

REFLEX TESTING ACKNOWLEDGEMENT

PURPOSE:

The purpose of this Reflex Testing acknowledgement is to ensure that providers understand when reflex tests will be performed and how they will be billed to Medicare.

POLICY:

The laboratory will automatically perform reflex tests according to the attached chart when all three of the following conditions are met:

1. An initial test has been performed as ordered;
2. The initial test result meets the criteria for the reflex test; and
3. The hospital's Medical Executive Committee has approved those tests and criteria.

The provider will always have the option to order any initial test without the reflex test.

BILLING OF REFLEX TESTS:

The hospital bills for medically necessary reflex tests according to the CPT code listed on the chart(s).

ACKNOWLEDGEMENT AND APPROVAL:

By signing this acknowledgement, you acknowledge that you have reviewed the chart(s) for each facility where you are applying for or currently maintain privileges and agree that, whenever the initial test ordered meets the reflex criteria, the corresponding reflex test will be performed, reported and billed. If this acknowledgement is not returned to us, reflex testing will not be billed OR performed without an additional order from you.

APPROVAL AND TERMINATION OF ACKNOWLEDGEMENT:

This acknowledgement will remain in effect for two years. The acknowledgement will be incorporated into the recredentialing process. This acknowledgement may be terminated at any time with written notice to the Medical Staff Office.

CHART(s): Please keep the attached chart(s) for your reference.

Signature: _____ Date: _____

Printed Name: _____

LARGO MEDICAL CENTER/ INDIAN ROCKS CAMPUS

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Subject: LABORATORY REFLEX TEST ORDERS		Developed By: Director of Laboratory Services	
Department: LABORATORY	Administrative Approval: Dr. Richard Munoz MD, Laboratory Medical Director		Date:
	Additional Approval: T. Corelli, Dir of Lab Services		Date:
Review Date: Sept 30, 1999, July 4, 2000 May 14, 2001; Oct 30, 2001, Mar 23, 2004, Apr 2005, 12/05, 7/07, 7/08, 7/09, 7/10, 7/11, 7/12		Additional Approval: Medical Executive Committee	Date:

LABORATORY REFLEX TEST ORDERS EVALUATION

Reflex testing is that which is performed as a result of INITIAL test results and are used to further identify significant diagnostic information required for appropriate patient care. Laboratory personnel will perform reflex testing only as defined by the Medical Staff herein. Reflex testing has been reviewed to insure that duplicate tests are not billed and comprehensive coding occurs.

TEST ORDERED	RESULT	REFLEX TESTS PERFORMED	APPROVED DATE
ACID FAST SMEAR	POSITIVE	MYCOBACTERIUM TUBERCULOSIS COMPLEX BY PCR	May 14, 2001
ACID FAST CULTURE	POSITIVE	DNA PROBE FOR MYCOBACTERIUM TUBERCULOSIS COMPLEX AND MYCOBACTERIUM AVIUM INTRACELLULARE	May 14, 2001
ACID FAST CULTURE	POSITIVE FOR MTB	SENSITIVITIES TO IDENTIFIED ORGANISM	May 14, 2001
ANTIBODY SCREEN	POSITIVE	ANTIBODY IDENTIFICATION	Oct 12, 1999
ANTIBODY SCREEN & ANTIBODY ID	POSITIVE SCREEN & ID IS PERFORMED	ANTIGEN TESTING OF PATIENT CELLS & IF INDICATED ANY DONOR CELLS	Oct 12, 1999

