

## 3.12 TARGETED TESTING

### PURPOSE

To provide flexible protocols for the diagnosis of common conditions, particularly infectious diseases and conditions affecting refugees that might require urgent attention

### BACKGROUND

The Refugee Health Assessment is a unique clinical encounter as it is typically the first encounter a refugee has with the United States health care system. While RHAP has a standardized core protocol, refugees may present with broader needs than are addressed in this protocol.

Targeted tests allow some flexibility for clinicians to diagnosis acute infections and other common but urgent conditions about which additional screening data might affect clinical decision making during the RHAP, e.g. help the clinician decide whether the patient should be referred to a sub-specialist or can wait for follow-up at the primary care appointment. Protocol updates in 2013 also permit the RHAP clinician to conduct limited diagnostic testing for some chronic conditions as a way to facilitate the transition into primary care. [For information on RHAP pharmaceutical coverage, see also Section 3.14.]

### PROGRAM REQUIREMENTS

Beyond the core RHAP protocol, targeted tests allow clinicians to meet the health care needs of newly arriving refugees. Providers must follow protocols for testing and treatment. The targeted tests are for diagnosing:

- Sexually transmitted diseases (gonorrhea, syphilis, *Chlamydia*)
- Parasitic infections (*Strongyloides*, *Schistosoma*, *Plasmodium* [malaria], filariasis, eosinophilia, roundworms)
- HIV
- Other infections (streptococcal tonsilopharyngitis, urinary tract infections, hepatitides)
- Pregnancy (urine HCG)
- Endocrine disorders (thyroid disease, diabetes mellitus)
- Cardiovascular disorders (comprehensive metabolic panel, lipid panel)
- Blood lead level
- Nutritional issues (Vitamin B12)

- Metabolic disorders (newborn screening profile for <6 months of age)

Clinicians are expected to follow specific guidelines listed below when ordering targeted tests. Questions regarding the targeted protocols should be addressed to the RHAP Medical Director at 617-983-6593.

**Clinicians must document the specific indications for the test in the patient’s medical record. Substitution of pharmaceuticals must also follow RHAP guidelines and be documented in the record.**

**Targeted Testing Protocols**

When ordering tests, clinicians are expected to document in the patient’s medical record the specific criteria used to justify the testing. RHAP annual site visits may include assessment of adherence with targeted testing protocol criteria. Clinicians may not order any targeted test for patients who do not meet specific criteria. Targeted tests are not to be used for screening of patients originating from particular regions but should be ordered only as indicated for individual patients’ specific medical needs.

Procedure Code	Description	Criteria
<b>Sexually transmitted diseases:</b> clinicians are expected to comply with DPH regulations regarding reportable diseases (from 105 CMR: 300).		
86592	Syphilis test, qualitative, e.g. RPR	Painless chancre/s, characteristic rash involving palms or soles, condyloma latum, gummatous changes, symptoms of neurosyphilis, aortitis, non-specific signs or symptoms suggestive of syphilis, or contact with a person known to have syphilis; presence of risk factors, including inconsistent use of barrier contraception, new or > one sex partner in past 3 months, new partner since last tested, or infected with other STD

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87491	Chlamydia, amplified DNA probe (urine specimen only, by ligase chain reaction)	Penile discharge, pyuria, unusual vaginal discharge, pelvic or abdominal pain suggestive of PID, contact with a person infected with Chlamydia; men with urinalysis positive for leukocyte esterase or $\geq 10$ PMNs in spun sediment of first voided urine; presence of risk factors, including inconsistent use of barrier contraception, new or > one sex partner in past 3 months, new partner since last tested, or infected with other STD
87591	Gonococcus, amplified DNA probe (urine specimen only, by ligase chain reaction)	As above.
<b>Parasitic diseases</b>		
<i>Note: Clinicians who are unfamiliar with the diagnosis and treatment of tropical or parasitic diseases should consider obtaining consultation from an infectious disease specialist before ordering supplemental tests. Clinicians are expected to comply with DPH regulations regarding reportable diseases (from 105 CMR:300).</i>		
82784	Total Ig, or IgG or IgM	For testing of patients from malaria-endemic regions with suspected tropical splenomegaly syndrome only
86682	Strongyloides titers (unspecified helminth antibodies)	Unexplained eosinophilia on peripheral blood counts
86682	Schistosoma titers (unspecified helminth antibodies)	Unexplained eosinophilia on peripheral blood counts, hematuria, or hepatosplenomegaly in a patient from endemic regions
86682	Filaria titers (unspecified helminth antibodies)	Unexplained eosinophilia on peripheral blood counts or suspicious skin lesions in a patient from endemic regions
86750	Malaria (plasmodium) antibody titers	For testing of patients from malaria-endemic regions with suspected tropical splenomegaly syndrome only. <b>Should not be used for the diagnosis of acute malaria.</b>
87177	Ova and parasites; direct smears, concentration, and identification	Clinicians may order up to 3 stool O & P tests for patients with no pre-departure treatment, unexplained eosinophilia, persistent abdominal pain, specific known contact with individuals with parasitic diseases and presence of gastrointestinal symptoms or poor growth

