

| | CPT CODE | DESCRIPTION | Test Turnaround Time Requirements (Less than or Equal to) |
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| | | SPECIALIZED REFERENCE & EMERGENCY LABORATORY TESTING | |
| 1 | 85730, 85347, 85613; May include 85610, 85730, 85732, 85670, 85240, 85613. | LUPUS ANTICOAGULANT WORKUP (MULTIPLE CPT CODES MAY BE INVOLVED) | 24 hours |
| 2 | 85362 | FIBRIN DEGRADATION PRODUCTS | 2 hours |
| 3 | 85379 | FIBRIN DEGRADATION QUANT | 2 hours |
| 4 | 85520 | HEPARIN ASSAY (HEPARIN ANTI-Xa LEVEL) | 3 hours |
| 5 | 86022 | ANTIBODY HEPARIN ID PLATELET | 4 hours |
| 6 | 85576 | BLOOD PLATELET AGGREGATION | 4 hours |
| 7 | 85576 X 2 | PLATELET MAPPING | 2 hours |
| 8 | 86403 | PARTICLE AGGLUTINATION TEST (CRYPTOCOCCAL ANTIGEN) | 24 hours |
| 9 | 86308 | MONOTEST | 2 hours |
| 10 | 85245 | FACTOR VIII TEST | 4 hours |
| 11 | 84600 | VOLATILES (METHANOL) | 2 hours |
| 12 | 80200 | TOBRAMYCIN | 2 hours |
| 13 | 83874 | MYOGLOBIN | 2 hours |
| 14 | 82693 | ETHYLENE GLYCOL | 2 hours |
| 15 | 83970 | PARATHORMONE | 2 hours |
| 16 | 80299 | QUANTITATIVE ASSAY DRUG -GABAPENTIN | 2 hours |
| 17 | 80299 | QUANTITATIVE ASSAY DRUG - METHOTREXATE | 2 hours |
| 18 | 80299 | QUANTITATIVE ASSAY DRUG - LAMOTRIGINE | 2 hours |
| 19 | 80299 | QUANTITATIVE ASSAY DRUG -MYCOPHENOLATE | 2 hours |
| 20 | 87880 | STREP A IMMUNOASSAY | 2 hours |
| 21 | 86850 | ANTIBODY SCREEN | 2 hours |
| 22 | 86900 | ABO TYPING * TYPE & SCREEN | 2 hours |
| 23 | 86901 | RH TYPING * TYPE & SCREEN | 2 hours |
| | | TESTING FOR TRANSPLANT PATIENTS | |
| 24 | 87015, 87207, 87205 | TBO STAIN (PNEUMOCYSTIS JIROVECI STAIN) | 24 hours |
| 25 | 87496 | CYTOMEGALOVIRUS (CMV) QUAL BY PCR | 24 hours |
| 26 | 87799 | BK VIRUS | 24-48 hours |
| 27 | 80195 | SIROLIMUS | 2 hours |
| 28 | 80197 | TACROLIMUS | 2 hours |
| | | FLOW CYTOMETRY | |
| 29 | 86355 | B CELL TOTAL COUNT | 48-72 hours |
| 30 | 88184 | FLOWCYTOMETRY/ TC, 1 MARKER | 48-72 hours |
| 31 | 88185 | FLOWCYTOMETRY/TC, ADD-ON | 48-72 hours |
| | | CYTOLOGY SPECIMEN | |
| 32 | 88172 | CYTOPATHOLOGY EVAL OF FNA 1ST ON EACH SITE | 1 day |
| 33 | 88173 | CYTOPATH EVAL, FNA, REPORT | 2 day |
| 34 | 88177 | CYTOPATH AUTO THIN LAYER ADDITIONAL | 2 day |