December 2025

Sentara Reference Laboratory Compliance

Annual Communication

Dear Healthcare Provider,

The Office of Inspector General (OIG) of the Department of Health and Human Services recommends in its Model Laboratory Compliance Plan that laboratories send an annual notice to physicians advising them of the elements of the laboratory's compliance program (available at http://oig.hhs.gov/authorities/docs/cpglab.pdf).

This letter serves as the annual notice and provides helpful information regarding the ordering and processing of clinical laboratory tests.

Laboratory Order Requirements

Physicians can use multiple methods of ordering laboratory testing from Sentara Reference Laboratories (SRL), including EPIC and paper requisitions. We encourage you to utilize electronic options when ordering with Sentara Labs to optimize efficiency and compliance. If you are not yet ordering electronically and are interested in doing so, please contact your sales representative or customer services at 757-388-3213 to review if there are potential electronic options for your office.

We encourage and prefer the completion of the SRL Laboratory Requisition or complete order information submitted electronically via an interface. However, our laboratory will accept paper requisitions and orders that contain the following information, which is required by federal regulations, CLIA requirements and/or is necessary to screen the tests in the Laboratory Information System:

Requisition or Other Order Requirements:

- Ordering provider Name, NPI and **signature**
- Testing Requested
- ICD-10-Diagnosis codes clearly associated with ***EACH test ordered***
- Patient's demographics
  - Patient's Insurance
  - Date of Birth
  - Address
  - Telephone Number
  - Race
  - Marital Status
  - Gender
  - Ethnicity
  - Next of Kin for pediatric patients (<18 yrs)

Please work with our Sales Team to ensure you are using the most current revision of the Sentara requisition, discarding previous versions. For additional lab requisitions or to download the new form, please visit: www.sentaralab.com.

Expiration Date of Orders

It is expected that the expiration of orders should be indicated on the order and not exceed 12 months per Sentara policy. If the expiration date is not indicated on the order, the default expiration is 365 days from the order date.

Incomplete/Invalid Orders

To provide the best possible service to your patients and to fully comply with federal regulations and third-party payer billing requirements, the Laboratory may require the postponement of services when orders are not valid. If we receive an invalid or incomplete order, we will make reasonable attempts to contact your office for the necessary information. If, however, attempts to retrieve the required but missing information fail, we may be required to postpone the requested service until the necessary information is provided. We appreciate your cooperation in submitting valid orders.

Medical Necessity

Medicare, Medicaid, or other federally funded programs and commercial payers will only pay for tests that meet their coverage criteria and are reasonable and necessary to treat or diagnose a patient. These programs do not pay for tests where the patient records do not support that the tests ordered were reasonable and necessary. Tests ordered are reviewed against diagnoses provided by the physician according to the National Coverage Determinations (NCDs) issued by the Centers for Medicare and Medicaid Services (CMS) and Local Coverage Determinations (LCDs) issued by Palmetto GBA for Jurisdiction M, our Medicare Administrative Contractor (MAC). NCDs and LCDs can be accessed from the CMS website Medicare Coverage Database (MCD) at https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&from=Overview .

If a particular test that is ordered for a Medicare patient does not meet the NCD or LCD medical necessity guidelines, or is frequently restricted, the patient may be provided with an Advance Beneficiary Notice (ABN), if one was not already assigned at the time of ordering the services. This informs the patient of their potential financial responsibility for the test if Medicare denies the service. If an ABN is provided to and signed by the patient, unless the patient waives billing Medicare, the tests will first be submitted to Medicare for an initial determination. If Medicare denies the test, the patient will then be billed for the test. Your patients will also be provided with the opportunity to refuse the test if it is not likely to be covered by Medicare.

Organ & Disease Related Panels

Organ and disease-related panels should only be billed to and paid for by Medicare when **all** components are medically necessary. These panels may be ordered as a whole, rather than ordering each test individually, when each test is medically necessary. Please be aware of what tests are in each panel you order and do not order individual tests that might duplicate tests in the panel. Note that you should order individual tests rather than a panel when all tests contained in the panel are not required for diagnosis or treatment purposes.

Reflexive Testing

Sentara Reference Laboratories will perform reflex testing upon results of an initial laboratory test as outlined attached list of “Reflex Testing.” Reflex testing occurs when initial test results are positive or outside normal parameters and indicate that a second related test or further testing is medically appropriate. The Sentara approved Reflex Testing List is included in this letter and can also be found at www.sentaralab.com.

