

Centers for Medicare & Medicaid Services

Back to National Coverage Determinations (NCDs) Alphabetical Index

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

Tracking Information

Publication Number	Manual Section Number	Manual Section Title
100-3	190.1	Histocompatibility Testing
Version Number	Effective Date of this Version	
1	8/1/1978	

Description Information

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.

Transmittal Information

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)

NCD: 190.1		NCD Title: Histocompatibility Testing	
IOM: http://www.cms.gov/Regulations-and-Guidance/Manuals/downloads/ncd103c1_Part3.pdf		MCD: http://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=188&ncdver=1&bc=BAABAAAAAAA&	
ICD-9-CM	ICD-9 DX Description	ICD-10 CM	ICD-10 DX Description
NA	Beginning October 1, 2015, ICD-9 codes are no longer valid for processing Medicare claims and are included here for ease of reference only.	M08.1	Juvenile ankylosing spondylitis
NA		M45.0	Ankylosing spondylitis of multiple sites in spine
NA		M45.1	Ankylosing spondylitis of occipito-atlanto-axial region
NA		M45.2	Ankylosing spondylitis of cervical region
NA		M45.3	Ankylosing spondylitis of cervicothoracic region
NA		M45.4	Ankylosing spondylitis of thoracic region
NA		M45.5	Ankylosing spondylitis of thoracolumbar region
NA		M45.6	Ankylosing spondylitis lumbar region
NA		M45.7	Ankylosing spondylitis of lumbosacral region
NA		M45.8	Ankylosing spondylitis sacral and sacrococcygeal region
NA		M45.9	Ankylosing spondylitis of unspecified sites in spine
NA		N18.4	Chronic kidney disease, stage 4 (severe)
NA		N18.5	Chronic kidney disease, stage 5
NA		N18.6	End stage renal disease
NA		Z52.008	Unspecified donor, other blood
NA		Z52.098	Other blood donor, other blood
NA		Z76.82	Awaiting organ transplant status

CMS reserves the right to add or remove diagnosis codes associated with its NCDs in order to implement those NCDs in the most efficient manner within the confines of the policy.