

## Advanced Lipid Panel, Cardio IQ

Test ID: 92145

CPT: 80061, 83704, 82172, 83695

### Clinical Significance

Advanced Lipid Panel, Cardio IQ - The advanced lipid profile provides a more comprehensive assessment of dyslipidemia and cardiovascular risk than standard lipid panel measurements.

### Test Details

**Components:** Cardio IQ Cholesterol, Total  
Cardio IQ HDL Cholesterol  
Cardio IQ Triglycerides  
Cardio IQ Non-HDL and Calculated Components  
Cardio IQ Lipoprotein Fractionation, Ion Mobility  
Cardio IQ Apolipoprotein B  
Cardio IQ Lipoprotein (a)  
If Triglyceride is >400 mg/dL, then Cardio IQ Direct LDL will be performed at an additional charge (CPT code(s): 83721).

**Methodology:** Enzymatic, Nephelometry, Immunoturbidometric, Ion Mobility, Spectrophotometry (SP)

### Reference Range

See Laboratory Report <sup>TM</sup>

### Container

Transport tube

### Transport Temperature

Refrigerated (cold packs)

### Specimen(s)

Serum

**Minimum Volume**  
2 mL

### Specimen Stability

Room temperature: 24 hours  
Refrigerated: 7 days  
Frozen: 15 days

### Reject Criteria

Grossly lipemic, Moderate to gross icterus

### Days Performed

### Collection Instructions

Fasting is not required prior to collection of a lipid panel.

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 . . . cholesterol, uric acid" 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 hrs and a third dose of 100 mg/kg administered over 16 hrs.

\*The CPT codes provided are based on AMA guidance 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.