Medicare Clinical Laboratory Fee Schedule

In accordance with the Model Compliance Plan, we are also providing you with the Medicare Clinical Laboratory Fee Schedule and informing you that Medicaid reimbursement for laboratory services may be equal to or less than the Medicare reimbursement amount. This information is intended to ensure transparency regarding the federal program reimbursement received for the tests you order. You can access the Medicare fee schedule on the CMS website at https://www.cms.gov/medicare/payment/fee-schedules/clinical-laboratory-fee-schedule-clfs.

Sentara Reference Laboratory relies upon additional guidance from the OIG's Model Compliance Plan when performing tests that you order which include:

1. The information you submit on the order/requisition accurately reflects the medical reasons for requesting the specified tests.

2. The medical necessity and order for each of the individual tests submitted has been appropriately documented in the patient's medical record.

3. You are treating the patient in connection with the diagnoses, complaints or reasons listed on the order/requisition.

4. When ordering tests for screening purposes in asymptomatic patients, you acknowledge that Medicare generally does not cover screening tests. You also acknowledge that you or your staff have informed the patient of this coverage limitation, and that the test requisition clearly indicates the test is being ordered for screening purposes, even if reimbursement by the payer may not be available.

5. Upon request from the Sentara Reference Laboratory or its payers, you agree to provide documentation from your office that reflects that the test ordered was medically necessary for the patient.

Provider Exclusion Review

Sentara Laboratory conducts appropriate screenings of providers ordering laboratory testing. The Office of Inspector General (OIG) has the authority to impose civil monetary penalties against excluded entities that seek reimbursement from federal health care programs and providers that engage with excluded individuals to provide items or services to federal program beneficiaries. Providers are screened through a national database which includes sanctions of individuals from the OIG, as well as the SAM.gov website. This helps us to ensure providers with whom we do business have not been federally sanctioned or debarred from contracting with the federal government. These sanctions may have resulted from fraudulent Medicare or Medicaid claims, committing other forms of healthcare fraud, patient related medical misconduct, theft, financial fraud or illegal distribution of controlled substances. **Occasionally we are unable to rule out a provider that is flagged with a *potential* exclusion against the national database due to limited information to rule out such as date of birth or social security number on our community providers. In these cases, we may reach out and request a signed attestation to keep on file.**

False Claims

The Office of the Inspector General takes the position that an individual who knowingly causes a false claim to be submitted may be subject to sanctions or remedies available under civil, criminal, and administrative law. *The False Claims Act (FCA) - (U.S.C. §§ 3729—3733)*

Sentara Laboratory Medical Directors (Clinical Consultants)

Blue Ridge		
Sentara Halifax Regional Hospital	Pablo Souza, MD	434-517-3229
Sentara Lake Ridge	Arslan Ahmad, MD	703-523-1311
Sentara Northern Virginia Medical Center	Arslan Ahmad, MD	703-523-1311
Sentara Martha Jefferson FSED	Laura L. Spinelli, MD	434-654-7170
Sentara Martha Jefferson Hospital	Laura L. Spinelli, MD	434-654-7170
Sentara Rockingham Memorial Hospital	Mary (Molly) T. Galgano, MD	540-689-6670
Hampton Roads		
Sentara Albemarle Medical Center	Marcus C. Bethea, MD	252-690-4028
Sentara Belle Harbor	Eric Han, MD	757-934-4852
Sentara CarePlex Hospital	Jason M Wells, MD	757-736-0135
Sentara Cytogenetics	James D. Post, MD	757-388-3859
Sentara Independence	Valerio M. Genta, MD	757-395-6882
Sentara Leigh Hospital	Billur Samli, MD	757-261-6667
Sentara Norfolk General Hospital	James D. Post, MD	757-388-3859
Sentara Obici Hospital	Eric Han, MD	757-934-4852
Sentara Port Warwick II	Jason Wells, MD	757-736-0135
Sentara Princess Anne Hospital	Robert T Pu, MD	757-507-1626
Sentara Virginia Beach General Hospital	Valerio M. Genta, MD	757-395-6882
Sentara Williamsburg Regional Medical Center	Audrey E. Steck, MD	757-984-7998

Additional Contact Information

Laboratory Customer Service

757-388-3621

LabCustomerSvcs@sentara.com

Client Billing Information

757-388-5000

ClientBill_Lab@sentara.com

Laboratory Compliance Consultant

Audra M. Juenger, MS, MLS, CHC

757-284-3940

amparmit@sentara.com

Sentara®

December 2025

Vitamin D – Choosing Wisely

We have identified some opportunities in the provider ordering of Vitamin D Assay testing, to improve the thoroughness of provider documentation to support medical necessity or reasonableness for the testing, and adherence to the ABN process in instances where the testing may not be covered under CMS's indications and limitations of coverage and reimbursement.

