

# Immunohematology Reference Laboratory

## Services provided by Vitalant

Series 000	Red Cell Testing
Series 100	Antibody Screen and Identification
Series 200	Specialized Immunohematology Testing
Series 300	Platelet Antibody Testing
Series 400	Compatibility Testing
Series 500	Red Cell and Platelet Molecular Testing
Series 600	Search and Import fees
Series 700	Physician Services
Series 800	Donor or Unit fees
Series 900	Other Services

Item Number	CPT Code	Item Number Description	Product or Service Description (detailed description)
LS005	86900	ABO Grouping	ABO Grouping Typing
LS010	86900	ABO Discrepancy	Resolution of ABO blood group typing discrepancies. Includes testing with Anti-A,B, A <sub>2</sub> and O cells. Additional testing performed is charged separately.
LS015	86901	Rh(D) Typing	Rh(D) Typing
LS020	86906	Rh Phenotype	Common Rh antigen phenotyping, which includes C,c,E,e. Note: does <b>not</b> include Rh(D).
LS025	86905	Antigen Typing, Patient (per antigen)	Patient antigen typing of red blood cells, one charge per antigen. Example: typed only for E and K or Jk <sup>a</sup> .
LS030	86905	Antigen Typing, Patient, <b>Rare</b> (per antigen)	Patient Antigen Typing, Rare (per antigen). Example: k/Kp <sup>a</sup> /C <sup>w</sup> /Yt <sup>a</sup> , etc.
LS035	86905(x7)	Extended Phenotype	Patient Typing for Common Blood Group Antigens: Includes K, Fy <sup>a</sup> , Fy <sup>b</sup> , Jk <sup>a</sup> , Jk <sup>b</sup> , S,s.

Item Number	CPT Code	Item Number Description	Product or Service Description (detailed description)
LS040	86880	Direct Antiglobulin Test (each)	Test used to demonstrate antibodies and/or complement bound to patient red blood cells. One charge for antisera tested. Polyspecific Anti-IgG and Anti-C3.
LS045	86900/86901/ 86850	Type and Screen	ABO, RhD and Antibody Screen. Initial combination of tests needed to evaluate a patient for Transfusion. Additional Crossmatch fee per unit may apply if crossmatch is ordered. Additional fee(s) apply if an antibody is detected.
LS050	86900/86901	ABO/Rh	ABO Grouping Typing and Rh(D) Typing
LS105	86850	Antibody Screen	Red cell antibody screen any methodology.
LS110	86940	4C Antibody Screen	Red cell antibody screen at 4C
LS115	86870	Antibody Identification Panel	Routine or selected reagent red cell panel up to 11 reagent red cells.
LS120	86870	Antibody Identification Panel (Rare)	Rare selected reagent red cell, per cell. Includes the thawing of rare reagent red cell droplets.
LS125	86971	Enzyme Panel – Manufactured	Manufactured Enzyme-treated red cell panel up to 11 reagent red cells.
LS130	86850	Prewarm technique	Red cell antibody screen, Pre-warmed technique
LS135	86976	Saline replacement	Evaluation for Rouleaux (Pre-treatment of serum by dilution)
LS205	86978	Adsorption	Adsorption test <u>per</u> adsorption. Autoadsorption (using patients own red cells) or allogeneic adsorption (using donor red cells of known phenotype).
LS210	86970	Red Cell Treatment	Chemical pretreatment of red cells for testing. Examples of treatments: EGA/CHL/DTT/WARM/ZZAP
LS215	86971	Red Cell Treatment Stroma	Enzyme treated human red cell stroma for allo-adsorption.
LS220	86971	Enzyme Treatment	Pretreatment of red blood cells using proteolytic enzymes (i.e. Ficin, Papin, etc.)
LS225	86860	Elution	Removal of antibody from patient red cells for further antibody identification testing.
LS230	86886	Titration Studies (per titration)	Serial dilution of the sample and testing to measure antibody concentration.

Item Number	CPT Code	Item Number Description	Product or Service Description (detailed description)
LS235	86999	Red Cell Separation	Red Cell Separation-Special technique used in transfused patients to harvest patient autologous red cells for phenotyping.
LS240	86972	Red Cell Separation – Density Gradient	Red Cell Separation by Density Gradient method. Used in transfused patients to harvest patient autologous red cells for phenotyping.
LS245	86977	Serum Neutralization/Inhibition Studies	Antibody Neutralization- Incubation with using blood group substances or plasma. Example: LE and P1 substances.
LS250	86975	Serum Treatment with chemical agents	Selective inactivation of serum. Example 0.01 M DTT for IgM destruction.
LS255	86940/86941	Thermal Amplitude	Determination of optimal temperature of reactivity of cold antibodies.
LS260	86999	Polyagglutination screen	Screen test for polyagglutination, includes testing with human sera and lectins, if available.
LS265	86940/86941	Donath-Landsteiner Test	Donath-Landsteiner Test is a diagnostic test of Paroxysmal Cold Hemoglobinuria (PCH).
LS270	86970/86975/ 86976/86850	Drugs Dependent Antibody Studies	Test for identification of drug dependent antibodies.
LS275	86156/ 86870 (x3)	Pathological Cold Agglutinin Screen	Test to evaluate the clinical significance of cold reactive autoantibodies for cases in which cold agglutinin disease is suspected.
LS280	86157	Cold Agglutinin Titer	Test used to determine the titer of cold reactive autoantibody for cases in which cold agglutinin disease is suspected.
LS285	85660	Hemoglobin S Test	Screening for Hemoglobin S-solubility test (abnormal type of hemoglobin).
LS305	86022	Platelet Crossmatch	Platelet crossmatch by solid phase methods.
LS310	86022	Platelet Antibody Screen	Platelet Antibody Detection by solid phase methods.
LS410	86885	Compatibility Screen	RBC unit is screened with patient plasma. It is not the crossmatch test of record and unit is not tagged. Charged per unit.
LS415	86920	Crossmatch: Immediate Spin (IS)	Crossmatch: Immediate Spin (IS). Charged per unit.
LS420	86922	Crossmatch: (AHG)	Crossmatch: (AHG). Any methodology. Charged per unit.
LS425	86923	Electronic Crossmatch	Crossmatch: Electronic. Two separate ABO/Rh Types must be done in order to utilize electronic crossmatching. Charged per unit.

