**ICD-9-CM Diagnosis Codes Are Required For Billing**

<table>
<thead>
<tr>
<th>Code</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>286.7</td>
<td>Acquired coagulation factor deficiency</td>
</tr>
<tr>
<td>286.8</td>
<td>Congenital deficiency of other clotting factors</td>
</tr>
<tr>
<td>286.9</td>
<td>Factor VIII deficiency with vascular defect</td>
</tr>
<tr>
<td>776.0</td>
<td>von Willebrand's disease</td>
</tr>
</tbody>
</table>

**Coagulation I (215798)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Code</th>
<th>Screening Tests</th>
<th>Special Tests</th>
<th>Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>42721</td>
<td>PARTIAL THROMBOPHILIN TIME (APTT)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>648</td>
<td>PROTHROMBIN TIME WITH INR (PT/INR)</td>
<td></td>
<td></td>
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<tr>
<td>111153</td>
<td>REPTILASE TIME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111179</td>
<td>THROMBIN TIME</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>215574</td>
<td>Sticky Platelet Workup</td>
<td></td>
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</table>

**Coagulation II (215808)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Code</th>
<th>Screening Tests</th>
<th>Special Tests</th>
<th>Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>11099</td>
<td>FACTOR V (ACTIVITY)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>111006</td>
<td>FACTOR VII (ACTIVITY)</td>
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<td></td>
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<tr>
<td>29520</td>
<td>FACTOR VIII (ACTIVITY)</td>
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<td></td>
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<tr>
<td>111091</td>
<td>FACTOR IX (ACTIVITY)</td>
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<tr>
<td>215343</td>
<td>FACTOR IX (ANTIGEN)</td>
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<td></td>
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<tr>
<td>111021</td>
<td>FACTOR X (ACTIVITY)</td>
<td></td>
<td></td>
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<tr>
<td>215368</td>
<td>FACTOR X (ANTIGEN)</td>
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<tr>
<td>111039</td>
<td>FACTOR XI (ACTIVITY)</td>
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<td>111047</td>
<td>FACTOR XII (ACTIVITY)</td>
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</table>

**Von Willebrand Disease I (215780)**

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Code</th>
<th>Screening Tests</th>
<th>Special Tests</th>
<th>Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>31008</td>
<td>FACTOR V, LEIDEN</td>
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<tr>
<td>29697</td>
<td>FIBRINOGEN (CLOTTING ACTIVITY)</td>
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<tr>
<td>215400</td>
<td>FIBRINOGEN</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32979</td>
<td>HMW KINNOGEN (ACTIVITY)</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Platelet Tests**

<table>
<thead>
<tr>
<th>Code</th>
<th>Test Code</th>
<th>Screening Tests</th>
<th>Special Tests</th>
<th>Inhibitors</th>
</tr>
</thead>
<tbody>
<tr>
<td>324723</td>
<td>PLATELET FACTOR 4 (SCREEN) (REFLEX TO CONFIRM IF POSITIVE)</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
I. PATIENT PREPARATION

A. Platelet Aggregation - Patient should preferably be off all medications, especially Persantine (dipyridamole) or ANY acetyl salicylic acid containing compound for 10-14 days prior or testing.

B. Other Coagulation Studies - No restrictions.

II. SPECIMEN COLLECTION

A. Method of Collection - Specimens may be collected in evacuated tube systems or by syringes. Be sure to mix, by inversion, the samples properly and perform a CLEAN venipuncture.

B. Anticoagulant - The anticoagulant should be sodium citrate either 3.2% (for platelet aggregation) in a 9:1 ratio with whole blood, i.e., 1 ml of anticoagulant plus 9 ml of whole blood. SPECIAL COLLECTION INSTRUCTIONS listed below.

C. Care of Specimen - After drawing, the blood should be centrifuged within 30 minutes of collection at a minimum of 1000 x g for 10 minutes at 4°C (Lupus Anticoagulant - 2500 x g for 15 minutes). Transfer plasma into a clean plastic or siliconized freezer tube and cap. Important! If requesting more than one test, plasma must be separated into more than one tube. See specimen requirement. Specimen must be kept at -20°C or -70°C until ready for transport, unless sending immediately.

D. Specimen Requirement - Specimen amount varies, to be safe, approximately 1 ml is needed for each test requested. A separate storage tube is required for each test requested containing the above amount.

