

# Local Coverage Article: Billing and Coding: MoIDX: HLA Testing for Transplant Histocompatibility (A56859)

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## Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE       | CONTRACT NUMBER | JURISDICTION | STATE(S)       |
|-----------------|---------------------|-----------------|--------------|----------------|
| Palmetto GBA    | A and B MAC         | 10111 - MAC A   | J - J        | Alabama        |
| Palmetto GBA    | A and B MAC         | 10112 - MAC B   | J - J        | Alabama        |
| Palmetto GBA    | A and B MAC         | 10211 - MAC A   | J - J        | Georgia        |
| Palmetto GBA    | A and B MAC         | 10212 - MAC B   | J - J        | Georgia        |
| Palmetto GBA    | A and B MAC         | 10311 - MAC A   | J - J        | Tennessee      |
| Palmetto GBA    | A and B MAC         | 10312 - MAC B   | J - J        | Tennessee      |
| Palmetto GBA    | A and B and HHH MAC | 11201 - MAC A   | J - M        | South Carolina |
| Palmetto GBA    | A and B and HHH MAC | 11202 - MAC B   | J - M        | South Carolina |
| Palmetto GBA    | A and B and HHH MAC | 11301 - MAC A   | J - M        | Virginia       |
| Palmetto GBA    | A and B and HHH MAC | 11302 - MAC B   | J - M        | Virginia       |
| Palmetto GBA    | A and B and HHH MAC | 11401 - MAC A   | J - M        | West Virginia  |
| Palmetto GBA    | A and B and HHH MAC | 11402 - MAC B   | J - M        | West Virginia  |
| Palmetto GBA    | A and B and HHH MAC | 11501 - MAC A   | J - M        | North Carolina |
| Palmetto GBA    | A and B and HHH MAC | 11502 - MAC B   | J - M        | North Carolina |

## Article Information

### General Information

**Article ID**

A56859

**Original Effective Date**

09/09/2019

**Article Title**

Billing and Coding: MoIDX: HLA Testing for Transplant  
Histocompatibility

**Revision Effective Date**

N/A

**Revision Ending Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright  
Statement**

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**Retirement Date**

N/A

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## Article Guidance

### Article Text:

Medicare covers the following solid organ transplants: kidney, heart, lung, heart/lung, liver, pancreas, pancreas/kidney, and intestinal/multi-visceral. Medicare also covers stem cell transplants for certain conditions.

Claims for CPT<sup>®</sup> codes used to describe Human Leukocyte Antigen (HLA) testing used for transplant histocompatibility testing will be denied. See below for further explanation on correct billing for these services. This does not refer to HLA testing for non-transplant services.

HLA testing for histocompatibility testing as part of transplantation are part of solid organ acquisition services.

Services for organ transplants must be billed as described in the Centers for Medicare and Medicaid Services (CMS) Internet-Only Manual, Pub 100-04, Medicare Claims Processing Manual, Inpatient Hospital Billing, Chapter 3 Section 90 and as described in the Electronic Code of Federal Regulations, Title 42, Public Health, Part 412 Prospective Payment Systems for Inpatient Hospital Services. The acquisition costs of hearts, kidneys, livers, lungs, pancreas, and intestines (or multivisceral organs) incurred by approved transplantation centers are paid on a reasonable cost basis by approved transplant centers; they are not billed as stand-alone laboratory services.

HLA typing is a component of the acquisition services for an allogeneic stem cell transplant as well. Payment for these acquisition services is included in the MS-DRG payment for the allogeneic stem cell transplant when the transplant occurs in the inpatient setting and in the OPPOS APC payment for the allogeneic stem cell transplant when the transplant occurs in the outpatient setting. The Medicare contractor does not make separate payment for these acquisition services, because hospitals may bill and receive payment only for services provided to the Medicare beneficiary who is the recipient of the stem cell transplant and whose illness is being treated with the stem cell transplant. Unlike the acquisition costs of solid organs for transplant (e.g., hearts and kidneys), which are paid on a reasonable cost basis, acquisition costs for allogeneic stem cells are included in prospective payment.

Acquisition charges do not apply to autologous transplants.

HLA CPT<sup>®</sup> codes **unrelated to transplant testing** have coverage as outlined in the following Local Coverage Determinations (LCDs):

- CPT<sup>®</sup> 81381 – The MoIDX: HLA-B\*15:02 Genetic Testing L36033 LCD addresses limited coverage for HLA-B\*15:02 genotype testing.
- CPT<sup>®</sup> 81383 – The MoIDX: HLA-DQB1\*06:02 Testing for Narcolepsy L36464 LCD addresses non-coverage of HLA-DQB1\*06:02 typing for the diagnosis or management of narcolepsy.

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## Coding Information

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### CPT/HCPCS Codes

#### Group 1 Paragraph:

**The following codes are not covered:**

**Group 1 Codes:**

| CODE  | DESCRIPTION   |
|-------|---|
| 81370 | HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, -C, -DRB1/3/4/5, AND -DQB1                                    |
| 81371 | HLA CLASS I AND II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-A, -B, AND -DRB1 (EG, VERIFICATION TYPING)                           |
| 81372 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); COMPLETE (IE, HLA-A, -B, AND -C)  |
| 81373 | HLA CLASS I TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH  |
| 81375 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); HLA-DRB1/3/4/5 AND -DQB1   |
| 81376 | HLA CLASS II TYPING, LOW RESOLUTION (EG, ANTIGEN EQUIVALENTS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH       |
| 81378 | HLA CLASS I AND II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS), HLA-A, -B, -C, AND -DRB1   |
| 81379 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); COMPLETE (IE, HLA-A, -B, AND -C)  |
| 81380 | HLA CLASS I TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-A, -B, OR -C), EACH                                    |
| 81382 | HLA CLASS II TYPING, HIGH RESOLUTION (IE, ALLELES OR ALLELE GROUPS); ONE LOCUS (EG, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, OR -DPA1), EACH |

**ICD-10 Codes that are Covered**

N/A

**ICD-10 Codes that are Not Covered**

N/A

## Revision History Information

N/A

## Associated Documents

**Related Local Coverage Document(s)**

N/A

**Related National Coverage Document(s)**

N/A

**Statutory Requirements URL(s)**

N/A

**Rules and Regulations URL(s)**

N/A

**CMS Manual Explanations URL(s)**

N/A

**Other URL(s)**

N/A

**Public Version(s)**

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## Keywords

- HLA Testing for Transplant Histocompatibility