

Celiac Disease Comprehensive Panel

CPT Code: 86364, 82784

Order Code: 19955

Tests Included: Tissue Transglutaminase (tTG) Antibody (IgA), Immunoglobulin A (IgA)

Note: If Tissue Transglutaminase (tTG) Antibody (IgA) is Detected (≥ 15.0 U/mL), then Endomysial Antibody (IgA) Screen will be performed at an additional charge (CPT code: 86231). If Endomysial Antibody (IgA) Screen is Positive, then Endomysial Antibody Titer will be performed at an additional charge (CPT code: 86231).

Note: if Immunoglobulin A (IgA) is less than the lower limit of the age-appropriate reference range, then Tissue Transglutaminase (tTG) Antibody (IgG) will be performed at an additional charge (CPT code: 86364).

Please Note: This panel is for patients that are >3 years old.

ABN Requirement: No

Specimen: Serum

Volume: 5.0 mL

Minimum Volume: 1.0 mL

Container: Gel-barrier tube (SST)

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.

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): 3 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 21 days

Causes for Rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; gross hemolysis; gross lipemia

Methodology: Immunoassay (IA), Immunoturbidimetric

Turn Around Time: See individual tests for turnaround time

Reference Range: See individual tests for reference ranges

Clinical Significance: This panel is used to assist in the diagnosis of celiac disease (CD).

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.