III. SPECIAL COLLECTION INSTRUCTIONS

1. Platelet Aggregation: 20 ml of whole blood is needed. Withdraw 18 ml of blood into a plastic syringe that contains 2 ml of 3.2% sodium citrate. When using blue top vacutainer tube, four are needed. The blood must be transported immediately after draw. Important! THE BLOOD MUST BE KEPT AT ROOM TEMPERATURE.

2. Heparin Induced Antibody/HIT Platelet Factor 4: 2 ml of serum (red top tube, do not collect in SST). Serum must be kept at -20 to -70 degrees centigrade until ready to transport. Transport serum on ice. If transporting immediately send red top unspun.

3. Tissue Plasminogen Activator (t-PA) (Activity): 2 ml of plasma using buffered acid citrate (black top tube from American Diagnostica Inc.) anticoagulant. Sent on ice or dry ice.

IV. TRANSPORTATION OF SPECIMENS

Call DMC dispatcher for pick-up at 1-800-456-7637.

Include data on tubes: Patient's name, hospital number, date. A request slip must accompany the specimen. If possible, send a brief history and list of medications.

Service for the Canadian clients will remain the same.

V. NOTIFICATION OF LABORATORY

An appointment must be made for Platelet Aggregation since this specimen requires immediate attention.

VI. ADVANCE BENEFICIARY NOTICE (ABN)

646 Prothrombin Time with INR
42721 Partial Thromboplastin Time
### Client Information

**Ordering Physician:**

**PHYSICIAN PHONE #:**

**AREA PHONE #:**

**Comments:**

**Copy of Results Paced To:**

(If a copy is to be sent to an address other than the one shown above, please provide address and phone number.)

**Do Not Write In This Area:**

**Pink/Red sections are mandatory.**

**Ref to last page for specimen requirements.**

**Specimen Codes:**

- **B** = Blue Top
- **F** = Frozen
- **G** = Gray
- **L** = Lavender
- **P** = Plasma
- **R** = Plain Red
- **S** = Serum
- **SST** = Must Centrifuge
- **U** = Urine

**Advance Beneficiary Notice (ABN) required for Medicare patients.**

---

### Billing Information

**Client Data Comments**

**Ordering**

**Client Data**

- **Ordering**
- **Patient Last Name**
- **First Name**
- **Middle Initial**
- **Birthdate (mo/day/yr)**
- **Sex**
- **Phone No.**
- **Area Code**
- **City**
- **State**
- **Zip Code**
- **Billing Information**
- **Subscriber (If Different From Patient)**
- **Medicare Number**
- **Other Ins.**
- **Covered**
- **Service Code**
- **Provider Name**
- **Address**
- **City**
- **State Zip Code**

---

### ICD-9-CM Diagnosis Codes Are Required for Billing

**DIAGNOSTIC GROUPING**

**ICD-9-CM Diagnosis Codes Are Required for Billing**

- **Hypercoagulability (215768)**
  - **11929**
  - **11120**
  - **215293**
  - **215574**

- **Hypercoagulability (215808)**
  - **11099**
  - **11100**
  - **215343**
  - **215950**

- **Von Willebrand Disease (215780)**
  - **215271**
  - **215200**
  - **211112**
  - **211506**

**CHECK INDIVIDUALLY**

**TEST CODE**

**SCREENING TESTS**

**TEST CODE**

**SPECIAL TESTS**

**TEST CODE**

**FIBRINOLYSIS TESTS**

**TEST CODE**

**PLATELET TESTS**

---

**Send in Top 2 Copies With Specimen(s)
I. PATIENT PREPARATION

A. Platelet Aggregation - Patient should preferably be off all medications, especially Persantine (dipyridamole) or ANY acetyl salicylic acid containing compound for 10-14 days prior or testing.

B. Other Coagulation Studies - No restrictions.

II. SPECIMEN COLLECTION

A. Method of Collection - Specimens may be collected in evacuated tube systems or by syringes. Be sure to mix, by inversion, the samples properly and perform a CLEAN venipuncture.

B. Anticoagulant - The anticoagulant should be sodium citrate either 3.2% (for platelet aggregation) in a 9:1 ratio with whole blood, i.e., 1 ml of anticoagulant plus 9 ml of whole blood. SPECIAL COLLECTION INSTRUCTIONS listed below.

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III. SPECIAL COLLECTION INSTRUCTIONS

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IV. TRANSPORTATION OF SPECIMENS

Call DMC dispatcher for pick-up at 1-800-456-7637.

Include data on tube: Patient's name, hospital number, date. A request slip must accompany the specimen. If possible, send a brief history and list of medications.

