

## Hypercoagulation Analyzer

Order Name: **HYPRCOAGAN**  
 Test Number: 1506500  
 Revision Date: 05/04/2026

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**

Please list the patient's anticoagulant on the "Coagulopathy Questionnaire Form" and submit with specimen or fax to 918-744-2897.

Please Collect the following tubes:

- Seven** (2.7mL) 3.2% Sodium Citrate (Blue Top) tubes, (Double Spin and Freeze Aliquots if not tested w/in 4 hours)
- Two** (4.7mL) EDTA (Lavender Top) tubes, (Keep Whole Blood)
- One** (10mL) Clot Activator SST (Red/Gray Top) tube.

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.

**Whole blood must be transported to lab immediately.**

**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.**

**Do not pool aliquots together!**

A fasting specimen is preferred but Not required.

[Coagulopathy Questionnaire Form](#)

[Double Spin Procedure](#)

### GENERAL INFORMATION

Testing Schedule	Mon - Wed, Fri - Day Shift
Expected TAT	Testing dependent
Clinical Use	<p>A comprehensive algorithm used to assess the cause of hypercoagulability.</p> <p><b>Not recommended when patients are taking Pradaxa®, Xarelto® and Apixaban® <a href="#">See More Information.</a></b></p> <p>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.</p>



CPT Code(s)

## Initial Testing

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

## Possible Additional Testing

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

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