Alkaline Phosphatase (ALP)

CPT: 84075 Order Code: C111 ABN Requirement: No Synonyms: ALP; ALKP; Alk Phos Specimen: Serum Volume: 0.5 mL Minimum Volume: 0.2 mL Container: Gel-barrier tube (SST, Tiger Top)

Collection:

- 1. Collect and label sample according to standard protocols.
- 2. Gently invert tube 5 times immediately after draw. Do not shake.
- 3. Allow at least 30 minutes, and up to 60 minutes, from patient draw and ensure a complete clot has formed before placing the specimen in the centrifuge.
- 4. Centrifuge sample for 15 minutes.

Patient Preparation: Fasting is preferred but not required for this test. Ask your doctor if you should fast before testing.

Administration of STRENSIQ may interfere in certain assays and may falsely elevate values. For patients receiving STRENSIQ, consideration should be given to alternate methods.

Transport: Store serum 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): 7 days Refrigerated (2-8°C): 7 days Frozen (-20°C): 2 months Deep Frozen (-70°C): 2 months

Causes for Rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits

Methodology: Photometric

Turn Around Time: 1 to 3 days

Reference Range:

Age	Male U/L	Female U/L
0-4 Years	<350	<340
5-9 Years	<385	<385
10-13 Years	<485	<400
14-18 Years	<350	<195
≥ 19 Years	<150	<150

Clinical Significance: Serum alkaline phosphatase levels are of interest in the diagnosis of hepatobiliary disorders and bone disease associated with increased osteoblastic activity. Moderate elevations of alkaline phosphatase may be seen in several conditions that do not involve the liver or bone. Among these are Hodgkin's disease, congestive heart failure, ulcerative colitis, regional enteritis, and intra-abdominal bacterial infections. Elevations are also observed during the third trimester of pregnancy.

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.