Service for the Canadian clients will remain the same.

V. NOTIFICATION OF LABORATORY

An appointment must be made for Platelet Aggregation since this specimen requires immediate attention.

VI. ADVANCE BENEFICIARY NOTICE (ABN)

646 Prothrombin Time with INR
42721 Partial Thromboplastin Time
<table>
<thead>
<tr>
<th>Code</th>
<th>Test Description</th>
<th>Code</th>
<th>Test Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>286.7</td>
<td>Acquired coagulation factor deficiency</td>
<td>287.9</td>
<td>Hemorrhagic diathesis (familial)</td>
</tr>
<tr>
<td>287.0</td>
<td>Allergic purpura</td>
<td>286.6</td>
<td>Purpura annularis telangiectodes</td>
</tr>
<tr>
<td>287.3</td>
<td>Congenital deficiency of other clotting factors</td>
<td>287.8</td>
<td>Purpura fulminans</td>
</tr>
<tr>
<td>286.3</td>
<td>Congenital factor VIII disorder</td>
<td>287.2</td>
<td>Purpura and other hemorrhagic conditions</td>
</tr>
<tr>
<td>286.0</td>
<td>Congenital factor VII disorder</td>
<td>446.6</td>
<td>Thrombotic thrombocytopenia</td>
</tr>
<tr>
<td>286.1</td>
<td>Congenital factor IX deficiency</td>
<td>287.5</td>
<td>Thrombocytopenia, unspecified</td>
</tr>
<tr>
<td>286.2</td>
<td>Congenital factor XI deficiency</td>
<td>776.1</td>
<td>Primary thrombocytopenia</td>
</tr>
<tr>
<td>286.6</td>
<td>Defibrination syndrome</td>
<td>287.7</td>
<td>Secondary thrombocytopenia</td>
</tr>
<tr>
<td>286.4</td>
<td>Factor VIII deficiency with vascular defect</td>
<td>695.4</td>
<td>Lupus</td>
</tr>
<tr>
<td></td>
<td></td>
<td>286.4</td>
<td>von Willebrand's disease</td>
</tr>
</tbody>
</table>

**ICD-9-CM Diagnosis Codes are Required for Billing**

- 286.7: Acquired coagulation factor deficiency
- 287.9: Hemorrhagic diathesis (familial)
- 286.6: Purpura annularis telangiectodes
- 287.8: Purpura fulminans
- 287.2: Purpura and other hemorrhagic conditions
- 446.6: Thrombotic thrombocytopenia
- 287.5: Thrombocytopenia, unspecified
- 776.1: Primary thrombocytopenia
- 287.7: Secondary thrombocytopenia
- 695.4: Lupus
- 286.4: von Willebrand's disease

**Diagnostic Grouping**

- **Hypercoagulability I (215798)**
  - 42721: Partial Thromboplastin Time (APTT)
  - 646: Prothrombin Time with INR (PT/INN)
  - 111193: Reptilase Time
  - 11178: Thrombin Time

- **Hypercoagulability II (215805)**
  - 29967: Fibrinogen (Clotting Activity)
  - 215343: Heparin cofactor II
  - 324947: Fibrinogen Activator Inhibitor (I-PA) (Activity)

- **Von Willebrand Disease I (215780)**
  - 42721: APTT
  - 29520: Factor VIII (Activity)

**Check Individually**

- 322909: PFA1
  - 322917: PFA2
  - 121640: wVF Activity (Ristocetin)
  - 215467: wVF Antigen

**Inhibitors**

- 14928: Antithrombin III (Activity)
- 21319: Antithrombin III (Antigen)
- 214734: C4b-Binding Protein
- 110967: Circulating Anticoagulant (Qualitative)
- 113308: Free Protein S (Antigen)
- 215343: Heparin cofactor II
- 111070: Heparin assay (quantitative) (ANT-Xa)
- 218644: LMW heparin
- 213397: Lupus anticoagulant (screen) (reflex to confirm if positive)
- 38307: Lupus confirmation

**Platelet Tests**

- 215533: ATP release
- 322909: PFA1
- 322917: PFA2
- 760: Platelet counts
- 11104: Platelet aggregation (ADP, epinephrine, collagen)
- 215674: Sticky platelet syndrome

**Platelet Factor 4 Confirmation**

- 218717: Platelet factor 4 confirmation (reflex to confirm if positive)

**Additional Information**

- Follow any other coagulation assays as required by the referring physician or laboratory.
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