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87207	Malaria smears (thin and thick); special stain for inclusion bodies or intracellular parasites (may be used for other parasites, e.g. kala azar, leishmania, filaria)	Fevers, eosinophilia, lymphadenopathy, hepatosplenomegaly, or other signs or symptoms of parasitic disease, particularly malaria, in patients from specific, endemic regions
<b>Other infectious diseases</b>		
86803/4	Anti-HCV Antibody with confirmatory testing	For testing of patients who are positive for HBsAg, have elevated transaminases, or are suspected of having chronic hepatitis only
86704	Anti-HBV Core Antibody	For testing of patients who are positive for HBsAg or to determine if immunity (positive Anti-HBs Ab test) is due to past immunization or infection only
86708	Anti-HAV Total Antibody	For testing of patients who are positive for HBsAg, have elevated transaminases, or are suspected of having chronic hepatitis only
87350	HBeAg	For testing of patients who are positive for HBsAg only
87536 (HIV1) 87539 (HIV2) 86361	HIV viral load and CD4 count	Optional testing for refugees with HIV positive screening
87880	Streptococcus screen, direct ("Rapid Strep")	Sore throat, fever, tonsilopharyngeal exudate, or scarletiform rash
87081	Streptococcus (throat) culture, bacterial screening for single organisms	Sore throat, fever, tonsilopharyngeal exudate, or scarletiform rash
87086	Urine culture, bacterial; quantitative colony count	Dysuria; pyuria; hematuria; urinary retention, urgency, or frequency; flank pain; suprapubic pain; or unexplained fever in young children
87186	Sensitivity studies, antibiotic; microtiter, MIC, any number of antibiotics	For use with positive urine cultures only
<b>Endocrine diseases</b>		
82948	Glucose; blood reagent strip	Glucosuria, history of diabetes mellitus, or signs or symptoms suggestive of diabetes mellitus such as polyuria, polydipsia, weight loss, chronic ulcers, etc...

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83036	Hemoglobin A1c	The USPSTF recommends screening for type 2 diabetes in asymptomatic adults with sustained blood pressure (either treated or untreated) greater than 135/80 mm Hg. Also test those with glucosuria, history of hyperglycemia or diabetes mellitus, or signs or symptoms suggestive of diabetes mellitus such as polyuria, polydipsia, weight loss, chronic ulcers, etc
84443	Thyroid Stimulating Hormone	Signs or symptoms suggestive of thyroid disease, goiter
<b>Cardiovascular diseases</b>		
80061	Lipid panel	The USPSTF strongly recommends screening for lipid disorder all men aged 35 and older and men aged 20 to 35 if they are at increased risk for coronary heart disease. It is strongly recommended for women aged 45 and older if they are at increased risk for coronary heart disease and for women aged 20 to 45 solely based on risk for coronary heart disease.
<b>Other</b>		
81025	Urine pregnancy test, by visual color comparison methods	Signs or symptoms of pregnancy, amenorrhea, oligomenorrhea or for vaccine clearance
83655	Blood lead level	CDC recommends testing of all refugee children through 16 years of age; testing may be ordered for all refugees in this age group.
80053	Comprehensive metabolic panel	History of chronic kidney disease, hypertension, diabetes mellitus or sign and symptoms such as headaches, chest pain, jaundice. Elevated blood pressure on examination. Abnormal urinalysis with proteinuria, urobilinogen, hematuria, or positive Hepatitis B screening
82607	Vitamin B12 (cyanocobalamin) level	Signs or symptoms of B12 deficiency including macrocytosis and presence of neuromuscular or neuropsychiatric abnormalities
None	Newborn Screening Profile	A newborn metabolic screening may be ordered for infants under 6 months of age.