

Histocompatibility Testing

CPT: 86812, 86816

Medically Supportive ICD Codes are listed
on subsequent page(s) of this document

CMS National Coverage Policy

Coverage Indications, Limitations, and/or Medical Necessity

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.

Visit [SonoraQuest.com/Medicare](https://www.sonorquest.com/Medicare) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov ►

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The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

***Note—Bolded diagnoses below have the highest utilization**

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

Code	Description
M08.1	Juvenile ankylosing spondylitis
M45.0	Ankylosing spondylitis of multiple sites in spine
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 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)
Z52.008	Unspecified donor, other blood
Z52.098	Other blood donor, other blood

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Sonora Quest Laboratories does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. 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.

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