

# Aldosterone, LC/MS/MS

**CPT Code:** 82088

**Order Code:** 17181

**ABN Requirement:** No

**Specimen:**

**Preferred:** Serum

**Alternative:** EDTA Plasma

**Volume:** 1.0 mL

**Minimum Volume:** 0.25 mL

**Container:**

Preferred: Red Top Tube (No Gel Barrier)

Alternative: plasma (L, lavender-top tube, EDTA), (Gn, green-top tube, sodium or lithium heparin)

**Collection:**

**Serum:**

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. Do not shake.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.
5. Aliquot serum into transport tube labeled as "Red Top Serum" and cap tightly. Discard original tube.

**EDTA Plasma:**

1. Collect and label sample according to standard protocols.
2. Gently invert tube 10 times immediately after draw. Do not shake.
3. Centrifuge specimen for 10 minutes.
4. Aliquot plasma into transport tube labeled as "EDTA Plasma" and cap tightly. Discard original tube.

**Collection Instructions:** Serum separator tubes are unacceptable. Draw blood in a no-additive (red-top) tube. Separate serum after clotting. Draw "upright" samples at least 1/2 hour after patient sits up.

**Transport:** Store serum or EDTA plasma at 2°C to 8°C after collection and ship

the same day per packaging instructions included with the provided shipping box.

**Stability:**

**Ambient (15-25°C):** 4 days

**Refrigerated (2-8°C):** 7 days

**Frozen (-20°C):** 28 days

**Causes for Rejection:** Samples collected in SST tubes; moderate to gross hemolysis.

**Methodology:** Chromatography/Mass Spectrometry

**Turn Around Time:** 4 to 7 days

**Reference Ranges:**

**Clinical Significance:** Approximately 1-2% of individuals with primary hypertension have primary hyperaldosteronism characterized by hypokalemia (low potassium) and low direct renin. Serum aldosterone concentrations vary due to dietary sodium intake and whether the patient is upright or supine (body position).

*The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.*