We want to remind providers to avoid using Vitamin D testing as a screening tool. Additionally, choose wisely when ordering Vitamin D Assay testing.

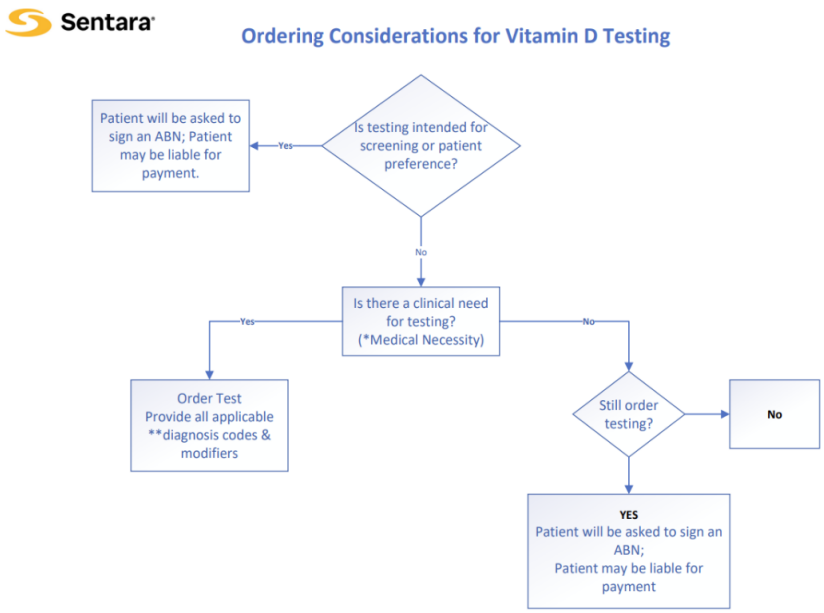
Once a beneficiary has been shown to be Vitamin D deficient with a serum level of <30 ng/ml, a repeat test after 12 weeks of supplementation will be considered reasonable and necessary to ensure adequate replacement has been accomplished.

The medical record must reflect that the beneficiary has been compliant with supplementation. A serum level >= 30 ng/ml will be considered evidence of adequate replacement, and no further testing is necessary.

If, after a 12-week period of supplementation and documentation of compliance with the prescribed supplementation, the serum level is still <30 ng/ml, 1 additional repeat testing within a rolling 12 –month period of the initial test may be performed.

Thereafter, annual testing may be appropriate depending on the indication and other mitigating factors. The documentation must support the need for annual testing. Annual testing should be rare.

To be Noted: *Using* E55.9, Vit D Deficiency, ***alone*** *does not support medical necessity.*
CMS requires a secondary code to support the generality.



Vitamin D Assay Ordering

Clinical Decision Tool **Pop-Up** added for EPIC users

When ordering Vitamin D testing with *only the ICD-10 code E55.9, Vitamin D deficiency*, a pop-up tool has been added to remind providers that this code alone does not support medical necessity and **must be accompanied by an additional supporting code.**

Without an additional supporting code, an ABN will be required.

Other notes to consider for **Vitamin D** testing:

- Should *not* be ordered for screening purposes
- Repeat testing is often unnecessary if Vitamin D levels are greater than 30 ng/ml
- Repeat testing is often unnecessary if patient is clinically stable
- **Please refer to CMS publications of our Local Coverage Determinations (Palmetto GBA) for more information regarding Vitamin D Assay Testing.**

⇒ **Vitamin D Assay Testing (L39391)**

⇒ **Vitamin D –Coding and Billing (A59170)**

Sentara Reference Laboratory REFLEX TESTING 12/2025

Reflex testing is a valuable tool for providing timely, cost-effective, and quality care to patients.

