

Lyme Disease Antibody with Reflex to Immunoassay (IgG, IgM)

CPT Code: 86618

Order Code: 39733

Includes: If Lyme Disease Antibody is Positive or Equivocal (≥ 0.91), then Lyme Disease Supplemental Antibodies (IgG, IgM), Immunoassay will be performed at an additional charge (CPT code(s): 86617 (x2)).

Alternative Name(s): MTTT-2, Borrelia VlsE1 pepC10, *B. burgdorferi* Ab, Lyme Early, Borrelia ELISA, *B burgdorferi*, Lyme Titer, Modified Two Tiered Test, Lyme, Serum, *Borrelia burgdorferi*, Lyme ELISA, Lyme Serology

ABN Requirement: No

Specimen: Serum

Volume: 1.0 mL

Minimum Volume: 0.5 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.

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): 4 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): 30 days

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

Methodology: Immunoassay (IA)

Turn Around Time: 3 to 5 days

Reference Range:

Clinical Significance: Lyme disease is a growing health issue. There has been an urgency to establish an efficient testing protocol that increases sensitivity for antibodies against *Borrelia burgdorferi* in early disease without negatively impacting specificity. In this algorithm, serum is first tested in an immunoassay measuring combined IgG and IgM antibodies to specific borrelial proteins; if reactive, the sample is then tested in separate *Borrelia burgdorferi* IgG and IgM immunoassays. This algorithm may be able to assist in the identification of early Lyme disease within the first 30 days of infection.

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.