

Varicella-Zoster Virus Antibody (IgG)

CPT Code: 86787

Order Code: 4439

ABN Requirement: No

Alternative Name(s): Varicella IgG Antibodies, VZV IgG, Shingles, Herpes Zoster IgG Ab, Chicken Pox, VZV Antibody IgG

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; gross lipemia

Methodology: Immunoassay (IA)

Turn Around Time: 2 to 3 days

Reference Range:

A positive result indicates that the patient has antibody to VZV but does not differentiate between an active or past infection. The clinical diagnosis must be interpreted in conjunction with the clinical signs and symptoms of the patient. This assay reliably measures immunity due to previous infection but may not be sensitive enough to detect antibodies induced by vaccination. Thus, a negative result in a vaccinated individual does not necessarily indicate susceptibility to VZV infection.

Clinical Significance: Varicella-Zoster Virus (VZV) causes chicken pox and when reactivated, potentially decades later, causes shingles. Twenty percent of adults will develop shingles, a rash or blister of the skin that may cause severe pain. Varicella-Zoster IgG, EIA reliably measures immunity due to previous infection, but is unsuitable for detection of post-vaccination immune status.

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.