

## Cytology Testing and Specimen Requirements

### **Cytology, Breast Smear**

|                          |  |
|--------------------------|--|
| Test performed by:       | Cytology   |
| Test Code:               | 46   |
| CPT Code(s) :            | 88160  |
| Outpatient Requirements: | Specify nipple discharge. Spread material evenly on slide and place IMMEDIATELY in cytology fixative container or spray with cytology fixative. Must label slide(s) with patient name and left or right. Anatomic Pathology form required. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. |
| Test Frequency :         | Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)   |
| Reference Range :        | See Pathology Report   |
| Billing Comments:        | Corresponding professional fees will also apply.   |

### **Cytology, Bronchial Brushings**

|                          |   |
|--------------------------|---|
| Test performed by:       | Cytology  |
| Test Code:               | 46  |
| CPT Code(s) :            | 88112   |
| Outpatient Requirements: | Send brush tip in Thin Prep cytolYTE solution (container available from Cytology department). Label container with two patient identifiers that include patient name. Indicate the site brushed, lobe and left or right side. Include pertinent clinical information, i.e. history of malignancy, chemotherapy or radiation treatment, and diagnosis on the Anatomic Pathology requisition or in Power Chart Medical Cytology order. Brushes received in formalin or 95% alcohol cannot be processed. |
| Test Frequency :         | Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  |
| Reference Range :        | See Pathology Report  |
| Billing Comments:        | Corresponding professional fees will also apply.  |

### **Cytology, Bronchial Washings**

|                          |  |
|--------------------------|--|
| Test performed by:       | Cytology   |
| Test Code:               | 46   |
| CPT Code(s) :            | 88112  |
| Outpatient Requirements: | Fresh, unfixed bronchial washings. Indicate side and lobe from which specimen was collected. Label specimen container with two patient identifiers that include patient name. Anatomic Pathology form required. Indicate site lobe and pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. |
| Test Frequency :         | Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)   |
| Reference Range :        | See Pathology Report   |
| Billing Comments:        | Corresponding professional fees will also apply.   |

### **Cytology, Colonic Brushings**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Send brush tip in Thin Prep Cytolyt solution (available from Cytology department). Label container with site brushed and two patient indentifiers that include patient name. Anatomic Pathology form required. Indicate site brushed and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

### **Cytology, Cyst Fluid**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Freshly aspirated fluid collected in sterile tube and labeled with source and two patient identifiers that include patient name. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday -Friday, usual TAT 24-48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

### **Cytology, Esophageal Brushings**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Send brush tip in Thin Prep Cytolyt solution (available from Cytology department). Label container with site brushed and two patient identifiers that include patient name. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Gastric Brushings**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88104 88112  
Outpatient Requirements: Send brush tip in Thin Prep Cytolyt solution (available from Cytology department). Label container with site brushed and two patient identifiers that include patient name. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Misc. Fluid**

Test performed by : Cytology  
Test Code : 46  
CPT Code(s) : 88112  
Outpatient Requirements: Fresh, unfixed fluid collected in sterile tube and labeled with source and two patient identifiers that include patient name. This category to be used only for fluids not otherwise listed. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Misc. Smears**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88160  
Outpatient Requirements: Spread material evenly on slide (labeled with patient's name). Place IMMEDIATELY in cytology fixative or spray fix. Label specimen container with two patient identifiers that include patient name. Anatomic Pathology form required. Indicate site and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Special Notes: This category to be used only for specimens from sources not already listed.  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Pericardial Fluid**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Specimen should be submitted FRESH, UNFIXED; Volume of at least 50 mL (if available) is preferred. Label specimen two patient identifiers that include patient name. Anatomic Pathology form required. Indicate site and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Peritoneal Fluid (Includes Paracentesis Fluid)**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Specimen should be submitted FRESH, UNFIXED; Volume of at least 50 mL (if available) is preferred. Label specimen two patient identifiers that include patient name. Anatomic Pathology form required. Indicate site and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Pleural Fluid**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Specimen should be submitted FRESH, UNFIXED; Volume of at least 50 mL (if available) is preferred. Label specimen two patient identifiers that include patient name. Anatomic Pathology form required. Indicate site and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Spinal Fluid**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Fresh unfixed fluid, minimum 0.5 mL collected in sterile tube. Anatomic Pathology form required. Label container with source and two patient identifiers that include patient name. Indicate source and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. Refrigerate specimen if it will be delayed in reaching the Lab.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Sputum**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Three consecutive first morning sputum specimens (NOT SALIVA OR NASAL ASPIRATES). Collect in 3 separate containers with fixative, minimum 3 mL sputum for each collection. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. Label container with two patient identifiers that include patient name. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Tzank Smear (Includes Herpes Cytology)**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88160  
Outpatient Requirements: Direct scrape of the margins of the ulcerated area of a lesion. Smear material on slides labeled with patient's name and place in cytology fixative container or spray fix slides. Label specimen container with two identifiers that include patient name. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition. Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**Cytology, Urine**

Test performed by: Cytology  
Test Code: 46  
CPT Code(s) : 88112  
Outpatient Requirements: Freshly voided, clean catch urine, catheterized urine, or washing of urinary tract. Collect in clean, leak proof container (no preservatives). Label specimen container with two patient identifiers that include patient name. 24 hour specimen or first voided morning specimen is not acceptable. Anatomic Pathology form required. Indicate source and include pertinent clinical data on requisition, including any history of recent instrumentation or stones. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

**FNA -Fine Needle Aspiration (Needle Biopsy), Cytology**

Test performed by : Cytology  
Test Code : 202  
CPT Code(s) : 88173  
Outpatient Requirements: Aspirated material smeared together evenly between two slides. One slide is fixed immediately in cytology fixative container. The other slide is allowed to air-dry. Rinse needle and syringe in a balanced salt solution or Cytolyte (containers available from Cytology Dept.). Slides must be labeled with patient name. Label specimen container with two identifiers that include patient name. Complete FNA Consultation portion of Anatomic Pathology form. Indicate site and include pertinent clinical data on requisition. See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details.  
Test Frequency : Available Monday – Friday, usual TAT 24 – 48 hours (excluding weekends and holidays)  
Reference Range : See Pathology Report  
Billing Comments: Corresponding professional fees will also apply.

## **PAP Test (Thin Prep), Gyn Cytology**

|                          |   |
|--------------------------|---|
| Test performed by:       | Cytology  |
| Test Code :              | 47  |
| CPT Code(s) :            | 88175   |
| Outpatient Requirements: | Collect vaginal specimen using the plastic spatula. Collect ecto/endo samples following the Broom-like device protocol or the Endocervical brush/spatula protocol. Do not use wooden collection devices. Rinse collection devices in preservcyt solution (available from Cytology department). Label container with patient's first and last name.<br>Anatomic Pathology form required, must include pertinent clinical history (birth date and LMP) on form. Indicate source (Vag or Ecto/Endo). See Cytology Specimen Collection instructions in the Specimen Collection and Handling section of this Catalog for more details. |
| Test Frequency :         | Available Monday -Friday, usual TAT 5 days  |
| Reference Range :        | See Pathology Report  |
| Special Notes:           | For routine screen, Medicare and Blue Cross CPT code is G0123.  |
| Billing Comments:        | If indicated, corresponding professional fees will also apply.  |

**SPECTRUM HEALTH**



Laboratory Services Catalog  
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