

Hepatitis Panel, Acute with Reflex to Confirmation

CPT Code: 80074

Order Code: 10306

Includes:

Hepatitis A IgM Antibody

Hepatitis B Surface Antigen with Reflex to Confirmation

Hepatitis B Core Antibody (IgM)

Hepatitis C Antibody with Reflex to HCV, RNA, Quantitative, Real-Time PCR

Hepatitis B Surface Antigen: Positive samples will be confirmed based on the manufacturer's FDA approved recommendations at an additional charge (CPT code(s): 87341).

If Hepatitis C Antibody is reactive, then Hepatitis C Viral RNA, Quantitative, Real-Time PCR will be performed at an additional charge (CPT code(s): 87522).

Alternative Name(s): Acute Hepatitis Panel with Reflex

ABN Requirement: No

Specimen: Serum

Volume: 5.0 mL

Minimum Volume: 2.5 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.

Collection Instructions: Dietary supplements containing biotin may interfere in

assays and may skew analyte results to be either falsely high or falsely low. For patients receiving the recommended daily doses of biotin, draw samples at least 8 hours following the last biotin supplementation. For patients on mega-doses of biotin supplements, draw samples at least 72 hours following the last biotin supplementation.

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): 72 hours

Refrigerated (2-8°C): 14 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)

Turn Around Time: 1 to 3 days

Reference Range: See individual tests

Clinical Significance: This panel may be helpful in the diagnosis of acute or recent infection with hepatitis A virus (HAV), hepatitis B virus (HBV), and hepatitis C virus (HCV), the 3 most common pathogens of viral hepatitis in the United States [1].

Acute symptoms and signs are similar among HAV, HBV, and HCV infection and may include fever, fatigue, loss of appetite, nausea, abdominal discomfort, dark urine, pale stools, and jaundice [1-4]. This panel may help establish diagnosis of these 3 viral hepatitis infections in symptomatic patients.

This panel includes 4 tests with reflexes: HAV IgM antibody, hepatitis B surface antigen (HBsAg) with reflex to confirmation, hepatitis B core IgM antibody (HBcAb IgM), and HCV antibody with reflex to HCV RNA quantitative real-time PCR.

The section below outlines the roles of the analytes assessed with this panel.

HAV IgM: Presence indicates current or recent infection or recent vaccination. A negative result indicates absence of acute infection [2].

HBsAg with reflex confirmation: Presence indicates that a person has a current HBV infection and is infectious [3].

HBcAb IgM: Presence indicates HBV infection within the preceding 4 to 6 months (ie, acute/recent infection) [3].

HCV antibody with reflex to HCV RNA: Presence (with detectable HCV RNA) indicates current infection. A positive result with a “not detected” HCV RNA reflex result may indicate a resolved infection or a biological false-positive antibody screening test [4].

The results of the test in the panel should be interpreted in the context of pertinent clinical history and physical examination findings.

References

1. Viral Hepatitis Surveillance - United States, 2019. Centers for Disease Control and Prevention. Accessed January 16, 2021. <https://www.cdc.gov/hepatitis/statistics/2019surveillance/pdfs/2019HepSurveillanceRpt.pdf>
2. Nelson NP, et al. MMWR Recomm Rep. 2020;69(5):1-38.
3. Roush SW, et al. Chapter 22: laboratory support for surveillance of vaccine-preventable diseases. In: Roush SW, et al, eds. Manual for the Surveillance of Vaccine-Preventable Diseases. Centers for Disease Control and Prevention. Reviewed June 3, 2021. Accessed January 16, 2022. <https://www.cdc.gov/vaccines/pubs/surv-manual/chpt22-lab-support.html>
4. Centers for Disease Control and Prevention. MMWR Morb Mortal Wkly Rep. 2013;62(18):362-365.

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.