

## Celiac Disease Analyzer

Order Name: **CELIAC AN**  
Test Number: **5537700**  
Revision Date: **04/03/2024**

TEST NAME	METHODOLOGY	LOINC CODE
Tissue Transglutaminase IgA (IgA anti-tTG)	Chemiluminescence Assay	46128-5
Gliadin Deamidated Antibody, IgA	Chemiluminescence Assay	63453-5
Gliadin Deamidated Antibody, IgG	Chemiluminescence Assay	63459-2
Immunoglobulin IgA Quantitative	Turbidometric	2458-8

SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	4 mL (2)	Serum	Clot Activator SST	Refrigerated
Instructions	Allow specimen to clot completely at room temperature. <b>Separate serum from cells ASAP or within 2 hours of collection.</b> Stability After separation from cells: Ambient 8 hours, Refrigerated 2 days, Frozen 30 days (avoid repeated freeze/thaw cycles).			

GENERAL INFORMATION															
Testing Schedule	Mon, Wed, Fri														
Expected TAT	5-7 Days														
Clinical Use	Assist the diagnosis of Celiac disease and the monitoring of compliance to diet. This test will automatically reflex for a IgG Anti-Tissue Transglutaminase antibody if the Celiac suspected patient is identified as being deficient for total serum IgA.														
CPT Code(s)	<div><div>Initial Testing</div><table><tr><th>TEST NAME</th><th>CPT CODES</th></tr><tr><td>IgA Anti-Tissue Transglutaminase Antibody</td><td>86364</td></tr><tr><td>Deamidated Gliadin IgA</td><td>86258</td></tr><tr><td>Deamidated Gliadin IgG</td><td>86258</td></tr><tr><td>Total IgA</td><td>82784</td></tr></table><div>Possible Additional Testing</div><table><tr><th>TEST NAME</th><th>CPT CODES</th></tr><tr><td>IgG Anti-Tissue Transglutaminase Antibody</td><td>83516</td></tr></table></div>	TEST NAME	CPT CODES	IgA Anti-Tissue Transglutaminase Antibody	86364	Deamidated Gliadin IgA	86258	Deamidated Gliadin IgG	86258	Total IgA	82784	TEST NAME	CPT CODES	IgG Anti-Tissue Transglutaminase Antibody	83516
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**Ascension  
St. John**

St. John Health System  
Lab Catalog