Sentara

Sentara Reference Laboratory REFLEX TESTING 12/2025

Reflex testing is a valuable tool in 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

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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

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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, 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)

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

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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 (quantity 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 for 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 reflex is 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 for inpatients with no attending oncologist, reflex Myeloid NGS	Myeloid NGS Reflex Pathology Interp	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