



## Hypercoagulation Analyzer

Order Name: **HYPRCOAGAN**  
Test Number: 1506500  
Revision Date: 10/08/2024

TEST NAME	METHODOLOGY	LOINC CODE
Hypercoagulation Analyzer		

### SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	<a href="#">See Instructions</a>	<a href="#">See Instructions</a>	<a href="#">See Special Instructions</a>	<a href="#">See Instructions</a>
Instructions	<p><b>Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.</b></p> <p>Please Collect the following tubes:</p> <p><b>Seven</b> (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes, (Double Spin and Freeze Aliquots if not tested w/in 4 hours)</p> <p><b>Two</b> (4.7mL) EDTA (Lavender Top) tubes, (Keep Whole Blood)</p> <p><b>One</b> (10mL) Clot Activator SST (Red/Gray Top) tube.</p> <p>Each 2.7mL Sodium Citrate 3.2% (Blue Top) tube must be filled to the proper level, no hemolysis. Improperly filled tubes can give erroneous results.</p> <p><b>Whole blood must be transported to lab immediately.</b></p> <p><b>If testing cannot be started within 4 hours of collection the specimen must be double spun then 1.5mL plasma aliquot from each tube into individual plastic aliquot tubes and freeze.</b></p> <p><b>Do not pool aliquots together!</b></p> <p>A fasting specimen is preferred but Not required.</p>			

[Coagulopathy Questionnaire Form](#)  
[Double Spin Procedure](#)

### GENERAL INFORMATION

Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Testing dependent
Clinical Use	A comprehensive algorithm used to assess the cause of hypercoagulability. <b>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban®</b> <a href="#">See More Information</a> . Algorithm begins with an Activated Protein C Resistance, Lupus sensitive PTT, Prothrombin time (PT), Prothrombin Gene Mutation, and a Partial Thromboplastin Time (PTT). Further testing is generated based on the results of these tests. A pathology interpretation is included with all orders.

### CPT Code(s)

## Initial Testing

TEST NAME	CPT CODES
Activated Protein C Resistance	<b>85307</b>
Cardiolipin G/M	<b>86147x2</b>
LA-PTT	<b>85705</b>
Pathologist Interpretation	<b>80503</b>
Prothrombin Gene Mutation (Factor II Mutation Analysis)	<b>81240</b>
PT	<b>85610</b>
PTT	<b>85730</b>
DRVVT Screen	<b>85613</b>
DRVVT Mix	<b>85613</b>
DRVVT Confirm	<b>85613</b>
Beta 2 Glycoprotein IgG/IgM	<b>86146x2</b>

## Possible Additional Testing

TEST NAME	CPT CODES
Antithrombin 3	<b>85300</b>
Antithrombin Antigen	<b>85301</b>
Factor 11 (XI)	<b>85270</b>
Factor 5 (V) Leiden	<b>81241</b>
Factor 8 (VIII)	<b>85240</b>
Factor 9 (IX)	<b>85250</b>
Free Protein S	<b>85306</b>
Functional Protein C	<b>85303</b>
Functional Protein S	<b>85306</b>
Homocysteine	<b>83090</b>
Mix PT	<b>85611x2</b>
Mix PTT	<b>85732x2</b>
Mix PTT-La	<b>85732x2</b>
Protein C Antigen	<b>85302</b>
Protein S Antigen	<b>85305</b>
Thrombin Time	<b>85670</b>



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