraction is identified, first time patient	Acid Gel Electrophoresis Acid Gel Electrophoresis Alkaline Gel Electrophoresis	83020 83020 83020
Hepatitis B Surface Antigen	87340	If Hepatitis B Surface Antigen is indeterminate	Hepatitis B Surface Antigen Confirmation	87341
Hepatitis C Ab (Anti-HCV)	86803	If Hepatitis C Virus serologic testing is reactive	Hepatitis C Virus (HCV) RNA PCR	87522
Hepatitis C Virus (HCV) Genotype	87902	If Hepatitis C Virus Genotype is indeterminate	Hepatitis C Virus (HCV) Genotype Resolution	87902
Histoplasma, Antigen	87385	If indeterminant on initial testing by	Histoplasma antigen	87385

		Mayo, testing is sent to Miravista for more definitive testing.		
HIV-1/HIV-2 Antibody +p24 antigen	87389	If reactive	HIV 1 Differentiation Geenius HIV 2 Differentiation Geenius HIV RNA- Request Dr. to order and send separate sample	86701 86702 87536
HLA-B*15:02 typing for carbamazepine sensitivity	81374	If HLA B*15 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-B*57:01 typing for abacavir sensitivity	81374	If HLA B*57 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-B*58:01 typing for allopurinol sensitivity	81374	If HLA B*58 is present by Low Resolution typing	HLA B locus high resolution typing	81381
HLA-DQB1*06:02 typing for narcolepsy susceptibility	81375	If HLA DQB1*06 is present by Low Resolution typing	HLA DQB1 locus high resolution typing	81383
HLA-typing for vaccine trial eligibility	81374	If HLA antigen is present by Low Resolution typing	HLA A locus high resolution typing	81381
HLA Low Resolution Class I and II DNA Typing	81370 81376 x2	If a renal living donor is selected to donate kidney, high resolution NGS typing is reflexed at the time of final crossmatch	High Resolution Class I and II DNA Typing by NGS	81378 81382x4
HTLV 1-2 Antibody	86687	If HTLV 1-2 Ab is positive	HTLV Confirmation	86689
Infliximab Quantitation with Reflex to Infliximab Antibodies to Infliximab	80299	If Infliximab level <5.1	Infliximab Antibodies	82397
Lipid Panel	80061	If triglyceride is ≥ 400	Direct LDL	83721
Lupus Anticoagulant Panel	85670 85613 85732	If the dRVVT Screen is abnormal or the LA PTT Screen is abnormal	dRVVT 50:50 dRVVT Confirm SCT Confirm SCT 50:50	85613 85613 85732 85732
Lupus Anticoagulant Panel	85670 85613 85732	If Low Delta mAbs (below 15)	Fibrinogen	85384
Lyme Disease Antibody, Serum or CSF	86618	If result is reactive	Lyme Disease Antibody, Western Blot	86617 x2
Mitochondrial Antibody	86255	If result is positive	Mitochondrial Ab Titer	86256

MS Profile, CSF and Serum	83883	If kappa free light chain is >0.0600	Oligoclonal Bands	83916 x2
Myasthenia Gravis Evaluation, Adult	83519 x2 83520	If AChR Modulating AB is $\geq 90\%$ and Striational AB is $\geq 1:60$	AChR Ganglionic Neuronal AB GAD 65 Antibody Neuronal VGKC Autoantibody CRMP-5-IgG Western Blot	83519 86341 83519 84182
Mycobacterium tuberculosis (MTB), PCR	87556	If PCR is ordered without Mycobacteriology culture	Mycobacteriology culture	87116
Mycoplasma pneumoniae, IgM, IgG Serum	86738 x2	If IgM is > 0.9	Mycoplasma pneumoniae, Ab IgM by IFA	86738
Myelin Oligodendrocyte Glycoprotein (MOG FACS, Serum)	86255	If result is positive	MOG FACS Titer, Serum	86256
Myocardial Antibody	86255	If result is positive	Myocardial Ab Titer	86256
Neuromyelitis Optica, IgG, CSF (NMO FACS, CSF)	86255	When results require further evaluation	NMO/AQP4 FACS Titer, CSF	86256
Neuromyelitis Optica, IgG, Serum (NMO FACS, Serum)	86255	When results require further evaluation	NMO/AQP4 FACS Titer, Serum	86256
Paraneoplastic Autoantibody Evaluation, Serum	83519 x5 83520 86255 x9	If IFA is indeterminate. If IFA pattern suggests NMO/AQP4-IgG If NMO/AQP4-IgG FACS requires further evaluation If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests GAD65 Ab If IFA pattern suggests Amphiphysin Ab If ACh receptor binding Ab is >0.02 or if striational Ab are >1:60 If IFA pattern suggests NMDA-R If IFA pattern suggests AMPA-R If IFA pattern	Paraneoplastic autoantibody Western Blot NMO/AQP4-IgG FACS NMO/AQP4-IgG FACS titration CRMP-5-IgG Western blot GAD65 Confirmation Amphiphysin Western blot ACh receptor modulating Ab and CRMP-5-IgG Western blot NMDA-R Ab CBA and/or NMDA-R Ab IF titer AMPA-R Ab CBA and/or AMPA-R Ab IF titer GABA-B-R Ab CBA and/or GABA-B-R Ab IF titer LGI1-IgG CBA, S and CASPR2-IgG CBA, S	84182 86255 86256 84182 86341 84182 83519 and 84182 86255 86256 86255 86256 86255 86256 86255 x 2

