

Lp-PLA2 Activity New York Clients Only

NEW YORK DOH APPROVED: YES

CPT Code: 83698

Order Code: 94218

ABN Requirement: No

Synonyms: Lipoprotein-associated Phospholipase A₂; Lp-PLA₂; Lp-PLA₂ Activity Assay

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.5 mL

Container: Gel-barrier tube (SST, Tiger Top)

Serum:

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.

Fasting: Fasting is preferred, but not required.

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): 28 days

Frozen (-20°C): 28 days

Causes for Rejection: Specimens other than serum; samples not processed properly; samples older than stability limits; hemolysis; moderate to gross

lipemia; moderate to gross icterus

Methodology: Enzymatic Assay

Turn Around Time: 4 to 7 days

Risk Ranges:

Sex	Low Risk nmol/min/mL	Moderate Risk nmol/min/mL	High Risk nmol/min/mL
Male & Female	≤123	N/A	>123

Clinical Significance: Lipoprotein-associated phospholipase A₂ (Lp-PLA₂), also known as platelet activating factor acetylhydrolase, is an inflammatory enzyme that circulates bound mainly to low-density lipoproteins and has been found to be localized and enriched in atherosclerotic plaques. In multiple clinical trials, Lp-PLA₂ activity has been shown to be an independent predictor of coronary heart disease and stroke in the general population. Measurement of Lp-PLA₂ may be used along with traditional cardiovascular risk factor measures for identifying individuals at higher risk of cardiovascular disease events. Clinical management may include beginning or intensifying risk reduction strategies.

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.