

Allina Health Laboratory Reflex Testing 2023

Test Description	CPT	Medicare Ntl. Limitation Amount
ABORH Type <ul style="list-style-type: none"> ABO discrepancies may require antibody identification, Direct Antiglobulin Test (DAT), and appropriate serologic or molecular testing to be performed as required. Each technique/panel needed will be charged separately. 	86900 86901 Variable	\$2.99 \$2.99
ANA Screen <ul style="list-style-type: none"> ANA titer will be performed at additional charge if ANA Screen is positive 	86038 86039	\$12.09 \$11.16
ANCA <ul style="list-style-type: none"> If c-ANCA or p-ANCA Screen is Positive, a Titer will be performed at additional charge If p-ANCA, c-ANCA or Atypical ANCA are Positive, testing will reflex to the following at an additional charge: <ul style="list-style-type: none"> Myeloperoxidase Aby Proteinase 3 Aby 	86255 86256 83876 83516	\$12.05 \$12.05 \$50.86 \$11.53
Ancillary testing for Pathology and Cytology specimens. Ancillary testing following the diagnosis of a malignancy for classification and eligibility for targeted therapy follow the Allina Health Cancer Committee recommendations and approvals. Examples include but are not limited to: immunohistochemistry stains, molecular mutation analysis, Fluorescence in situ Hybridization, chromosomal karyotyping, flow cytometry. Ancillary testing guidelines are updated frequently in response to newly approved therapies and advances in cancer care. The current list is maintained in the pathology department in the Allina Health Laboratory.	Variable	
Antibody Screen <ul style="list-style-type: none"> Antibody identification and appropriate red cell antigen typing(s) by either serology or molecular testing will be performed as required if Antibody Screen is positive Each serum technique/panel needed will be charged separately. Other special testing may be required for significant antibody identification and will be performed at additional charge DAT (Direct Antiglobulin Test) may be indicated with Elution and antibody identification. Two red cell components may be cross matched for in-patients type and screen who have a positive antibody screen and subsequent antibody. Antibody titer will be completed for appropriate prenatal patients 	86850 Variable Variable 86880 86870 Variable 86886	\$9.77 \$5.39 \$297.45 \$5.18

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Antibody Titer <ul style="list-style-type: none"> Antibody titer will include antibody identification and appropriate red cell antigen typing(s) as required Each serum technique/panel needed will be charged separately. Other special testing may be required for significant antibody identification and will be performed at additional charge 	86886 86870 Variable	\$5.18 \$297.45
Celiac Disease Cascade <ul style="list-style-type: none"> Total IgA is performed, <ul style="list-style-type: none"> If Normal or Elevated: TTg IgA is performed at additional charge If TTG IgA is Equivocal: The following will be performed at an additional charge: <ul style="list-style-type: none"> Deamidated Gliadin IgA Endomysial IgA If Total IgA is Low but ≥ 7.0: TTg IgA, TTg IgG, and Deamidated Gliadin IgA and IgG are performed at additional charge If Total IgA is Deficient < 7.0: TTg IgG and Deamidated Gliadin IgG are performed at additional charge 	82784 86364 86258 86231 86258 x 2 86364 86258	\$9.30 \$15.08 \$11.53 \$12.09 \$11.53 x 2 \$15.08, \$11.53
Clostridium difficile toxin PCR <ul style="list-style-type: none"> C. difficile positive Toxin PCR will reflex a GDH and Toxin A/B EIA test 	87493 87324 87449	\$37.27 \$11.98 \$11.98
CMV OB Cascade <ul style="list-style-type: none"> CMV IGG and CMV IGM are performed CMV Avidity will be performed at an additional charge if CMV IGG result is equivocal or positive. 	86644 86645 86644	\$14.39 \$16.85 \$14.39
CYG - Add Cells Analysis <ul style="list-style-type: none"> Additional cells will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result 	88285	\$26.91
CYG – Additional Karyotype <ul style="list-style-type: none"> Additional karyotypes will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result 	88280	\$33.47
CYG – Special Stain Individual <ul style="list-style-type: none"> Additional stains will be performed as deemed appropriate by the Director of Cytogenetics in order to clarify a result 	88283	\$68.60
CYG-Cryopreserve Culture <ul style="list-style-type: none"> A cell culture will be frozen for all specimens that need send out testing or if deemed necessary by the Director of Cytogenetics 	88240	\$13.07
CYG-FISH <ul style="list-style-type: none"> FISH testing may be performed based on findings in chromosome analysis 	Varies Varies	

