

Insulin Resistance Panel With Score

CPT Code: 83525, 84681

Order Code: 1388

Includes: Insulin, Intact, LC/MS/MS; C-Peptide, LC/MS/MS; Insulin Resistance Score

ABN Requirement: No

Specimen: Serum

Volume: 0.5 mL

Minimum Volume: 0.3 mL

Container: Red Top (no gel barrier) tube (preferred), Gel-barrier tube (SST, Tiger Top)

Collection:

Red Top Serum (preferred sample):

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.
5. Aliquot serum into a labeled transport tube and cap tightly.

Gel-barrier/SST Serum:

1. Collect and label sample according to standard protocols.
2. Gently invert tube 5 times immediately after draw. DO NOT SHAKE.
3. Allow blood to clot 30 minutes.
4. Centrifuge for 10 minutes.

Fasting: Overnight fasting is required

Transport: Store serum at 2°C to 8°C after collection and ship the same day per packaging instructions provided with the Cleveland HeartLab shipping box.

Stability:

Ambient (15-25°C): 24 hours

Refrigerated (2-8°C): 28 days

Frozen (-20°C): 28 days

Causes for Rejection: Specimens other than serum; improper labeling; specimen not stored properly; specimen older than stability limits; hemolysis

Methodology: Immunocapture, Liquid Chromatography/Tandem Mass Spectrometry

Turn Around Time: 5 to 10 days

Reference Range:

Clinical Significance: Proinsulin is processed to insulin and C-peptide as it passes through pancreatic beta cells, which are then released together in response to increased glucose levels. A steady-state plasma glucose test, in individuals undergoing an insulin suppression test to assess insulin resistance, found that the combination of insulin and C-peptide was a better indicator of insulin resistance than either one individually. The Insulin Resistance Panel with Score combines fasting insulin and C-peptide measurements to evaluate the likelihood that an individual has insulin resistance.

The CPT codes provided are based on AMA 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.