A reflex test is a laboratory test performed (and charged for) subsequent to an initially ordered and resulted test. Reflex testing occurs when an initial test result meets pre-determined criteria (e.g., positive, or outside normal parameters) as outlined in this document. It is performed automatically without the intervention of the ordering physician.

The reflex test adds valuable diagnostic information and is consistent with best medical practices. Certain confirmatory reflex tests are required by law; but each laboratory establishes its own criteria for medically appropriate reflex tests. SRL is committed to abiding by all Federal and State laws, regulations, and guidelines regarding reflex testing.

Reflex testing may prevent the need for additional specimen procurement from the patient. When ordering a reflexed test, you must consider whether the secondary tests are medically necessary for the specific patient and for the specific situation in which the order is placed. If you consider the secondary tests unnecessary, order the initial test **without** the reflex.

If a physician does not want a reflex test performed according to the protocol established by Sentara Health, he/she must indicate such at the time the initial test is ordered.

The following chart contains the criteria used for reflex testing at Sentara Reference Laboratories.

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
HEMATOLOGY / COAGULATION / URINALYSIS					
Synovial Fluid Cell Count/Differential	LAB211, LAB1047	89051	Abnormal cells noted and no accompanying Cytology order	Body Fluid Pathologist Review	85060
Body Fluid (BF) Cell Count	LAB210	89051	Abnormal cells noted and no accompanying Cytology order	BF Cell Count/Diff. BF Pathologist Review	
Cerebrospinal (CSF) Cell Count and Differential	LAB1045	89051	Abnormal cells noted and no accompanying Cytology order	BF Pathologist Review	
CBC Complete Blood Count (W/O Differential)	LAB294	85027	Samples meeting our pathology review criteria for parameters included in the CBC such as WBC, Hgb and MCV	Pathologist Review	
CBC w/ Differential	LAB293	85025	Slide reviewed based on analyzer flagging, Abnormal cells noted	Pathologist Review	
Hgb S screen with Reflex to Hemoglobin Electrophoresis	LAB636	85660	Positive	HGB Electrophoresis with interpretation	83020
Urinalysis Automated Microscopic if Indicated	LAB347	81003	Positive Leukocyte Esterase (trace or higher), Positive Nitrite, 30mg/dL or higher Protein, Positive blood (trace or higher), cloudy or turbid specimen	Microscopic Exam performed	81003 credited, 81001 billed
Urinalysis w/ Micro Reflex Culture	LAB6046	81003	Positive Leukocyte Esterase, Positive Nitrate, OR >15 WBC per field on a Microscopic Analysis	Microscopic Exam performed. Urine Culture added if indicated	81003 credited, 81001 billed, 87086
Ectopic Pregnancy Panel	LAB1132	84703	Positive	Beta HCG Serum (quant)	84702
Lupus Anticoagulant Screen	LAB1056, LAB1024, LAB4282	85613	Positive	Lupus Anticoagulant Confirmatory test	85613
APC-R with Reflex	LAB1015, LAB1024	85307	If less than 1.8	Factor V Leiden	81241

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
CHEMISTRY					
UDS (Urine Drug Screen) complete with Confirmation	LAB0962	80305	Reflex to quantitative/confirmatory test for each positive component as needed to include AMPHETAMINE, PCP, BARBITURATE, COCAINE, OPIATE, CANNABINOID, BENZODIAZEPINE and METHADONE	AMPHETAMINE QUANTITATION URINE	G0480 (1 unit for each confirmatory test)
Drug Screen Urine 10 w/Reflex	LAB682	80307	Reflex to quantitative/confirmatory test for each positive component needed to include AMPHETAMINE, PCP, BARBITURATE, COCAINE, OPIATE, CANNABINOID, and BENZODIAZEPINE	AMPHETAMINE QUANTITATION URINE	G0480 (1 unit for each confirmatory test)
Lactic Acid with Reflex	LAB950	83605	If lactic acid is >2.00 mmol/L	Lactic Acid (1x timed order, 2 hrs. from initial Lactic Acid)	83605
Lipid Complete	LAB0278	80061	if triglyceride >400	LDL-C	83721
Thyroid Cascade TSH	LAB0257	84443	If TSH>4.2 mcU/mL, or If TSH<0.27 mcU/mL	T4 Free	84439
			If FT4 <=1.8 ng/dL	T3 Free	84481
Thyroid Replacement TSH	LAB0258	84443	If TSH>4.2 mcU/mL, or If TSH<0.27 mcU/mL	T4 Free	84439
Troponin Care Path	LAB0270	84484	If Troponin 0 hour is >=6 ng/L, and < 52 ng/L, OR if Symptoms are <3 hours in duration, perform Troponin 1 Hour.	Troponin 1 Hour	84484
			If Troponin 1 Hour >=12 ng/L and <52 ng/L, and the change from 1 hour is <5 ng/L OR is Troponin 1 hour is <12 ng/L and the change from 1 hour is >= 3 ng/L, perform Troponin 3 hour.	Troponin 3 Hour	84484
HEP C viral antibody	LAB0041	86803	Reactive	HEP C Virus PCR Quant	87522
HIV 1/2 Ab/Ag Combo, STAT	LAB1196	87806	Reactive	HIV 1/2 Ab with differentiation	G0475
HIV-1/0/2 Antigen/Antibody with Reflex	LAB1192	G0475	Reactive	HIV 1/2 Ab with differentiation	G0475
HIV 1/2 Ab Differentiation with Reflex	LAB1194	G0475	Non-Reactive	HIV1 RNA Qualitative PCR	87535

