

Reporting Title: Celiac Disease Serology Cascade

Performing Location: Rochester

Ordering Guidance:

This cascade **should not be used** in patients who have previously been or are currently being treated with a gluten-free diet. For these individuals, order CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood.

This cascade **should not be used** in individual who are negative for *HLA-DQ2* or *DQ8*, as a diagnosis of celiac disease is unlikely. For individuals who are positive for either *HLA-DQ2* and/or *DQ8*, this test may be ordered to assess for the presence of autoantibodies associated with celiac disease.

Cascade testing is recommended for celiac disease. Cascade testing ensures that testing proceeds in an algorithmic fashion. The following cascades are available, select the appropriate one for your specific patient situation.

- CDCOM / Celiac Disease Comprehensive Cascade, Serum and Whole Blood: Complete testing including HLA DQ
- CDSP / Celiac Disease Serology Cascade, Serum: Complete serology testing excluding HLA DQ
- CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood: For patients already adhering to a gluten-free diet

To order individual tests, see [Celiac Disease Diagnostic Testing Algorithm](#)

Specimen Requirements:

Collection Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Submission Container/Tube: Plastic vial

Specimen Volume: 5 mL

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:

If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

- [General Request](#) (T239)
- [Gastroenterology and Hepatology Test Request](#) (T728)

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	21 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
IGA	Immunoglobulin A (IgA), S	Numeric	mg/dL	2458-8
28991	Celiac Disease Interpretation	Alphanumeric		69048-7

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
IGA	Immunoglobulin A (IgA), S	1	82784	Yes	Yes
CDSP1	Celiac Disease Interpretation			Yes	No

CPT Code Information:

82784
86258 (if appropriate)
86364 (if appropriate)
86231 (if appropriate)

Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
EMA	Endomysial Abs, S (IgA)	1	86231	No	Yes
DAGL	Gliadin(Deamidated) Ab, IgA, S	1	86258	No	Yes
TTGG	Tissue Transglutaminase Ab, IgG, S	1	86364	No	Yes
DGGL	Gliadin(Deamidated) Ab, IgG, S	1	86258	No	Yes
TTGA	Tissue Transglutaminase Ab, IgA, S	1	86364	No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
DAGL	DAGL	Gliadin(Deamidated) Ab, IgA, S	Numeric	U	47393-4
DGGL	DGGL	Gliadin(Deamidated) Ab, IgG, S	Numeric	U	47394-2
TTGA	TTGA	Tissue Transglutaminase Ab, IgA, S	Numeric	U/mL	46128-5
TTGG	TTGG	Tissue Transglutaminase Ab, IgG, S	Numeric	U/mL	56537-4
EMA	9360	Endomysial Ab	Alphanumeric		46126-9

Reference Values:

Immunoglobulin A (IgA)
0-<5 months: 7-37 mg/dL
5-<9 months: 16-50 mg/dL
9-<15 months: 27-66 mg/dL
15-<24 months: 36-79 mg/dL
2-3 years: 27-246 mg/dL
4-6 years: 29-256 mg/dL
7-9 years: 34-274 mg/dL
10-14 years: 42-295 mg/dL
13-15 years: 52-319 mg/dL

16-17 years: 60-337 mg/dL
> or =18 years: 61-356 mg/dL