

Hemostasis and Thrombosis

REFLEX TESTING POLICY

The following tests have a reflex test protocol defined. That is, based on the results of the test ordered by the physician, additional testing as defined here, may be performed, reported and billed. This list is reviewed annually.

TEST	CPT CODE	PROTOCOL	REFLEXED TEST	CPT CODE
APCR	85307	If <2.0 If patient on Heparin	Factor V Leiden (PCR) (Requires cells from whole blood) Hepzyme™ treatment of sample	83891 83892 83894 83912 83898 (x2) 85525
A low APCR ratio suggests the presence of FV Leiden. This should be confirmed by a specific DNA-based test. Heparin will prolong the clot time and cause spurious results. It must be removed before testing.				
APTT	85730	If prolonged If patient on Heparin	APTT 1:1 Mix Hepzyme™ treatment of sample	85732 85525
Prolonged APTTs are repeated on a 1:1 mix with normal plasma to distinguish a factor deficiency from an inhibitor. Heparin will prolong the clot time and cause spurious results. It must be removed before testing.				
DRVVT	85613	If ordered alone	PTT-LA Kaolin Clot Time	85730 85730
The International Society for Hemostasis and Thrombosis Scientific Subcommittee on Lupus Anticoagulants (LA) recommends the use of three distinct test systems for the diagnosis of LA. To increase the chance of detecting a LA we will also perform the PTT-LA and Kaolin Clot Time.				
Factor VIII Inhibitor	85335	If ordered alone	Factor VIII activity	85240
Factor IX Inhibitor	85335	If ordered alone	Factor IX activity	85250
The interpretation of Factor VIII or IX inhibitor results is complicated by the presence of significant levels of FVIII or IX activity, e.g. after specific replacement therapy. The appropriate factor assay will therefore be performed when inhibitor assays are ordered alone.				
Kaolin Clot Time	85730	If ordered alone If prolonged If patient on heparin	PTT-LA DRVVT Kaolin Clot Time 1:1 mix Hepzyme™ treatment of sample	85730 85613 85732 85525
The International Society for Hemostasis and Thrombosis Scientific Subcommittee on Lupus Anticoagulants (LA) recommends the use of three distinct test systems for the diagnosis of LA. To increase the chance of detecting a LA we will also perform the PTT-LA and DRVVT. A prolonged Kaolin Clot Time is repeated on a 1:1 mix with normal plasma to distinguish a factor deficiency from an inhibitor. Heparin will prolong the clot time and cause spurious results – including potential misdiagnosis of a LA. It must be removed before testing.				
PTT-LA	85730	If ordered alone If prolonged If patient on Heparin	DRVVT Kaolin Clot Time PTT-LA 1:1 Mix Hepzyme™ treatment of sample	85613 85730 85732 85525
The International Society for Hemostasis and Thrombosis Subcommittee on Lupus Anticoagulants (LA) recommends the use of three distinct test systems for the diagnosis of LA. To increase the chance of detecting a LA we will also perform the DRVVT and Kaolin Clot Time. A prolonged PTT-LA is repeated on a 1:1 mix with normal plasma to distinguish a factor deficiency from an inhibitor. Heparin will prolong the clot time and cause spurious results – including potential misdiagnosis of a LA. It must be removed before testing.				
PTT-LA 1:1 mix	85732	If not corrected	StacLOT-LA	85597
Apparent inhibitory activity in the PTT-LA may indicate a LA. This can be confirmed by demonstrating correction of the clot time in the presence of hexagonal phase phospholipid, the basis of the StacLOT-LA.				
PFA-100 (CEPI)	85576	If abnormal	PFA-100 (CADP)	85576
Prolonged Closure Time in the CEPI test will be repeated with the CADP cartridge to distinguish an aspirin effect from a 'true' platelet defect.				
Protein C Activity and Protein S Activity	85303 85306	If either <40% If patient on Heparin	Factor VII Activity and Factor VIII Activity Hepzyme™ treatment of sample	85230 85240 85525
The interpretation of low Protein C and S activity is aided by knowledge of the FVII activity since this has a similar half-life to Protein C. Thus, a similarly decreased FVII activity mitigates against a congenital deficiency of Protein C. Factor VII activity will be low in patients receiving coumadin and can aid interpretation of the Protein C and S results. High levels of Factor VIII can interfere with the Protein C and S assay systems, causing spuriously low levels.				
Protein S Free Antigen	85306	If ordered alone	Protein S Total Antigen	85305
Interpretation of Protein S free antigen requires knowledge of Protein S total antigen level.				
Protein S Total Antigen	85305	If ordered alone	Protein S Free Antigen	85306
Interpretation of Protein S total antigen requires knowledge of Protein S free antigen level.				
Prothrombin Time	85610	If prolonged If patient on Heparin	Prothrombin Time 1:1 Mix Hepzyme™ treatment of sample	85611 85525
Prolonged PTs are repeated on a 1:1 mix with normal plasma to distinguish a factor deficiency from an inhibitor. Heparin will prolong the clot time and cause spurious results. It must be removed before testing.				
Thrombin Time	85670	If prolonged	Reptilase Time	85635
Prolonged thrombin times may be due to heparin, fibrinogen defects or fibrin split products. The Reptilase time can help distinguish heparin from other causes of a prolonged thrombin time.				
vWF Antigen	85246	If ordered alone	vWF Activity	85245
Some forms of von Willebrand Disease have normal, or near-normal, levels of vWF antigen. Knowledge of the vWF activity is important in both diagnosing and subtyping von Willebrand's Disease.				