

Protein Electrophoresis, with Total Protein and Reflex to IFE, Serum

CPT Code: 84155, 84165

Order Code: 1212

Includes: Total Protein, Albumin, Alpha-1 Globulin, Alpha-2 Globulin, Beta-1 Globulin, Beta-2 Globulin, Gamma Globulin, Abnormal Protein Band 1 (if present), Abnormal Protein Band 2 (if present), Abnormal Protein Band 3 (if present), Immunofixation (IFE) (if reflexed)

ABN Requirement: No

Specimen: Serum

Volume: 4.0 mL

Minimum Volume: 0.5 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 Information: If abnormal banding is detected, Immunofixation (IFE) will be performed at an additional charge (CPT code 86334).

Fasting: Overnight fasting is preferred

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): 28 days

Causes for Rejection: Specimens other than serum; grossly hemolyzed specimens; grossly lipemic specimens; improper labeling; samples not stored

properly; samples older than stability limits

Methodology: Capillary Zone Electrophoresis (CZE), Spectrophotometry (SP)

Turn Around Time: 2 to 3 days

Reference Range:

Protein, Total, Serum:

Protein Electrophoresis:

Clinical Significance: Serum protein electrophoresis (SPE) is an analytical technique that provides separation of serum protein into six fractions: Albumin, Alpha-1, Alpha-2, Beta-1, Beta-2, and Gamma. Interpretation of elevation, decreased, or visual change in different fractions can be used as a diagnostic aid for a variety of different disease states and protein abnormalities, including monoclonal gammopathies (MG).

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.