

Lipase

CPT Code: 83690

Order Code: 606

ABN Requirement: No

Synonyms: Serum Lipase

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.5 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 blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

Patient Preparation: The assay manufacturer Beckman Coulter advises “N-Acetyl Cysteine (NAC), when administered in therapeutic concentrations (for the treatment of acetaminophen overdose), has been...determined to interfere with assays for...lipase” where “NAC interference may lead to falsely low results.” According to Beckman Coulter, the NAC interference should be insignificant by 12 hours after completion of the initial loading dose of an IV infusion treatment regimen consisting of an initial loading dose of 150 mg/kg administered over 1 hour, a second dose of 50 mg/kg administered over 4 hours and a third dose of 100 mg/kg administered over 16 hours.

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): 8 days

Refrigerated (2-8°C): 8 days

Frozen (-20°C): 31 days

Causes for Rejection: Specimens other than serum; improper labeling; samples

not stored properly; samples older than stability limits; grossly icteric

Methodology: Spectrophotometry (SP)

Turn Around Time: 2 to 3 days

Reference Range:

Age	U/L
All Ages	7-60

Priority Value:

Age	Priority 2 Value (U/L)
All Ages	≥ 180

Clinical Information: Confirmatory evidence for diagnosis of pancreatitis.

Limitations: N-acetyl-p-benzoquinone imine (NAPQI) (metabolite of Acetaminophen) will generate erroneously low results in samples for patients that have taken toxic doses of acetaminophen.

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.