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
MICROBIOLOGY					
Culture, AFB	LAB3016 & LAB3172	87116 & 87206	Positive concentrate smear	M. tuberculosis by PCR - sputum	87556
				M. tuberculosis by PCR - non sputum	87564
			Positive findings	Organism ID (may be more than one per culture)	Depending on ID and source
				Sensitivity (may be more than one per culture)	
Culture, Anaerobic	LAB3015	87075	Positive findings	Organism ID (may be more than one per culture)	87076

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
MICROBIOLOGY (continued)					
Culture, Blood	LAB462	87040	Positive findings	Organism ID (may be more than one per culture)	87077
				Sensitivity (may be more than one per culture)	87186
			SRMH ONLY - Gram positive cocci positive finding	MSSA/MRSA PCR	87641
			SRMH, SHRH, SNVMC, SMJH ONLY - Positive findings	Bacterial pathogen and resistance testing PCR	87154
Culture, Urine	LAB239 & LAB3052	87086	Organism growth in combination with quantity and source details	Organism ID (may be more than one per culture)	87077
				Sensitivity (may be more than one per culture)	87186
Culture, Other includes respiratory, wound, body fluid, and or abscess	VARIOUS LAB #s	87070	Positive findings	Organism ID (may be more than one per culture)	87077
				Sensitivity (may be more than one per culture)	87186
Culture, Stool	LAB3063	87045 & 87046	Positive findings	Organism ID (may be more than one per culture)	87077
				Sensitivity (may be more than one per culture)	87186
	LAB3036, LAB6019	87427	Included as Enteric Panel	Shiga Toxin	87427
	LAB3063, LAB3007	87899		Campy antigen	87899
Culture, Fungus	LAB3078	87102	Positive findings	Fungus identification (may be more than one per culture)	87106
				Sensitivity (may be more than one per culture)	
Culture, Throat – Strep Only	LAB288	87081	Positive findings	Organism ID (may be more than one per culture)	87077
Rapid Strep Screen	LAB3002	87880	Presumptive Negative for patients 18 years or younger	Throat Culture	87081
Group B Streptococcus PCR	LAB3173	87150	Positive and Susceptibility is requested.	Sensitivity	87186
C. difficile Assay	LAB253	87493	Positive findings	C. difficile EIA GHD/TOX	87324 & 87449

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
TRANSFUSION SERVICES					
Direct Antiglobulin (DAT)	LAB274	86880	Positive	Monospecific Testing	86880 x2
Antibody Screen (IAT)	LAB278	86850	Positive	Antibody Id	86870
Fetalscreen	LAB5005	85461	Positive	KB stain	85460
Antibody ID	LAB5052	86870	Positive - first identification and patients have not been transfused or pregnant in the past 90 days	Antigen Typing	86905(1 or more antigens)
Transfusion Reaction	LAB5000	86078	Temperature increase > 2.7F for platelets or >3.6F for red blood cells	Culture and Gram stain	87205, 87040
			Suspected acute hemolytic transfusion reaction	Indirect Bilirubin, Haptoglobin and LDH	82247, 82248, 83010, 83615
Type and screen	LAB276	86900 86901 86850	No historical blood type	ABO/Rh (retype)	86900 86901
Type and screen Pre-OP	LAB276A		Patients have history of antibodies or current antibodies identified	Antigen Typing	86902 (1 or more units/antigens)
				Crossmatch - expanded	86920 x2
Crossmatch	LAB5094	86923	Patients have Sickle Cell Anemia and require a transfusion	C, E, K antigen typing based on patient phenotype	86902(1 or more units)
				Hgb S screen on units	85660 (1 or more units)
		86920	Patient on Daratumumab, Isatuximab and drug is interfering with testing	K antigen typing	86902 (1 or more units)
		86920	Patients with Anti-E needing Transfusion	E and c Antigen typing	86902 (2 per unit)
		86920	Patients have history of antibodies or current antibodies identified	Antigen Typing	86902 (1 or more units/antigens)

