Celiac or inflammatory bowel disease? Gut check with Quest

Testing to support differential diagnosis, disease monitoring, and treatment decisions

Celiac disease testing

Choose from Quest's broad menu of antibody and genetic tests so that you have the right test for the right patient at the right time to rule celiac disease in or out and to monitor gluten-free diet compliance. Components of panels can be ordered separately.

Test or Panel	Test Code	CPT Code(s)
Celiac disease panels		
Celiac Disease Comprehensive Panel with Gliadin (Deamidated Peptide) Antibody (IgG) Includes Tissue Transglutaminase antibody (IgA) with reflex(es) to endomysial antibody screen (IgA) and endomysial antibody titer; also includes serum IgA with reflex to tissue transglutaminase antibody (IgG) and Gliadin (Deamidated Peptide) antibody (IgG). If the Endomysial Antibody Screen IgA is abnormal, Endomysial Antibody Titer is performed at an additional charge (CPT code(s): 86231).	36336	86364, 82784
Celiac Disease Comprehensive Panel with Gliadin (Deamidated Peptide) Antibodies (Age 5 and Under) Includes Tissue Transglutaminase antibody (IgA) with reflex(es) to endomysial antibody screen (IgA) and endomysial antibody titer; also includes GDP antibody (IgA and IgG), serum IgA with reflex to tissue transglutaminase antibody (IgG). If the Endomysial Antibody Screen IgA is abnormal, Endomysial Antibody Titer is performed at an additional charge (CPT code(s): 86231).	36331	86258 (x2), 86364, 82784
Celiac Disease Comprehensive Panel, Infant Includes: Tissue Transglutaminase Antibody (IgA); IgA (Immunoglobulin A); and Gliadin (Deamidated) Antibody (IgA) If Tissue Transglutaminase Antibody (IgA) is detected (≥15.0 U/mL), then Endomysial Antibody Screen (IgA) will be performed at an additional charge (CPT code(s): 86231). If the Endomysial Antibody Screen (IgA) is abnormal, then Endomysial Antibody Titer will be performed at an additional charge (CPT code(s): 86231). If Immunoglobulin A is less than the lower limit of the reference range, based on age, then Transglutaminase Antibody (IgG) will be performed at an additional charge (CPT code(s): 86364).	15981	86364, 86258, 82784
Celiac Disease Panel 2 with Reflex to Endomysial Antibody Titer Includes Gliadin (Deamidated) Antibody (IgG, IgA); Tissue Transglutaminase Antibody (IgG,IgA); Endomysial Antibody Screen (IgA); IgA, Serum. If the Endomysial Antibody Screen IgA is abnormal, Endomysial Antibody Titer is performed at an additional charge (CPT code(s): 86231).	58319	82784, 86258, 86364, 86231, 86255
Celiac Disease Panel (without Gliadin) Includes IgA level, tissue transglutaminase antibody (IgA)	17612	82784, 86364
Celiac component tests		
Gliadin (Deamidated) Antibody (IgG, IgA)	8889	86258 (x2)
Gliadin (Deamidated) Antibody (IgA)	11228	86258
Gliadin (Deamidated) Antibody (IgG)	11212	86258
Endomysial Antibody Screen (IgA) with Reflex to Titer If Endomysial Antibody (IgA) Screen is abnormal, then Endomysial Antibody Titer will be performed at an additional charge (CPT code(s): 86231).	15064	86231
IgA	539	82784
Tissue Transglutaminase Antibody (IgA)	8821	86364
Tissue Transglutaminase Antibody (IgG)	11070	86364
Tissue Transglutaminase Antibody (IgG, IgA)	11073	86364 (x2)
Genetic tests		
HLA Typing for Celiac Disease Includes HLA-DQ2 (DQA1*05/DQB1*02), HLA-DQ8 (DQA1*03/DQB1*0302),HLA-DQA1*, HLA-DQB1*	17135	81382* (x2) 81376 (x2)
HLA-DQA1 Low Resolution[a]	19525	81376
HLA-DQB1 Low Resolution[a]	10953	81376

* CPT® code is subject to Medicare Limited Coverage Policy and may require a signed ABN when ordering.

a. These tests were developed and their performance characteristics were determined by BloodCenter of Wisconsin. They have not been cleared by the US FDA. However, this approval is not required.

Inflammatory bowel disease

Help identify the root cause of overlapping symptoms with tests designed to support differential diagnosis.

Test or Panel	Test Code	CPT Code(s)
IBD Inflammatory Bowel Disease Differentiation Panel Includes: ANCA Screen with Reflex to ANCA Titer (70171); Myeloperoxidase Antibody (MPO) (8796); Proteinase-3 Antibody (34151); *Saccharomyces cerevisiae* Antibodies (ASCA) (IgG) (10294); *Saccharomyces cerevisiae* Antibodies (ASCA) (IgA) (10295)	16503	86021 (x2), 86036, 86671 (x2)
Calprotectin, Stool	16796	83993
CBC (Includes Differential and Platelets) Includes WBC, RBC, Hemoglobin, Hematocrit, MCV, MCH, MCHC, RDW, Platelet Count, MPV and Differential (Absolute and Percent: Neutrophils, Lymphocytes, Monocytes, Eosinophils, and Basophils) If abnormal cells are noted on a manual review of the peripheral blood smear or if the automated differential information meets specific criteria, a full manual differential will be performed.	6399	85025*
Helicobacter pylori Antigen, EIA, Stool	34838	87338*
Helicobacter pylori Urea Breath Test	14839	83013
Lactoferrin, Qualitative, Stool	10156	83630
Lactoferrin, Quantitative, Stool	17321	83631
Lactose Tolerance Test, 5 Specimens (50g)	7675	82951, 82952 (x2)
Ova and Parasites, Concentrate and Permanent Smear	681	87177, 87209
Sed Rate by Modified Westerngren	809	85652
TSH	899	84443*
IBD, therapeutic drug monitoring		
Adalimumab Drug Level and Anti-drug Antibody for IBD Includes: Adalimumab Level for IBD (36298) and Adalimumab Level Anti-drug Antibody for IBD (36294)	36296	83520, 80145
Infliximab Level and Infliximab Anti-drug Antibody for IBD Includes: Infliximab Level for IBD (36303) and Infliximab Anti-drug Antibody for IBD (36301)	36311	83520, 80230
Thiopurine Metabolites	91745	80299
Thiopurine S-Methyltransferase (TPMT) Genotype	37742	81335
TPMT Activity	18831	84433

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For questions regarding your testing needs, please contact your **Quest Diagnostics sales representative** or call **1.866.MYQUEST** (1.866.697.8378). For a full list of our menu, view our test directory at TestDirectory.QuestDiagnostics.com/Test/Home

The CPT® codes provided are based on American Medical Association 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.

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