TEST ORDERED	RESULT	REFLEX TESTS PERFORMED	APPROVED DATE
BACTERIAL ANTIGEN	POSITIVE OR NEGATIVE RESULT	CSF CULTURE	Oct 12, 1999
BLOOD COMPONENT	If order for products FFP, PLATELETS, CRYO is generated and the patient has not had any previous Blood Banks specimens drawn	ABO & RH TESTING	Oct 12, 1999
BLOOD BANK	Maternity patient is admitted	ABO & RH TESTING	Oct 12, 1999
BLOOD BANK DAT POLY	Adult result is POSITIVE	IgG DAT & C3 DAT	Oct 12, 1999
BLOOD CULTURE	POSITIVE	GRAM STAIN CULTURE ID AND SENSITIVITY	Oct 12, 1999
CBC w/ AUTO DIFF	AUTO DIFF: Abnormal Flags;, Monocytes >20% Basophils > 4% Eosinophils >15% Lymphocytes > 50% WBC <1000 buffy coat smear ONE time only	MANUAL DIFFERENTIAL	Oct 12, 1999
CBC w/ AUTO DIFF	WBC <2000 or > 30000 on any new admission or 1 st CBC Platelet counts <100,000 or >1,000,000 1 st platelet count; Significant changes in platelet counts (± 30,000) >100,000 RDW >16 with Hgb <10 MCV <75 fl MCV >100 fl RBC fragments Abnormal flags: Platelet clumps Microcytic RBC/PLT Anytime a question or doubt of results exists.	SMEAR REVIEW (SCAN)	Oct 12, 1999

TEST ORDERED	RESULT	REFLEXED TESTS PERFORMED	APPROVED DATE
CBC w/ AUTO DIFF	WBC <2000 or >30000 RBC >6.9 PLTC <90,000 or >1,000,000 MCV <75 or >100 RDW >16 with a HGB < 10 Lymphs > 60% Monos > 20% Eos >15% Baso > 6% Atypical Lymphs > 10% SMEARS with NRBC or Blasts	PATHOLOGY REVIEW *EXCEPTIONS Patients who are - Post surgical - Known Leukemias - GI bleeds - Polycythemias	Oct 12, 1999
CELL COUNTS ON BODY FLUIDS	Cell count > or = 10 nucleated cells	BODY FLUID DIFFERENTIAL	Oct 12, 1999
CELL COUNTS ON SPINAL FLUIDS	Cell count > or = 5 nucleated cells	SPINAL FLUID DIFFERENTIAL	Oct 12, 1999
CK	>308M >192F	CK-MB	Oct 12, 1999
CK-MB Relative %	≥ 4 %	Fasting Risk Profile	Oct 12, 1999
CULTURES	When ORGANISMS isolated from all cultures clinically indicates	IDENTIFICATION AND SENSITIVITY	Oct 12, 1999
CYTOLOGY	ALL body fluids with Cytology ordered or suspicious cells	PATHOLOGY REVIEW	Oct 12, 1999
HIV 1 ANTIBODY	POSITIVE	HIV CONFIRMATION TESTING	Oct 12, 1999
KLIEHAUER-BETKE	When ordered	ABO & RH	
TSH	0.0 to 0.09 Or > 4.82	FREE-T4	Oct 12, 1999
TSH	<0.1 AND Reflexed FREE-T4 normal	FREE-T3	Oct 12, 1999

TEST ORDERED	RESULT	REFLEXED TESTS PERFORMED	APPROVED DATE
TSH	0.10 to 0.34	FREE T3 FREE T4	Oct 12, 1999
TRANSFUSION REACTION	By direction of the Pathologist as indicated by results of primary Transfusion Reaction Workup	TRANSFUSION REACTION WORKUP – EXTENDED	Oct 12, 1999
TROPONIN I	≥ 0.08 ng/ml	Fasting Risk Profile	Oct 12, 1999
URINALYSIS	POSITIVE dipstick results for Blood/Hemoglobin Leukocyte Esterase Nitrite Protein	URINE MICROSCOPIC ANALYSIS	Oct 12, 1999
URINE MICROSCOPIC ANALYSIS (reflexed from UA)	> 5 WBC/hpf	URINE CULTURE	Oct 12, 1999
URINE CULTURE	When ordered without UA	URINALYSIS	Oct 12, 1999