

STANDARD REFLEX/CONFIRMATION TESTS - 2023

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	Factor V Leiden	81241
Adalimumab QN with Reflex to Ab, S	80145	If Result </= 8 mcg/mL	Adalimumab Ab, S	83520
ADAMTS13 Activity Profile	85397	If activity is ≤ 20%	ADAMTS13 Inhibitor	85335
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 fumigatus IgE is positive (>0.35 kUnits/L)	Aspergillus specific IgE (M3) Aspergillus fumigatus IgG Ab	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)	86036	If ANCA qualitative is positive	ANCA , Confirmation (MPO, PR3) ANCA, Quantitative	83876 83520 86037
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 Crossmatch Immediate Spin Crossmatch IgG Crossmatch Electronic Antigen Typing Donor	86870 86886 86860 86905 86906 86977 86920 86922 86923 86902
BCR/ABL major (p210)	81206	New diagnosis that is negative for major translocation	BCR/ABL minor (p190)	81207
Blastomyces Ab by EIA	86612	If result is equivocal or positive	Blastomyces Ab	86612
Brucella Antibody Screen, IgG & IgM	86622 x2	If screening is positive or equivocal	Brucella, Total Ab, Confirmation	86622
CALR Mutation Analysis	81219	Suspected MPN (BCR/ABL neg, JAK2 V617F neg) that are	MPL Exon 10 Sequencing	81403
Celiac Screen	86364 86258	TTG IgA and Gliadin Ab IgA performed. If patient is deficient for IgA.	anti TTG IgG and Gliadin Ab IgG	86364 86258
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

STANDARD REFLEX/CONFIRMATION TESTS - 2023

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
CPAP aPTT Algorithm	85730	aPTT >40 seconds	Thrombin Time; If Thrombin Time <25 seconds then Lupus Anticoagulant with Reflexes; If prolonged screen results then dRVVTConfirm, dilute 50:50 mix, SCT Confirm, SCT50:50. If LA negative or indeterminate and the INR is <2.0 then Factors XI, IX, VIII	85670 85613 85732 85613 x2 85732 x2 85270 85250 85240
Cryptococcus Antigen	87899	If latex agglutination is positive	Cryptococcus Titer	87899
Culture, Blood	87040	If blood culture is positive for gram-positive cocci	Multiplex gram-positive organism nucleic acid direct probe technique	87800
Cytology, Liquid Based PAP Test	88142	With diagnosis of atypical squamous cells of undetermined significance (ASC-US)	Human Papillomavirus (HPV) Digene Hybrid Capture II (Amplified Probe)	87624
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 Screen with Confirmation, Ur	80307	If screening is positive for amphetamines, cocaine metabolite, fentanyl, methadone, opiates, oxycodone, or phencyclidine, perform confirmation.	Amphetamines Conf MS Urine, Cocaine Metab Conf., Fentanyl Conf MS Urine, Methadone Conf., Opiates Conf MS Urine, Oxycodone Conf MS Urine, Phencyclidine Conf. These may identify one or more individual drugs within their class.	amphetamines 80324 (G0480) 80359 (G0480); cocaine metab-80353(G0480); methadone- 80358 (G0480) opiates- 80361 (G0480) 80365 (G0480) 80356 (G0480); oxycodone- 80365 (G0480) phencyclidine-83992; fentanyl 80354 (G0480)
Encephalopathy Autoimmune Evaluation, CSF	86255 x 19 86341	If IFA is indeterminate. If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests Amphiphysin Ab If IFA pattern 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 If IFA pattern suggests GFAP Ab If IFA pattern suggests DPPX Ab If IFA pattern suggests mGluR1 Ab If IFA pattern suggests AGNA-1 Ab If IFA pattern suggests ANNA-1 Ab If IFA pattern suggests ANNA-2 Ab If IFA pattern suggests PCA-1 Ab If IFA pattern suggests PCA-Tr Ab If IFA pattern suggests IgLON5 Ab If IFA pattern suggests NIF Ab	CRMP-5-IgG Western blot Amphiphysin immunoblot NMDA-R Ab IF titer AMPA-R Ab IF titer GABA-B-R Ab IF titer GFAP IFA titer and GFAP CBA DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer AGNA-1 immunoblot ANNA-1 immunoblot ANNA-2 immunoblot PCA-1 immunoblot PCA-Tr immunoblot IgLON5 IFA titer and IgLON5 CBA alpha internexin CBA, NIF heavy chain CBA, NIF light chain CBA, and NIF titer	84182 84182 86256 86256 86256 86256 86255 86255 86256 86255 86256 84182 84182 84182 84182 84182 84182 86256 86255 86255 86255 86255 86255 86256
Encephalopathy Autoimmune Evaluation, Serum	86255 x 19 86341	If IFA is indeterminate. If IFA pattern suggests CRMP-5-IgG If IFA pattern suggests Amphiphysin Ab If IFA pattern suggests NMDA-R and NMDA-R Ab CBA, Serum is positive If IFA pattern suggests AMPA-R and AMPA-R Ab CBA,Serum is positive If IFA pattern suggests GABA-B-R and GABA-B-R Ab, Serum is positive	CRMP-5-IgG Western blot, ACh receptor (muscle) binding Ab Amphiphysin immunoblot NMDA-R Ab IF titer AMPA-R Ab IF titer, CRMP-5-IgG Western Blot, ACh R (muscle) binding Ab GABA-B-R Ab IF titer GFAP IFA titer and GFAP CBA DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer CRMP-5-IgG Western Blot, ACh R (muscle) binding Ab AGNA-1 immunoblot	84182 83519 84182 86256 86256 86256 86256 86256 86255 86255 86256 86256 86255 86256 84182 84182

