

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.

Specimen Minimum Volume:

2 mL

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 Also used by tests: IGA, IMMIG	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	Orderable Separately
IGA	Immunoglobulin A (IgA), S			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	Orderable Separately
EMA	Endomysial Abs, S (IgA)			No	Yes
EMAT	EMA Titer, S (IgA)			No	No
DAGL	Gliadin(Deamidated) Ab, IgA, S			No	Yes
TTGG	Tissue Transglutaminase Ab, IgG, S			No	Yes
DGGL	Gliadin(Deamidated) Ab, IgG, S			No	Yes

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
TTGA	Tissue Transglutaminase Ab, IgA, S			No	Yes

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
EMA	9360	Endomysial Ab	Alphanumeric		46126-9
EMAT	65091	EMA Titer, S (IgA)	Alphanumeric		27038-9
DAGL	DAGL	Gliadin(Deamidated) Ab, IgA, S	Numeric	U	47393-4
TTGG	TTGG	Tissue Transglutaminase Ab, IgG, S	Numeric	U/mL	56537-4
DGGL	DGGL	Gliadin(Deamidated) Ab, IgG, S	Numeric	U	47394-2
TTGA	TTGA	Tissue Transglutaminase Ab, IgA, S	Numeric	U/mL	46128-5

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