

Iron Binding Capacity and Transferrin Saturation

CPT Code: 83540, 83550

Order Code: C273

Includes: Iron, Unsaturated Iron Binding Capacity, Total Iron Binding Capacity, and Transferrin Saturation

ABN Requirement: No

Synonyms: TIBC; Iron Binding Capacity; IBC; Serum Iron-Binding Capacity; Siderophilin; UIBC; % Saturation

Specimen: Serum

Volume: 0.5 mL

Minimum Volume: 0.2 mL

Container: Gel-barrier tube (SST, Tiger Top)

Collection:

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.

Special Instructions: Specimens should be collected in the morning to avoid low results due to diurnal variation.

Patient Preparation: Patient should be fasting for 12 hours prior to being drawn.

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): 4 days

Refrigerated (2-8°C): 7 days

Frozen (-20°C): not acceptable

Deep Frozen (-70°C): not acceptable

Causes for rejection: Specimens other than serum; improper labeling; samples not stored properly; samples older than stability limits; hemolyzed and lipemic specimens

Methodology:

UIBC: Photometric

TIBC and Transferrin Saturation: Calculation

Turn Around Time: 1 to 3 days

Reference Range:

Test	Age, Gender	
UIBC	All Ages, Male and Female	112-347 µg/dL
TIBC	All Ages, Male and Female	228-438 µg/dL
Transferrin Saturation	All Ages, Male	20-50%
Transferrin Saturation	All Ages, Female	15-50%

Intended Use: The total iron binding capacity test is used to identify individuals with either iron deficiency or iron overload, in conjunction with a serum iron test.

Limitations: Hemolysis of the sample will artificially elevate the iron levels. Excess bilirubin in the sample may lower iron levels.

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.