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
MOLECULAR / CYTOLOGY					
HEP C Genotype	LAB4008	87902	If HEP C Genotype is requested and there is no recent history of HCV Viral Load, HCV PCR will be performed prior to performing Genotype.	HCV RNA PCR	87522
HIV-1 Genotype	LAB4009/ LAB4788	87901	If HIV-1 Genotype is ordered and there is no recent history of HIV Viral load, HIV RNA PCR will be performed prior to genotyping.	HIV RNA PCR	87536
Fragile X Carrier Screen	LAB4336	81243	If premutation or full mutation are identified, reflex to confirmatory send out (in-house LAB4336 cancelled and no charge).	Fragile X Carrier (LabCorp)	81243
Urine Cytology	LAB8006		Abnormal	FISH	
Pap Smear, Liquid Based	LAB8050	88142	If ASCUS, then reflex HPV High Risk with Genotypes 16 and 18	If ASCUS, then HPV amplified range	87624
Thyroid Molecular Studies			Thyroid FNA reports as FLUS or suspicious for malignancy	Specimens forwarded to reference lab for testing. Thyroseq (Sonic Healthcare USA) and Afirma (Veracyte)	Billed through Reference Labs

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
IMMUNOLOGY / SEROLOGY					
ANA Screen by IFA	LAB147	86038	Abnormal	ANA Titer	86039
ANA Immunoassay Reflex Comprehensive Immunoassay	LAB4281	86038	Abnormal	ANA Comprehensive Immunoassay Panel	86225, 86235x8
ANA by IFA Reflex Titer and Comprehensive Immunoassay	LAB302	86038	Abnormal	ANA Titer + ANA Comprehensive Immunoassay Panel	86039, 86225, 86235X8
Anti-neutrophil Cytoplasmic AB	LAB458	86256	If P-ANCA is positive, reflex MPO Antibody. If C-ANCA is positive, reflex PR-3 antibody.	MPO antibody and/or PR-3 antibody	86021
Cryptococcal Antigen (serum or fluid)	LAB4039/ LAB4038	87327	Abnormal	Cryptococcal Antigen Titer (serum or fluid)	87327
Lyme Disease Antibodies with Reflex	LAB4367	86618	Abnormal	Lyme Disease Line Blot	86617x2
Peanut IgE w/component reflex	LAB744	86003	Abnormal	Peanut Components	86008 (varies based on number of reflexed components)
Brazil Nut IgE with component reflex	LAB803	86003	Abnormal	Brazil Nut Component	
Cashew Nut IgE with comp reflex	LAB810	86003	Abnormal	Cashew Nut Component	
Walnut IgE with component reflex	LAB806	86003	Abnormal	Walnut components	
Hazelnut IgE with component reflex	LAB807	86003	Abnormal	Hazelnut components	
Milk IgE with component reflex	LAB780	86003	Abnormal	Milk components	
Egg White IgE with component reflex	LAB831	86003	Abnormal	Egg components	
Cat Dander IgE with comp reflex	LAB830	86003	Abnormal	Cat components	
Dog Dander IgE with comp reflex	LAB829	86003	Abnormal	Dog components	
Allergy Regional Profile Zone 2 with component reflex	LAB4677	86003	IgE is Abnormal Cat or Dog, reflex Cat or Dog components	Cat and Dog components	
Allergens (16) Nut/Seed with Comp Reflex	LAB4759	86003	IgE is Abnormal for any of the following, reflex to components: Brazil Nut, Cashew Nut, Peanut, Walnut, and Hazelnut	Brazil Nut, Cashew Nut, Peanut, Walnut, and/or Hazelnut components	
Day 1 Foods with Component Reflex	LAB4762	86003	IgE is Abnormal for Milk or Peanut; respective component reflex is performed	Milk and/or Peanut Component	
Day 2 Foods with Component Reflex	LAB4763	86003	IgE is Abnormal for Cashew nut or Walnut; respective component reflexes are performed.	Cashew nut and/or walnut component	
Syphilis IgG/IgM Ab	LAB4702	86780	Abnormal	RPR Titer	86593
			If RPR titer is non-reactive after abnormal Syphilis Ab, reflex TP-PA	T. pallidum Ab, Particle Agglutination (TP-PA)	86780
RPR STAT	LAB4704	86592	Reactive	RPR titer	86593
				Syphilis IgG/IgM Ab	86780
Prenatal RPR	LAB4705	86592	Reactive	RPR titer	86593
				Syphilis IgG/IgM Ab	86780

