

DHEA-S

CPT Code: 82627

Order Code: C385

ABN Requirement: No

Synonyms: Dehydroepiandrosterone Sulfate; DHEA-SO₄; DHEA Sulfate

Specimen: Serum

Volume: 0.5 mL

Minimum Volume: 0.3 mL

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

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.

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 biotin administration.

Transport: Store serum 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): 5 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 2 months

Deep Frozen (-70°C): 2 months

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

Methodology: Electrochemiluminescence Immunoassay (ECLIA)

Turn Around Time: 1 to 5 days

Reference Range:

Age	Male, ug/DL	Female, ug/DL
<1 Week	108.0 - 607.0	108.0 - 607.0
1 - 4 Weeks	31.6 - 431.0	31.6 - 431.0
4 Weeks - 1 Year	3.4 - 124.0	3.4 - 124.0
1 - 4 Years	0.5 - 19.4	0.5 - 19.4
5 - 9 Years	2.8 - 85.2	2.8 - 85.2
10 - 14 Years	24.4 - 247.0	33.9 - 280.0
15 - 19 Years	70.2 - 492.0	65.1 - 368.0
20 - 24 Years	211.0 - 492.0	148.0 - 407.0
25 - 34 Years	160.0 - 449.0	98.8 - 340.0
35 - 44 Years	88.9 - 427.0	60.9 - 337.0
45 - 54 Years	44.3 - 331.0	35.4 - 256.0
55 - 64 Years	51.7 - 295.0	18.9 - 205.0
65 - 74 Years	33.6 - 249.0	9.4 - 246.0
≥75 Years	16.2 - 123.0	12.0 - 154.0

Intended Use: The DHEA-S test can be used to identify the presence and source of excessive androgen production, as well as for the diagnosis of congenital adrenal hyperplasia.

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.