

Histocompatibility Testing (190.1)

Medicare National Coverage Decision (NCD Excerpt)

Other Names/Abbreviations: HLA typing and HLA crossmatch

Original Policy Effective Date: October 7, 2013

Revision Effective Date: October 1, 2016

CPT Code	Descriptor
86812	HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813	HLA typing; A, B, or C, multiple antigens
86816	HLA typing; DR/DQ, single antigen
86817	HLA typing; DR/DQ, multiple antigens
86821	HLA typing; lymphocyte culture, mixed (MLC)
86825	Human leukocyte (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution
86826	Human leukocyte (HLA) crossmatch, non-cytotoxic (eg, using flow Cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)

IMPORTANT NOTICE: This limited coverage policy has been provided as a reference tool which can be used to determine whether this test is covered by Medicare for your patient's diagnosis/symptoms and indicate if an ABN will be needed. It is NOT to be used as a guideline for providing "reimbursable" diagnosis codes.

ICD-10-CM Codes Covered by Medicare Program	
Code	Description
M08.1	Juvenile ankylosing spondylitis
M45.0	Ankylosing spondylitis of multiple sites in spine
M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
M45.2	Ankylosing spondylitis of cervical region
M45.3	Ankylosing spondylitis of cervicothoracic region
M45.4	Ankylosing spondylitis of thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis of lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis of sacral and sacrococcygeal region
M45.9	Ankylosing spondylitis of unspecified sites in spine
N18.4	Chronic Kidney Disease, stage 4 (severe)
N18.5	Chronic Kidney Disease, Stage 5
N18.6	End Stage Renal Disease
Z52.008	Unspecified donor, other blood
Z52.098	Other blood donor, other blood
Z76.82	Persons encountering health services in other specified circumstances awaiting

Sources of Information: Refer to complete copy of NCD @ www.cms.hhs.gov/

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ICD-10-CM Codes Covered by Medicare Program

Code	Description
	organ transplant status

Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

Description: Histocompatibility testing involves the matching or typing of human leucocyte antigen (HLA)

Indications:

This testing is safe and effective when it is performed on patients:

- A. In preparation for a kidney transplant.
- B. In preparation for bone marrow transplantation
- C. In preparation for blood platelet transfusions (particularly when multiple infusions are involved);
OR
- D. Who are suspected of having ankylosing spondylitis

This testing is covered under Medicare when used for any of the indications listing in A, B, and C and if it is reasonable and necessary for the patient.

It is covered for ankylosing spondylitis in cases where other methods of diagnosis would not be appropriate or have yielded inconclusive results. **Request documentation supporting the medical necessity of the test from the physician in all cases where ankylosing spondylitis is indicated as the reason for the test.**

Transmittal information:

03/2013 Implementation date: 10/07/2013 Effective date: 10/1/2015 (TN 1100) (CR 8197)

05/2014 Implementation date: 10/06/2014 Effective date: 10/1/2015 (TN 1388) (CR 8691)

Sources of Information: Refer to complete copy of NCD @ www.cms.hhs.gov/CoverageGenInfo/04_LabNCDs.asp