



## **National Coverage Determination (NCD) for Histocompatibility Testing (190.1)**

<b>Publication Number</b>	<b>Manual Section Number</b>	<b>Manual Section Title</b>
100-3	190.1	Histocompatibility Testing

<b>Version Number</b>	<b>Effective Date of this Version</b>
1	8/1/1978

**Benefit Category**  
Diagnostic Laboratory Tests

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

**Item/Service Description**  
Histocompatibility testing involves the matching or typing of the human leucocyte antigen (HLA).

### **Indications and Limitations of Coverage**

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 where 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 listed 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.

### **Revision History**

03/2013 - CMS translated the information for this policy from ICD-9-CM/PCS to ICD-10-CM/PCS according to HIPAA standard medical data code set requirements and updated any necessary and related coding infrastructure. These updates do not expand, restrict, or alter existing coverage policy. Implementation date: 10/07/2013 Effective date: 10/1/2015. (TN 1199) (TN 1199) (CR 8197)

05/2014 - CMS translated the information for this policy from ICD-9-CM/PCS to ICD-10-CM/PCS according to HIPAA standard medical data code set requirements and updated any necessary and related coding infrastructure. These updates do not expand, restrict, or alter existing coverage policy. Implementation date: 10/06/2014 Effective date: 10/1/2015. (TN 1388) (TN 1388) (CR 8691)

02/2017 - This change request (CR) is the 10th maintenance update of ICD-10 conversions and other coding updates specific to national coverage determinations (NCDs). These NCD coding changes are the result of newly available codes, coding revisions to NCDs released separately, or coding feedback received. Previous NCD coding changes appear in ICD-10 quarterly updates as follows: CR7818, CR8109, CR8197, CR8691, CR9087, CR9252, CR9540, CR9631, and CR9751, as well as in CRs implementing new policy NCDs. Edits to ICD-10 and other coding updates specific to NCDs will be included in subsequent, quarterly releases and individual CRs as appropriate. No policy-related changes are included with the ICD-10 quarterly updates. Any policy-related changes to NCDs continue to be implemented via the current, long-standing NCD process. (TN 1792 ) (CR9861)



## **Histocompatibility Studies**

CPT codes: **86812, 86813, 86816, 86817, 86821, 86822, 86825, 86826**

<u>ICD-10</u>	<u>ICD-10 Dx Description</u>
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 thoracic region
M45.5	Ankylosing spondylitis of thoracolumbar region
M45.6	Ankylosing spondylitis lumbar region
M45.7	Ankylosing spondylitis of lumbosacral region
M45.8	Ankylosing spondylitis 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	Awaiting organ transplant status