

Florida Department of Health
At A Glance PrEP Initiation Overview for County Health Departments
As of May 2020

LABORATORY GUIDANCE

TEST NAME	Initial PrEP Visit	TEST CODE Quest	TEST CODE State	TEST CODE Lab Corp	1 st Follow-up Visit (3 month/90Day)	2 nd Follow-up Visit (6 month)	Ongoing Every 90 Day	Ongoing Every 6 months
HIV 1/2 Ag/Ab, 4 th gen (preferred)	x	0091431	0500	083935	x	x	x	
3 rd generation rapid HIV test	x	Point of Care Testing (POC) DOH	None	None				
Hepatitis Testing	x	498 HBsAg 499 Anti-HBs 8472 Anti-HCV with reflex	None	006510 HBsAg 006530 Anti-HBs 144065 Anti-HCV with reflex				
Comprehensive Metabolic Panel (CMP)	x	10231	Does not run Test	322000	x	x		x
RPR w/ reflex to titer or	x	0092156	0250	012005	x	x	x	
Syphilis Antibody with cascading reflex	x	90349		082345	x	x	x	
Chlamydia/GC Amplification (TMA) urine CT/GC - Vaginal swab, endocervical CT/GC - Oral throat swab CT/GC - Rectal swab	x	11363 11363 70051 16506	0430 0430 0430 0430	180051 183194 188698 188672	x	x	x	
Urinalysis	x	0006448	Does not run Test	003772		x		x
Urinalysis (in-house dip-stick) (POC)	x	CHD	CHD	CHD		x		x
HCG, Beta subunit, QNT, Serum (pregnancy test)	x	0008396			x	x	x	

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HCG pregnancy test (POC)	x	CHD	CHD	CHD	x	x	x	
APRI Test (AST and Platelets)				385875				

Lab Tests – PrEP Services

Note:

1. Encourage vaccination for hepatitis A and hepatitis B if not immune
2. Annually assess need for ongoing PrEP and repeat hepatitis C screen if indica