Item Number	CPT Code	Item Number Description	Product or Service Description (detailed description)
LS505	81403	Molecular Extended Red Cell Genotype/Phenotype	Molecular determination of allelic variants that determine common and rare red cell antigens using multiplex PCR and microarray analysis. Send out to a specialized genomics laboratory.
LS510	81105 to 81112 [see Notes]	Molecular Genotype-Platelet (HPA)	Molecular determination of allelic variants that determine common Human Platelet Antigens, using multiplex PCR and microarray analysis. Send out to a specialized genomics laboratory.
LS515	---	<i>RHD</i> genotype test	<i>RHD</i> gene sequencing. Send out to a specialized genomics laboratory.
LS520	---	<i>RHCE</i> genotype test	<i>RHCE</i> gene sequencing. Send out to a specialized genomics laboratory.
LS525	---	Molecular sequencing test	Gene sequencing. Send out to a specialized genomics laboratory.
LS605	---	Unit Search	System inventory search for specially typed products.
LS610	---	Unconfirmed type unit search	Charge for search/location of unconfirmed antigen negative units, per antigen
LS615	---	Rare Search fee	Search for rare blood products. This process may require a national search for specifically typed units.
LS620	---	ARDP fee	American Rare Donor Program (ARDP) fee for IRL per unit imported.
LS625	---	Import fee	Import fees for special typed products.
LS705	---	Transfusion Reaction Investigation	Transfusion Reaction Investigation - Clerical.
LS710	86078	Transfusion Reaction Evaluation-Physician	Transfusion Reaction evaluation, Physician services.
LS715	86077	BB Physician Services	Consultation for evaluation of irregular antibodies, interpretation, transfusion recommendation and written report.
LS805	---	HLA Matched Platelet Donor Search	HLA Matched Platelet Donor Search; applied per Search.
LS810	86902	Antigen Typing, Donor	Antigen Typing of Donor Red Blood Cells, routine typing per antigen. Example: C/E/K/Fy <sup>a</sup> /S, etc. A charge is incurred for each test performed.
LS815	86902	Antigen Typing, Donor – Rare	Antigen Typing, Donor, Rare (per antigen). Example: k/Kp <sup>a</sup> /C <sup>w</sup> /Yt <sup>a</sup> , etc.
LS820	---	Red Cell Unit Hold	Fee to confirm ABO/Rh, label and hold a red cell unit for emergent transfusion. A charge is incurred for each product tested.

Item Number	CPT Code	Item Number Description	Product or Service Description (detailed description)
LS905	---	On-Call Patient Testing Fee	On-Call Patient Testing (outside of regular business hours, weekends and holidays).
LS910	---	STAT Request	STAT Patient Workup (testing to begin immediately upon sample receipt in lab).
LS915	---	ASAP Request	ASAP Patient Workup (testing to receive priority upon sample receipt in lab).
LS920	---	Send Out Testing	Fee charged for specialized testing. Sample sent to a specialized testing laboratory.
LS925	---	Emergency Service Provider – Initial Setup Fee	Initial assessment for providing blood products to Emergency Service providers

**NOTES:**

CPT codes listed from the "CPT 2020 Professional Edition by the American Medical Association" are provided as reference information only. **DISCLAIMER: Please consult your current medical coding manual and review listed CPT codes with your insurance and state carriers.** Any CPT code changes will not be evaluated or provided by Vitalant. **Vitalant does not guarantee the accuracy of the CPT codes provided herein and reliance on such without independent verification is at your own risk.**

**Molecular Genotype-Platelet (HPA)- 81105 to 81112. If single assays are performed single codes should be selected.**

CPT code	Description	CPT code	Description
81403	HEA panel [for states NOT using MolDX]*	81108	HPA-4 genotyping
81403	RHD Sequencing	81109	HPA-5 genotyping
81479	Unlisted Molecular Pathology	81110	HPA-6 genotyping
81105	HPA-1 genotyping	81111	HPA-9 genotyping
81106	HPA-2 genotyping	81112	HPA-15 genotyping
81107	HPA-3 genotyping		

\*Medicare jurisdictions that participate in the MolDx program have started using PLA codes for the HEA Panel. These include the following: **JE** (American Samoa, CA, Guam, HI, NV, North Mariana Islands); **JF** (AK, AZ, ID, MT, ND, OR, SD, UT, WA,WY); **JM** (NC, SC, VA, WV), **J15** (KY, OH), **J5** (IA, MO, KS, NE); and **J8** (MI, IN).

To mitigate coding/billing issues for the PreciseType HEA tests in these states, inform your billing group that CPT PLA code 0001U replaces the use of CPT code 81403 and continue to use theMolDX Z-code ZB04H.

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