

PROVIDENCE ALASKA MEDICAL CENTER LABORATORY
Reflexive Testing (September 2016)

HEMATOLOGY					
Initial Test	Initial CPT Code	Reflexively Ordered Test	Added CPT Code	Additional Charges	Reason for Reflexive Ordering
Complete Blood Count (CBC) with Automated Differential, Blood	85025	Pathology Review	85060	Yes	Note: Only reviewed when not previously sent to pathologist First time blasts and/or malignancy suspected
Complete Blood Count (CBC) Without Differential, Blood	85027				
Pathology Review (Peripheral Smear)	85060	Complete Blood Count (CBC) with Automated Differential, Blood	85025	Yes	Standard clinical laboratory practice. CBC results prerequisite for Pathologist Review
Malaria Blood Smear	87207	Pathology Review Possible referral to determine species.	85060	Yes	Positive
Malaria Blood Smear	87207	Malarial PCR testing for speciation	87798	Yes	Positive
Cell Count and Differential, Spinal Fluid	89050	Pathology Review or Medical Cytology	88108	Yes	If during slide review any blasts or other malignant cell seen forward to pathologist for review; if hematopoietic, path review, if non-hematopoietic, medical cytology
Cell Count and Differential, Body Fluid	89051	Pathology Review or Medical Cytology	88108	Yes	If during slide review any blasts or other malignant cell(s) are seen, do Pathology review to rule out malignancy: if hematopoietic, path review, if non-hematopoietic, medical cytology
Urinalysis, with microscopic if indicated	81003	Urinalysis with microscopic analysis	81001 (replaces 81003)	Yes	Protein ≥ trace Blood ≥ trace Leukocyte Esterase ≥ 1+ Nitrite ≥ 1+
Urinalysis, with microscopic, & culture if indicated	81003	Urine Culture	87086	Yes	>10 WBC/hpf AND 1+ or greater bacteria *Approved by Med Exec 9/12/2016

*Additional charges may apply depending on the outcome of initial testing

PROVIDENCE ALASKA MEDICAL CENTER LABORATORY
Reflexive Testing (September 2016)

MICROBIOLOGY					
Initial Test	Initial CPT Code	Reflexively Ordered Test	Added CPT Code*	Additional Charges	Reason for Reflexive Ordering
Culture, CSF Smear	87070	Cryptococcal Antigen	87327	Yes	- Best practice per CACMLE if yeast observed on gram stain.
Culture, Fungus HSN	87101	Fungal Identification	87107	Yes	Additional charges if organisms grows
Culture, Fungus Smear	87220	Yeast Identification	87106		
Culture, Fungus HSN	87102				
Culture, Fungus Smear	87210				
Culture, Fungus, Blood	87103				
Culture, Yeast	87101	Yeast Identification	87106	Yes	Additional charges if organisms grows Epic collaborative build; perform KOH on each Yeast culture
Culture, Yeast	87102	KOH Hair, skin, nail KOH not HSN	87220 87210		
Culture, Acid-Fast Bacillus (AFB), smear	87116 87206 87015	Aerobic Organism Identification Anaerobic Organism ID Fungal Identification Yeast Identification	87077 87076 87107 87106	Yes	Additional charges if organisms grows and identification is indicated Epic collaborative build; abscess fluid aerobic culture (if fluid, NOT swab submitted) always includes anaerobic culture Epic collaborative build; Aerobic tissue cultures always includes anaerobic culture Epic collaborative build, best practice decision Epic collaborative build, best practice decision
Culture, Blood (Automated Method)	87040	Strep A, B, C or G typing AFB ID	87147 87149		
Culture, Urine (C&S)	87086	Abscess fluid Anaerobic culture	87158 87075		
Culture, Aerobic with Gram Stain, Wound	87070				
Culture, Anaerobic, Wound	87075				
Culture, Respiratory with Gram Stain	87070	Anaerobic culture	87075		
Culture, Tissue, Smear Anaerobe	87070				
Culture, Sterile Body Fld, SMR, w/anaerobe	87075	Includes gram stain	87025		
Culture, Eye, Smear	87070	Includes gram stain	87025		
Culture, Ear Smear	87070		87025		
Culture, Aerobic Body Fluid, Sterile source	87070	Culture, Anaerobic, Body Fluid	87075	Yes	Standard of care Reference: Clinical Microbiology Procedures handbook

*Additional charges may apply depending on the outcome of initial testing

PROVIDENCE ALASKA MEDICAL CENTER LABORATORY
Reflexive Testing (September 2016)