STANDARD REFLEX/CONFIRMATION TESTS - 2023

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Endomysial Antibodies, Serum	86231	If result is positive	Endomysial Antibody Titer	86231
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
Gentamicin	80170	If random result is ≥ 45.0 mcg/mL or trough ≥ 2.1 mcg/mL	Potassium	84132
GIST mutation cKit	81272	If negative then	PDGFRA	81314
Gliadin Ab IgA	86258	If IgA deficient	Gliadin Ab IgG	86258
Glucose-6-Phosphate Dehydrogenase (G6PD),	82960	Deficient G6PD screen	Glucose-6-Phosphate Dehydrogenase (G6PD) Quant,	82955
Heavy Metals Screen, with reflex, 24 hour urine	82175 82300 83825 83655	If the total Arsenic concentration is 10 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 10 mcg/L or greater	Arsenic Fractionation, random urine	82175
Hemoglobin Analysis	83020	If abnormal C or S fraction is identified, first time patient	Acid Gel Electrophoresis	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 Res	87902
Herpes Simplex Virus (HSV) Antibody IgM	86694	If HSV Ab IgM is positive	HSV Ab IgM by IFA	86694
HIT-Ab PF4 with Reflex to Serotonin Release Assay (SRA)	86022	If the first HIT-Ab result during a single hospitalization is positive (>1.0 LIA Units)	Serotonin Release Assay	86022
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 Class I and Class II Single Antigen (SAB) Antibody Screen	86832 86833	If unusual antibody pattern by SAB	HLA Phenotype (PRA) Antibody Screen	86828
HLA Class I and Class II Single Antigen (SAB) Antibody Screen	86832 86833	If a historic serum or surrogate flow crossmatch is required to determine recipient/donor	HLA T and B Cell Halifaster Flow Crossmatch	86825 86826
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	High Resolution Class I and II DNA Typing by NGS	81378 81382x4
HTLV 1-2 Antibody	86790	If HTLV 1-2 Ab is positive	HTLV Confirmation	86689
HPV High Risk (ID 16,18,45)	87623 87624	If not 16,18,45 then	HPV Genotyping	87625
Infliximab Quantitation with Reflex to Infliximab Antibodies to Infliximab	80230	If Infliximab level <5.1	Infliximab Antibodies	82397
KRAS by NGS	81275	If negative then	BRAF by NGS	81276
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

