

ANCA Screen with Reflex to ANCA Titer

Test ID:

70171

CPT:

86036

Clinical Significance

ANCA Screen with Reflex to ANCA Titer - Testing for anti-neutrophil cytoplasmic antibodies (P-ANCA and or C-ANCA) has been found to be useful in establishing the diagnosis of suspected vascular diseases (e.g., crescentic glomerulonephritis, microscopic polyarteritis and churg-strauss syndrome), bowel disease (Crohn's Disease, ulcerative colitis, primary sclerosing cholangitis, and autoimmune hepatitis) as well as with other autoimmune diseases (drug-induced lupus, SLE, Felty's Syndrome).

ANCA has classically been divided into C-ANCA and P-ANCA depending on the immunofluorescent pattern observed. More recently the specific antigens responsible for these patterns have been described and isolated. The antigen that gives the C-ANCA pattern is Proteinase-3 (PR-3). Multiple antigens are responsible for P-ANCA pattern, the principle antigen being Myeloperoxidase (MPO).

Patients with bowel disease have been shown to have antibodies that give a P-ANCA or C-ANCA pattern. These antibodies however may not be directed towards MPO. Patients with drug induced lupus, etc, often present with a P-ANCA pattern that is associated with antibodies against MPO.

Test Details

Components: If ANCA Screen is positive, then C-ANCA Titer and/or P-ANCA Titer, and/or atypical P-ANCA Titer will be performed at an additional charge (CPT code(s): 86037 for each titer performed).

Methodology: Immunoassay (IA)

Reference Range

ANCA Screen	Negative
C-ANCA Titer	<1:20
P-ANCA Titer	<1:20
Atypical P-ANCA Titer	<1:20

Container

Serum Separator Tube (SST®)

Transport Temperature

Room temperature

Specimen(s)

1 mL serum
Minimum Volume: 0.5 mL

Specimen Stability

Room temperature: 7 days
Refrigerated: 14 days
Frozen: 30 days

Reject Criteria

Gross hemolysis • Grossly lipemic

Days Performed

Collection Instructions

*The CPT codes provided are based on AMA guidance 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.