MICROBIOLOGY					
Initial Test	Initial CPT Code	Reflexively Ordered Test	Added CPT Code*	Additional Charges	Reason for Reflexive Ordering
Culture, Acid-Fast Bacillus (AFB), smear	87116	Susceptibility-MIC	87186	Yes	Additional charges if organisms grows & susceptibility is indicated
Culture, Blood	87206	Kirby Bauer	87184		
(Automated Method)	87015	ETest MIC	87181		
Culture, Urine (C&S)	87040	TB susceptibility 1 st Isolate	87188		
Culture, Aerobic with Gram Stain, Wound	87086		87186		
Culture, Anaerobic, Wound	87070		87158		
Culture, Respiratory with Gram Stain	87075		87150		
Culture, Aerobic with Gram Stain, Tissue	87070		87153		
Culture Anaerobic Tissue	87070				
Culture, Aerobic, Body Fluid	87075				
Culture Anaerobic Body Fluid	87070				
Culture, Eye	87075				
	87070				
Rapid Strep Screen	87880	Culture for Group A Strep	87081		
Culture, Strep B		Susceptibility-MIC	87186	Yes	Performed on positive cultures if patient is penicillin allergic
		Kirby Bauer	87184		
		ETest MIC	87181		Performed when broth is negative
		Group B, NAAT	87653		Based on CDC recommendations
Culture, Stool	87045	Enteric Pathogens Suspected Ecoli 0157 Shigatoxin Concentration	87046 87427 x 2 87015	Yes	All stools submitted for culture are routinely screened for Salmonella, Shigella, Campylobacter, E. coli 0157 and Shigatoxin
Cryptococcal Antigen		Cryptococcus Culture			

*Additional charges may apply depending on the outcome of initial testing

PROVIDENCE ALASKA MEDICAL CENTER LABORATORY
Reflexive Testing (September 2016)

BLOOD BANK					
Initial Test	Initial CPT Code	Reflexively Ordered Test	Added CPT Code*	Additional Charges	Reason for Reflexive Ordering
Coombs, Direct, Blood	86880	Eluate Eluate Antibody ID DAT C3 or IgG	86860 86870 86880	Yes	Positive DAT
RhoGAM® work-up	86900 86901 85461	Fetal Cell Differential to determine volume of fetal maternal hemorrhage & # RhoGam vials	85460	Yes	Positive Fetal screen
Transfusion Reaction Work-up	To Be determined	ABO RH DAT Pathologist Blood Bank Consultation & Interpretation	86900 86901 86880 86079 86077	Yes	Possible patient transfusion reaction
Antibody Screen, Blood Type & Screen Type & Crossmatch	86900 86901 86850 86920	Antibody ID Antigen Typing Antibody Titer DAT Crossmatch one unit	86870 86905&86902 86886 86880 86920	Yes	Positive antibody screen Positive level 3 antibody screen on Type & Screen
Antibody Titer	86886	ABO/Rh Free if none on file Antibody Screen Antibody Identification Patient Antigen Testing	86900 & 86901 86850 86870 86905	No Yes Yes Yes	When an antibody titer is referred to PAMC and the initial antibody workup has not been performed at PAMC, then the testing specified will be performed and billed.
Inpatient Type & Crossmatch	86900 86901 86850 86920	Type & Crossmatch	86900 86901 86850 86920	Yes	In the event an inpatient's Type & Crossmatch expires and additional units require transfusion, Blood Bank can order a new Type & Crossmatch

*Additional charges may apply depending on the outcome of initial testing

PROVIDENCE ALASKA MEDICAL CENTER LABORATORY
Reflexive Testing (September 2016)

CHEMISTRY					
Initial Test	Initial CPT Code	Reflexively Ordered Test	Added CPT Code	Additional Charges	Reason for Reflexive Ordering
Glycosylated Hemoglobin	83036	Hemoglobin A1c	83036	No charge for PAMC test	Abnormal peak results
Hepatitis C Antibody	86803	Hepatitis C Virus Antibody (Anti-HCV) Repeat	86803	No charge for PAMC test	Equivocal result
Hepatitis B Surface Antigen	87340	Hepatitis Bs Antigen (sendout)	87340 87341- confirm if appropriate	Confirmatory only	Hepatitis Bs Antigen reactive & Hepatitis B core AB negative
HIV1 Antibody, Rapid screen	86701	HIV-1 Antibody Confirmation Evaluation	86689 86702 81758 80443	Yes	Reactive result
HIV1 and 2 Antibody	86703	HIV-1/2 Antibody Confirmation Evaluation	86689 86702 81758 80443	Yes	Reactive result
Lipid Panel (AMA) with Reflex LDL	80061	Cholesterol, LDL, Direct, Serum	83721	Yes	Triglycerides > 400 mg/dL
TSH with Reflex FreeT4	84443	FreeT4	84439	Yes	TSH is abnormal (High or Low)

*Additional charges may apply depending on the outcome of initial testing