

APPENDIX A

GUIDELINES FOR COUNTING TESTS

- For chemistry profiles, each individual test is counted separately (i.e., SMA-18=18 tests).
- For complete blood counts, each measured individual analyte is counted separately. Differentials count as one test.
- Do not count calculations (i.e. A/F ratio, MCH, MCHC, HCT, and T7), quality control, quality assurance and proficiency testing assays).
- For urinalysis, microscopic and macroscopic examinations each count as one test. Macroscopics (dipsticks) are counted as one test regardless of the number of reagent pads on the strip.
- For microbiology, susceptibility testing is counted as one test per group of antibiotics used to determine sensitivity for one organism. Cultures are counted as one per specimen regardless of the extent of identification, number of organisms isolated and number of tests/procedures required for identification.
- Testing for allergens should be counted as one test per individual allergen.
- For cytology, each slide (not case) is counted as one test for both Pap smears and nongynecologic cytology.
- For histopathology, each block (not slide) is counted as one test.
- For histocompatibility, each HLA typing (including disease associated antigens), HLA antibody screen, and HLA cross match is counted as one test.
- For cytogenetics, the number of tests is determined by the number of specimen types processed on each patient, i.e. bone marrow and a venous blood specimen received on one patient is counted as two tests.