

Reporting Title: Celiac Disease Comprehensive Casc
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, CDGF / Celiac Disease Gluten-Free Cascade, Serum and Whole Blood should be ordered.

This cascade should not be used in patients for whom human leukocyte antigen (HLA) DQ2/DQ8 typing has already been performed. For individuals who are positive for either DQ2 and/or DQ8, CDSP / Celiac Disease Serology Cascade, Serum should be ordered to assess for the presence of autoantibodies associated with celiac disease. For individuals who are negative for DQ2 and DQ8, no further testing is necessary as a diagnosis of celiac disease is unlikely.

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:
Both blood and serum are required.

Specimen Type: Blood
Container/Tube: Yellow top (ACD solution A or B)
Specimen Volume: 6 mL
Collection Instructions: Send whole blood in original tube. **Do not aliquot.**

Specimen Type: Serum
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 2 mL
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
If not ordering electronically, complete, print, and send [Gastroenterology and Hepatology Test Request](#) (T728) with the specimen

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	21 days	
Whole Blood ACD-B	Refrigerated (preferred)		

	Ambient		
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Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
IGA	Immunoglobulin A (IgA), S	Numeric	mg/dL	2458-8
DQA	DQ alpha 1	Alphanumeric		94495-9
DQB	DQ beta 1	Alphanumeric		53938-7
CELIG	Celiac gene pairs present?	Alphanumeric		48767-8
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
CELI2	HLA-DQ Typing	2	81376	Yes	Yes, (Order CELI)
CDCM1	Celiac Disease Interpretation			Yes	No

CPT Code Information:

- 81376 x 2
- 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®
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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-<4 years: 27-246 mg/dL

4-<7 years: 29-256 mg/dL

7-<10 years: 34-274 mg/dL

10-<13 years: 42-295 mg/dL

13-<16 years: 52-319 mg/dL

16-<18 years: 60-337 mg/dL

> or =18 years: 61-356 mg/dL

HLA-DQ TYPING

Presence of DQ2 or DQ8 alleles associated with celiac disease