STANDARD REFLEX/CONFIRMATION TESTS - 2023

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Methadone, Urine	80307	If result is positive	Methadone Confirmation	80358 (G0480)
Microalbumin, Urine	82043	If specimen is random (non 24-hour)	Creatinine	82570
Mitochondrial Antibody	86381	If result is positive	Mitochondrial Ab Titer	86381
Myasthenia Gravis Evaluation, Adult	83519	If AChR binding Ab is positive If AChR-binding Ab is negative	AChR Modulating Ab MuSK Autoantibody	83519 86255
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 reactive or equivocal	Mycoplasma pneumoniae, Ab IgM by IFA	86738
Myelin Oligodendrocyte Glycoprotein (MOG FACS, Serum)	86363	If result is positive	MOG FACS Titer, Serum	86363
Neuromyelitis Optica, IgG, CSF (NMO FACS, CSF)	86053	When results require further evaluation	NMO/AQP4 FACS Titer, CSF	86053
Neuromyelitis Optica, IgG, Serum (NMO FACS, Serum)	86053	When results require further evaluation	NMO/AQP4 FACS Titer, Serum	86053
Paraneoplastic Autoantibody Evaluation, Serum	83519 x2 86255 x9 86596	If IFA is indeterminate If IFA pattern suggests CRMP-5-IgG	CRMP-5-IgG Western blot, ACh R (muscle) binding and modulating Ab	84182 83519 86255
Paraneoplastic Autoantibody Evaluation, Spinal Fluid	86255 x9	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 VGKC autoantibody If VGKCC > 0.00 nmol/L If IFA pattern suggests DPPX If IFA pattern suggests mGluR1 If IFA pattern suggests AGNA-1 Ab If IFA pattern suggests ANNA-1 Ab If IFA pattern suggests ANNA-2 Ab If IFA pattern suggests PCA-1 Ab If IFA pattern suggests PCA-Tr Ab	CRMP-5-IgG Western blot GAD65 Ab RIA Amphiphysin immunoblot 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 RIA LG11-IgG CBA and CASPR2-IgG CBA DPPX Ab CBA and DPPX titer mGluR1 Ab CBA and mGluR1 titer AGNA-1 immunoblot ANNA-1 immunoblot ANNA-2 immunoblot PCA-1 immunoblot PCA-Tr immunoblot	84182 86341 84182 86255 86256 86255 86256 86255 86256 83519 86255 x 2 86255 86255 86256 86255 86256 84182 84182 84182 84182
Phencyclidine, Urine	80307	If result is positive	Phencyclidine Confirmation	83992
Porphyrins, Total, Plasma	84311	If total porphyrins are > 1.0 mcg/dL	Porphyrins Fractionation, Plasma	82542

STANDARD REFLEX/CONFIRMATION TESTS - 2023

Initial Test	CPT Code	Reflex Criteria	Reflex Test	CPT Code
Protein, Urine	84156	If specimen is random (non 24-hour)	Creatinine	82570
Prothombin Time	85610	Low Delta mAbs (below 15)	Fibrinogen	85384
Rotem Thromboelastography	85396	ROTEM testing ordered and no specific tests selected on order	ExTem and FibTem	85396
RPR, Qualitative	86592	If result is reactive	RPR Quantitative Treponemal Ab	86593 86780
Smooth Muscle Antibody	86015	If screen is positive	Smooth Muscle Antibody Titer	86015
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	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 <1.8 IU/mL If Thyroglobulin Ab is > or =1.8 IU/mL	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
Tobramycin	80200	If random result is ≥ 45 mcg/mL or trough ≥ 2.1 mcg/mL	Potassium	84132
Toxoplasma IgG, IgM	86777 86778	If Toxoplasma IgM is positive	Toxoplasma IgM Confirmation	86778
TTG- IgA	86364	If IgA deficient	TTG- IgG	86364
Type and Screen	86900 86901 86850	If St. Louis Children's Hospital patient scheduled for surgery with blood ordered/collected/available in SLCH blood bank	Crossmatch Immediate Spin Crossmatch IgG Crossmatch Electronic	86920 86922 86923
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
Macro UA Reflex Microscopic Reflex Culture if Indicated	81003	For neutropenic patients, if there are abnormal dipstick findings (Nitrite, Blood, Protein, Leukocyte esterase)	Urine Microscopy Urine Culture	81015 87086
Macro UA Reflex Microscopic if Indicated	81003	If there are abnormal dipstick findings	Urine Microscopy	81015
Vancomycin	80202	If random result is ≥ 60 mcg/mL or trough ≥ 25 mcg/mL	Potassium	84132
Vasculitis Ab Screen w/ Reflex to ANCA	83876 83520	If MPO or PR3 are ≥ 1 AI then Antineutrophil cytoplasmic antibodies (ANCA) will be performed	ANCA qualitative ANCA, Quantitative	86036 86037
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	80320 (84600) 80320 (84600) 80320 (84600)
von Willebrand Factor Activity	85245	If screen result is < 55%	VWF GPIbM Activity	85397