

**TITLE:** Reflexive Testing

**NUMBER:** 755.406.08

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**POLICY:** In accordance with acceptable Medical Laboratory practice, payer requirements, laws and regulations and to improve testing efficiency with faster turn around time of results to physicians, the Laboratory performs the following reflexive testing. Reflex testing may be appropriately charged by CPT code to reflect additional testing performed.

Reflex testing guidelines are developed with the Medical Director and approved by the Medical Executive Committee.

**GUIDELINES:**

1. The Medical Director and Laboratory staff identify appropriate procedure to reflex when additional testing is required.
2. The Medical Staff is notified by the Laboratory on which procedures are reflexive by:
  - a. In Touch articles
  - b. Outpatient Services Manual
  - c. Annual Letter
  - d. On the Laboratory requisition
  - e. Yearly review of Reflexive testing policy and guidelines by Medical Executive Committee.
3. Reflexive tests should be defined so that duplicate tests are not billed and comprehensive coding occurs.
4. Laboratory personnel must educate all staff associates responsible for ordering, testing, charging, or billing laboratory services on reflexive testing.
5. The requisition must be designed to allow the physician to indicate “Reflexive testing not desired”.

Definition of Terms

Reflexive testing: test that will be performed automatically as a result of initial test results and is to further identify significant diagnostic information required for appropriate patient care.

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**Reflexive Procedures at SEHC**

Test	Reflex to	Indication	Edge-wood	Coving-ton	Grant	Ft. Thomas	Florence
Blood Bank	Antibody Identification, Antigen Typing, Elutions, DAT	Procedure protocols	X	X	X	X	X
Lipid Panel Reflex(Cholesterol, Triglyceride, HDL, & Calculated LDL)	Direct LDL	Triglyceride >400 mg/dl	X	X	X		
Lipid Panel Screening(Cholesterol, Triglyceride, HDL, & Calculated LDL)	None		X	X	X	X	X
TSH reflex	Free T4	TSH <0.3 mIU/ml or >5.0 mIU/,m	X	X	X	X	X
TSH only		None	X	X	X	X	X
Troponin I	CKMB	Troponin is 0.06 – 0.10 ng/ml				X	X
Urinalysis	Microscopic exam	Specimen is not clear <b>or</b> a positive dipstick test result	X	X	X	X	X
Complete Blood Count (CBC)	Manual differential	WBC <4.0 Hgb <8.0 Plt <50,000 Lymph: > 6.0 Adult < 2.0 Child >8.0 Child Mono:>1.5 Neut: <1.0, >2.0 Eos:>2.0 Baso:>0.5 Any WBC suspect flags Child < 2 yrs	X	X	X		

Test	Reflex to	Indication	Edge-wood	Coving-ton	Grant	Ft. Thomas	Florence
Complete Blood Count (CBC)	RBC morphology	Hbg: <8.0 or >18.5 MCV: <70 or >105 RDW: >22					
D-dimer (FDPS)	FDP	D-dimer <0.46				X	X
ANA (Antinuclear Antibody)	ANA titer	Positive screen	X	X	X	X	X
Hepatitis BsAg	EIA neutralization	Positive	X	X	X	X	X
Hepatitis CAB	HCV (RIBA)	Positive	X	X	X	X	X
HIV 1 & 2	HIV1 Western Blot: if HIV1 WB is negative or indeterminate , then HIV-2 EIA	Positive	X	X	X	X	X
Culture Growth	Sensitivities	Pathogenic organism meets CLSI standards	X	X	X	X	X
Flu A & B screen	Culture	Upon order request & a negative result				X	X
Strep A screen	Culture	negative				X	X
Liquid based PAP smears	Digene HPV DNA Typing & requisition marked "reflex" or a faxed request within 21 days of collection	Diagnosis of ASC-US Not recommended for diagnosis of LSIL	X	X	X	X	X

### Reference Laboratory

St. Elizabeth utilizes several reference laboratories. Some of these tests may have reflexive tests. These tests will be performed unless noted on requisition "Reflexive Testing Not Desired".



