

## **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: \_\_\_\_\_



## St. Petersburg General Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARD™

MEMO TO: Physicians  
FROM: Dr. Robert Slockett  
DATE: 1.30.2005  
SUBJECT: Reflex Testing

Medicare has a new policy, Reflex Testing, which is performed to expedite the diagnosis and treatment of patients, and must be approved by each physician even though it has been approved by the Executive Committee. These tests can be ordered without the reflex test if desired. Thanks for your cooperation.

Dr. Slockett, Laboratory Medical Director, recommends and requests approval of the following:

Reflex testing and order patterns. To clarify tests which reflex additional tests in the lab to decrease time and patient length of stay.

Positive culture to identification and susceptibility testing

1. Elevated CPK to CKMB on cardiac screens
2. Abnormal TSH to Free T4
3. Antibody Identification on Direct Coombs and Positive Antibody Screen
4. Titer on Positive ASO Screen
5. Titer on Positive RA Screen
6. Titer on Positive RPR
7. Special stain on complicated tissue diagnosis deemed necessary by Pathologist
8. Microscopics on positive urines
9. Cultures on negative strep screens.
10. Clinitest on children one year and under
11. DIC Panel to Platelet Count, PT, PTT, Fibrinogen and D-Dimer
12. Abnormal PFT to ADP
13. Positive HIV to Western Blot
14. Rh negative mother to Rhogam Workup
15. Positive HCG qualitative to HCG quantitative in ER only
16. Positive protein immunofixation to quantitative
17. Abnormal auto diff on CBC to manual diff and hemagram
18. Troponin, CK, CBC, CMP, PT and PTT on ER chest pain protocol