		suggests GABA-B-R If VGKC >0.00		
Paraneoplastic Autoantibody Evaluation, Spinal Fluid	86255 x9	If IFA is indeterminate. If IFA pattern suggests NMO/AQP4-IgG If NMO/AQP4-IgG FACS requires further evaluation If IFA pattern suggests CRMP-5- IgG If IFA pattern suggests GAD65 Ab If IFA pattern suggests Amphiphysin Ab If IFA pattern suggests NMDA-R If IFA pattern suggests AMPA-R If IFA pattern suggests GABA-B-R If IFA pattern suggests neuronal voltage-gated potassium channel- complex autoantibody If VGKCC > 0.00	Paraneoplastic autoantibody Western Blot NMO/AQP4-IgG FACS NMO/AQP4-IgG FACS titration CRMP-5-IgG Western blot GAD65 Confirmation Amphiphysin Western blot NMDA-R Ab CBA and/or NMDA-R titer AMPA_R Ab CBA and/or AMPA-R titer GABA-B-R Ab CBA and/or GABA-B-R titer VGKC-Complex Ab IPA LGI1-IgG CBA, CSF and CASPR2-IgG CBA, CSF	84182 86255 86256 84182 86341 84182 86255 86256 86255 86256 86255 86256 83519 86255 x 2
Porphyrins, Total, RBC WB	84311	If total porphyrins are > 1.0 mcg/dL	Porphyrins Fractionation, WB	82542
RPR, Qualitative	86592	If result is positive	RPR Quantitative and FTA	86593 86780
Smooth Muscle Antibody	86255	If screen is positive	Smooth Muscle Antibody Titer	86256
Stain, Acid-Fast	87206	If stain is positive on a respiratory specimen	Mycobacterium tuberculosis direct amplified probe technique	87556
Stain, Gram	87205	If fungal elements seen on Gram stain and fungus culture was not ordered	Fungus Culture	87102

Thrombin Time	85670	If thrombin time is >25 seconds	Thrombin Time - protamine corrected	85670
Thyroglobulin Reflex To MS or IA	86800	If Thyroglobulin Ab is <4.0 If Thyroglobulin Ab is >=4.0	Thyroglobulin performed by IA Thyroglobulin performed by MS	84432 84432
Thyroid Function Cascade	84443	If TSH is < 0.35 or > 5.5.	Free T4	84439
Toxoplasma IgG, IgM	86777 86778	If Toxoplasma IgM is positive	Toxoplasma IgM Confirmation	86778
TTG- IgA	83516	If IgA deficient	TTG- IgG	83516
Macro UA Reflex Microscopic Reflex Culture if Indicated	81003	For all patients except Neutropenic, if there are abnormal dipstick findings (Nitrite, Leukocyte esterase)	Urine Microscopy Urine Culture	81015 87086
Urine Reflex with Microscopic if Indicated	81003	If there are abnormal dipstick findings	Urine Microscopy	81015
Vasculitis Ab Screen w/ Reflex to ANCA	83876 83520	If MPO or PR3 are $\geq$ 1 AI then Antineutrophil cytoplasmic antibodies (ANCA) will be performed	ANCA qualitative ANCA, Quantitative	86255 86256
VDRL, Qualitative, CSF	86592	If test is reactive, weak reactive, or negative rough,	Quantitation	86593
Vedolizumab Quantitative, Serum	80280	When Vedolizumab results are 15.0 mcg/mL or less	Vedolizumab Antibody	82397
Volatiles Screen, Serum	80320 (84600)	Quantitation of positive analytes	Acetone Quantitation Ethanol Quantitation Isopropanol Quantitation Methanol Quantitation	80320 (84600) 80307 80320 (84600) 80320 (84600)
von Willebrand Factor Activity	85245	If screen result is < 55%	Ristocetin CoFactor Activity	85245