

TEST MENU

HEMATOLOGY

CPT CODE	TEST NAME	LIS CODE	TAT	SAMPLE TYPE	TUBE TYPE	VOLUME	* REJECTION	Reflex Test
85730	Activated-Partial Thromboplastin Time	APTT	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A
85025	CBC with differential	CBC w/ diff	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	Manual Differential
85025	CBC	CBC	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
89051	Cell Count - Amniotic Fluid		1 Hour	Amniotic Fluid	Sterile cup/container Purple Top Green (Sodium Heparin)		Specimen completely clotted Specimen improperly labeled	N/A
89051	Cell Count - CSF (Last tube)		1 Hour	Spinal Fluid	Sterile cup/container Purple Top Green (Sodium Heparin)		Specimen completely clotted Specimen improperly labeled	N/A
89050, 89051	Cell count with Diff, Body Fluid		1 Hour	Body Fluid	Sterile cup/container Purple Top Green (Sodium Heparin)		Specimen completely clotted Specimen improperly labeled	N/A
85379	D-Dimer	D-Dimer	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A
85385	Fibrinogen	Fibrinogen	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A

85018, 85014	Hemaglobin/Hematocrit	Hgb/Hct	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85014	Hematocrit	Hct	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85018	Hemoglobin	Hgb	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85520	Heparin Anti-XA	Heparin Anti-X	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A
86357	Lymphocyte Count Absolute	Lymph Count	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85032	Manual Differential	Man Diff	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85049	Platelet Count	PLT	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85610	Prothrombin Time	PT	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A
85610	Prothrombin Time (international normalized ratio)	PT/INR	2 Hours	sodium citrate	Blue-top	Full Tube - 4mL	Hemolyzed Improper Labeling Underfilled Wrong tube	N/A

85041	Red Blood Cell Count	RBC	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85044	Reticulocyte Count	Retic Count	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A
85651	Sedimentation Rate	Sed Rate	2 Hours	K2 EDTA Whole Blood	Purple or Pink Top	2.0 mL	Specimen completely clotted Insufficient Quantity <u>Specimen improperly labeled</u>	N/A
85004, 85048	White Blood Cell Count	WBC	1 Hour	K2 EDTA Whole Blood	Purple or Pink Top	Optimum Volume: 3.0 mL Minimum Volume: 1.0 mL	Clotted Drawn above an IV or IV Contamination Improperly labeled Improper Collection Wrong Tube Type Grossly Hemolyzed <u>Receipt Time greater than Acceptable Stability</u>	N/A



TEST MENU

BLOOD BANK								
CPT CODE	TEST NAME	LIS CODE	TAT	SAMPLE TYPE	TUBE TYPE	VOLUME	* REJECTION	Reflex Test
86900	ABO Grouping	ABO	2 Hours	Plasma EDTA	Purple or Pink	Optimum: 4mL Min: 1mL	Hemolyzed Improper Labeling Wrong tube	N/A
86900, 86901	Blood type ABO/ RH typing	ABO/RH	2 Hours	Plasma EDTA	Purple or Pink	Optimum: 4mL Min: 1mL	Hemolyzed Improper Labeling Wrong tube	N/A
86850	Antibody Screen	Antibody Screen	2 Hours	Plasma EDTA	Purple or Pink	Optimum: 4mL Min: 1mL	Hemolyzed Improper Labeling Wrong tube	Antibody positive = send out for ID
86900, 86901, 86850	Type and Crossmatch	Type and Crossmatch	2 Hours	Plasma EDTA	Purple or Pink	Optimum: 4mL Min: 1mL	Hemolyzed Improper Labeling Wrong tube	N/A
86900, 86901, 86850	Type and Screen	Type and Screen	2 Hours	Plasma EDTA	Purple or Pink	Optimum: 4mL Min: 1mL	Hemolyzed Improper Labeling Wrong tube	N/A

TEST MENU

MICROBIOLOGY & MICROSCOPY									
CPT CODE	LOINC CODE	TEST NAME	LIS CODE	TAT	SAMPLE TYPE	TUBE TYPE	VOLUME	* REJECTION	Reflex Test
87040	600-7	Blood Culture							
87070	611-4	Body Fluid Culture							
87324	34468-9	Clostridium difficile Toxins A and B	C. Diff						
87636	94759-8	COVID-19 Nasal Swab							
81025	2106-3	HCG - Urine Pregnancy							
87081	52969-3	Nasal Culture							
82274	29771-3	Occult blood	FIT						
87045, 87046, 87427	43371-4, 6331-3, 21262-1	Stool Culture	Stool Culture			Sterile Cup/ orange cup			
81001	5965-2	Urinalysis				Sterile Cup		unpreserved specimen greater than two hours old unlabeled specimen name discrepancy between specimen and request label specimen in leaking container	Urine Culture
87086	630-4	Urine Culture				Vacutainer® gray-top urine culture transport tube with preservative or Sterile Cup	4mL	Unrefrigerated unpreserved specimen greater than two hours old unlabeled specimen name discrepancy between specimen and request label specimen in nonsterile or leaking container	
89055	13655-6	WBC Stool		2 Hours	Stool	Sterile Cup	1 Gram	Insufficient amount of stool Improper labeling	
87210		Wet Mount		2 Hours	Any source other than hair, skin or nails				
		Rapid Strep - A				Red Anaerobic Swab			
		Sputum Culture				Aerobic Swab/Anaerobic Swab			
		Wound Culture				Aerobic Swab/Anaerobic Swab			