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DAT – Direct Antiglobulin Test (Direct Coombs) <ul style="list-style-type: none"> DAT-IgG and DAT-C3 may be completed when appropriate Antibody elution (RBC) may be completed when appropriate Antibody identification and appropriate red cell antigen typing(s) by either serology or molecular testing will be performed as required if Eluate is positive 	86880	\$5.39
	86880	\$5.39
	86880	\$5.39
	86860	\$152.32
ELP and Free Light Chains Serum with Reflex to Immunofixation <ul style="list-style-type: none"> Immunofixation will be performed at additional charge if any abnormalities are seen on the ELP. 	84165	\$10.74
	83521 x 2	\$17.27 x 2
	86334	\$22.34
Fetal maternal screen <ul style="list-style-type: none"> Rh(D) typing may be performed at an additional charge if no Rh typing is in the patient history. May require Kleihauer Stain or Flow cytometry to assess possible fetal maternal hemorrhage. If the Rh of the infant is unknown or the infant is a D variant, a K/B stain or Flow cytometry will be reflexed. If the mother is a D variant, a K/B stain or Flow cytometry will be reflexed. 	82784 x 3	\$9.30 x 3
	85461	\$9.36
	86901 (if appropriate)	\$29.40
	86905 – Weak D if appropriate	\$3.83
	85460 (K/B stain)	\$7.73
88184 (Flow cytometry)	\$297.45	
Flow Cytometry <ul style="list-style-type: none"> Additional markers will be reflexed and charged if the screening panels are positive for an abnormal population. 	88184 & 88185	\$297.45
	88185	\$ Not Listed
Hepatitis B surface antigen (HBsAg) <ul style="list-style-type: none"> HBsAg Neutralization will be performed at additional charge if HBsAg is positive 	87340	\$10.33
	87341	\$10.33
Hepatitis C with Quantitation (HCV) <ul style="list-style-type: none"> HCV RNA Quant will be performed at an additional charge if the HCV is Equivocal or Reactive. 	86803	\$14.27
	87522	\$42.84
HIV1/HIV 2, Antigen / Antibody Combo Screen <ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation test will be performed at addl charge if HIV 1/2 is positive. 	87389	\$24.08
	86701	\$8.89
	86702	\$13.52
Lactate Screen Venous, iSTAT <ul style="list-style-type: none"> Elevated whole blood lactate screening results >2.0 are automatically referred for confirmatory plasma lactate quantification 	83605	\$11.57
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Lipid with Reflex (LPR) <ul style="list-style-type: none"> Direct Measured LDL will be performed at additional charge if the Triglyceride is > 400 mg/dl. 	80061 83721	\$13.39 \$10.50
Lupus Anticoagulant (PTT-LA/DRVVT Screen) <ul style="list-style-type: none"> DRVVT Confirm and StaClot LA will be performed at an additional charge if screening test for Lupus Anticoagulant is positive 	85730 85613 85598 85613	\$6.01 \$9.58 \$17.98 \$9.58
Lyme Screen: ordered with reflex <ul style="list-style-type: none"> Lyme Confirmatory Panel will be performed at additional charge if Lyme Screen is positive or equivocal 	86618 86617 86617	\$17.03 \$15.49 \$15.49
Microbiology Cultures <ul style="list-style-type: none"> Identification, susceptibilities and serogrouping will be performed on all microbiology isolates considered by the laboratory to be significant 	See the Allina Health Laboratory fee schedule for specific tests, CPT codes and prices.	
Pap ThinPrep® Screen ordered with Reflex Pap ThinPrep® Diagnostic ordered with Reflex <ul style="list-style-type: none"> Human Papillomavirus Profile (HPV) will be performed at additional charge if the providers orders reflex testing and the Thin Prep Pap is ASCUS 	G0145 or G0123 88175 or 88142 87624	\$26.49/\$20.26 \$26.61/\$20.26 \$35.09

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Protein S <ul style="list-style-type: none"> Protein S, Activity will be performed at additional charge if Protein S, Free is a LOW abnormal. 	85306 85306	\$15.32 \$15.32
Protein ELP Serum with Reflex to Immunofixation <ul style="list-style-type: none"> Immunofixation will be performed at additional charge if any abnormalities are seen on the ELP. 	84165 86334 82784 x 3	\$10.74 \$22.34 \$9.30 x 3
Rapid HIV 1 / 2 <ul style="list-style-type: none"> HIV-1/HIV-2 Differentiation Test will be performed at additional charge if Rapid HIV 1/2 is positive 	86703 86701 86702	\$13.71 \$8.89 \$13.52
Rh(D) Typing <ul style="list-style-type: none"> A weak D (Du) Typing is performed for the following patients at additional charge if Rh (D) typing is negative : <ol style="list-style-type: none"> Rh negative cord blood samples Rh negative OB patients with positive Fetal Maternal Hemorrhage Screens Patients with Rh typing discrepancies (i.e. history of Rh pos with current typing of Rh neg) 	86901 86901	\$2.99 \$2.99
Throat Rapid Strep A with Reflex <ul style="list-style-type: none"> Strep A PCR will be performed at additional charge if Throat Rapid Strep A antigen test is negative in all patients <18 years. Strep A PCR is available to clinic providers as a single order (without initial rapid strep testing). 	87880 87651	\$16.53 \$35.09
Treponema Pallidum (TNP) <ul style="list-style-type: none"> RPR will be performed at additional charge if TNP is reactive If RPR is positive, an RPR (Quant) Titer will be performed at an additional charge. If RPR is non-reactive, a TP-PA and USR will be performed at an additional charge. 	86780 86592 86593 86780 86592	\$13.24 \$4.27 \$4.40 \$13.24 \$4.27
Troponin I-Qualitative <ul style="list-style-type: none"> Quantitative Troponin I will be performed at an additional charge on indeterminate or positive Qualitative Troponin I 	84512 84484	\$10.09 \$12.47
TSH with reflex to free T4 <ul style="list-style-type: none"> Free T4 will be performed at an additional charge for any TSH value of <0.35 or >4.94 μIU/mL 	84443 84439	\$16.80 \$9.02
Urine Cytology ordered with Reflex to Urine FISH <ul style="list-style-type: none"> Urine FISH testing will be performed at additional charge if the provider orders reflex FISH testing and the cytology results are atypical/suspicious as determined by the pathologist. 	88112 88120	\$49.76 \$152.32
Von Willebrand Screen (VWI) <ul style="list-style-type: none"> Decrease in the vW Antigen and/or vW Activity and/or the vW Activity : vW Antigen RATIO, results will automatically reflex to the (CIEP) vW Multimers and will be sent to LabCorp at an additional charge 	85246 85240 85245 85247	\$22.94 \$17.90 \$22.94 \$22.94

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