

NT-proBNP

CPT Code: 83880

Order Code: C125

ABN Requirement: No

Synonyms: Brain Natriuretic Peptide; proBNP, N-terminal pro b-type natriuretic peptide

Specimen: Serum or EDTA Plasma

Volume: 0.5 mL

Minimum Volume: 0.2 mL

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

Serum:

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.

EDTA Plasma:

1. Draw and gently invert 8 to 10 times.
2. Centrifuge for 10 minutes.
3. Pre-squeeze transfer pipet bulb and draw off approximately 2/3 of the upper plasma layer.
Note: *This ensures that the buffy coat and red cells remain undisturbed.*
4. Aliquot plasma into labeled transport tube and cap tightly. Discard original tube.
5. Store transport tube refrigerated at 2-8°C until ready to ship.

Special Instructions: Samples should not be taken from patients receiving therapy with high biotin doses (>5 mg/day) until at least 8 hours following the last dose.

Transport: Store serum or EDTA plasma at 2°C to 8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

Stability:

Ambient (15-25°C): 3 days

Refrigerated (2-8°C): 6 days

Frozen (-20°C): 24 months

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

Methodology: Electrochemiluminescence Immunoassay (ECLIA)

Turn Around Time: 1 to 3 days

Relative risk:

Age/Sex	Low Risk pg/mL	High Risk pg/mL
All Ages, male	<253	≥253
All Ages, Female	<372	≥372

Clinical Significance A NT-proBNP test may be used for the diagnosis and stratification of individuals with congestive heart failure, and for risk stratification of individuals with acute coronary syndromes.

Limitations: In rare cases, interference due to extremely high titers of antibodies to analyte-specific antibodies, streptavidin or ruthenium can occur.

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.