

Arsenic, Blood

CPT Code: 82175

Order Code: 269

ABN Requirement: No

Synonyms: As

Specimen: Whole Blood

Volume: 4.0 mL

Minimum Volume: 2.0 mL

Container:

Preferred:

-Royal Blue Top (EDTA) tube

Alternative:

- Royal Blue Top (Sodium Heparin) tube

Collection:

1. Draw and gently invert 8 to 10 times.
2. Label tube with patient information.
3. Store collection tube refrigerated at 2-8°C until ready to ship.

Collection Instructions: Carefully clean skin before venipuncture. Avoid worksite collection.

Note: Tests performed on a specimen submitted in a non-trace element tube may not accurately reflect the patient's level. If a non-trace element tube is received, it will be accepted for testing. However, elevated results shall be reported with a message that a re-submission with a trace element tube is recommended.

Patient Preparation: Avoid seafood consumption for 48 hours before sample collection.

Transport: Store whole blood tube at 2-8°C after collection and ship the same day per packaging instructions included with the provided shipping box.

Requisition Form and Ordering Instructions: Completion of patient

demographic information is required for state reporting. These include patient name, address, phone number, date of birth, and gender.

Stability:

Ambient (15-25°C): 10 days

Refrigerated (2-8°C): 10 days

Frozen (-20°C): Not Acceptable

Causes for Rejection: Improper labeling; samples not stored properly; samples older than stability limits; clotted specimens

Methodology: Inductively Coupled Plasma/Mass Spectrometry (ICP/MS)

Turn Around Time: 2 to 3 days

Reference Range:

Age	mcg/L
All Ages	<23

Priority Values:

Age	Priority 2 (mcg/L)
All Ages	>60

Clinical Significance: This assay is used to monitor exposure to arsenic. Urine is usually the best specimen for the analysis of arsenic in body fluids. Blood levels tend to be low even when urine concentrations are high.

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.