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
PATHOLOGY					
Specimen for Pathology, Core Biopsy Cytology, or Cytology Fine Needle Aspirate	LAB8112/ LAB8154/ LAB8007		*IF pathological diagnosis is:*		
			First diagnosis of Non-Small Cell Lung Cancer (NSCLC) or no history of NGS	Solid Tumor NGS Panel	81479
				PD-L1	
			Squamous Cell and Large Cell Carcinoma	PD-L1	
			Esophagus Adenocarcinoma, Gastric/GE Junction Carcinoma	MSI (MMR) IHC, HER2 IHC, PD-L1 IHC	
			If MMR IHC is MLH1 Negative and PMS2 negative	BRAF Gene Mutation	81210
			If BRAF is negative for mutation	MLH1 promoter methylation	
			Small Bowel, Colon, or Pancreatic Adenocarcinoma, or Hepatic/Hepatobiliary Carcinoma	MMR IHC	
			If MMR IHC is MLH1 Negative and PMS2 negative	BRAF Gene Mutation	81210
			If BRAF is negative for mutation	MLH1 promoter methylation	
			Endometrial Adenocarcinoma	MMR IHC	
			If MMR IHC is MLH1 Negative and PMS2 negative, reflex MLH1 promoter methylation	MLH1 promoter methylation	
			Breast Carcinoma (Invasive mammary carcinoma)	ER, PR, HER2 IHC	
			If metastases	add PD-L1 IHC	
			If IHC is triple negative or equivocal	FISH HER2	88374
			Glioma	GFAP, p53, Ki-67, ATRX IHC & IDH1 R132H mutation	
				MGMT Promoter Methylation, NeoType Brain Profile	
			Meningioma, Ependymoma	Ki-67	
			Pituitary adenoma	Ki-67/Pituitary Panel IHC	
			Oropharynx Squamous Cell Carcinoma	p16 IHC	
			Head and Neck Squamous Cell Carcinoma	PD-L1 IHC	
			Amyloidosis	Amyloid Subtyping	
			Hairy Cell Leukemia	BRAF Gene Mutation	81210

Ordered Test	Lab Order	CPT Codes	Trigger	Reflex Test	Reflex CPT Codes
BONE MARROWS					
Specimen for Pathology - Bone Marrow	LAB7		If pathologic diagnosis suspects Acute Myeloid Leukemia of inpatients with no attending oncologist, reflex Myeloid NGS	Myeloid NGS Reflex Pathology Interpretation	81479
Specimen for Pathology - Bone Marrow	LAB7		Reflexes at discretion of pathologist to aid with diagnosis - reflexes to flow cytometry, chromosome analysis, and /or FISH	Flow Cytometry	88184, 88185
				Chromosome Analysis Bone Marrow	88264x1, 88237x2
				FISH Hematologic - selected panel varies based on diagnosis	88369, 88377, 88368
FISH Hematologic - Multiple Myeloma	LAB7015	88377x4	Abnormal	Multiple Myeloma FISH reflex panel	88377x4
FISH Hematologic - CLL	LAB7015	88377x4	Abnormal	IgH/CCND1 FISH	88377
FISH Hematologic - NHL	LAB7015	88377x4	Abnormal	Lymphoma specific FISH reflex panel	88377x5

LABORATORY COMPLIANCE
Sentara Reference Laboratory Solutions
Lab Admin, 3rd FLR, Raleigh Building
600 Gresham Drive
Norfolk, VA 23507

Phone: 757-284-3940
Fax: 757-388-2221
Email: amparmit@sentara.com