

# Heavy Metals Panel, Blood

**CPT Code:** 82175, 83655, 83825

**Order Code:** 7655

**Includes:** Venous Lead, Arsenic, Mercury (Blood)

**ABN Requirement:** No

**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.

**Patient Preparation:** Avoid seafood consumption for 48 hours prior to collection.

**Collection Instructions:** Carefully clean skin prior to 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.

**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):** 5 days

**Refrigerated (2-8°C):** 7 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 Ranges:** Please refer to individual tests for reference ranges

**Clinical Significance:** Useful in the diagnosis of toxicity due to Arsenic, Lead, or Mercury.

*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.*