

Immunoematology Reference Laboratory and Transfusion Services provided by Vitalant

Step	Action
Series 000	Red Cell Testing
Series 100	Antibody Screen and Identification
Series 200	Specialized Immunoematology 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

NOTES:

- Parenthesis under the Item Number are M codes which are product related services used by Hospital Services.

Item Number	CPT Code	Item Number Description	Service Description
Series 000 – Red Cell Testing			
LS005	86900	ABO Grouping	ABO Group (serological). Forward and/or reverse.
LS010	86900	ABO Discrepancy	Initial investigation of ABO blood typing discrepancies. Any additional testing performed is charged separately.
LS015	86901	Rh(D) Typing	Rh(D) Typing (serologic).
LS020	86906	Rh Phenotype	Rh typing (serological) for all 4 common Rh antigens C, c, E and, e.
LS025	86905	Antigen Typing, Patient, per Antigen	Antigen typing of patient RBCs (serologic), per antigen.
LS030	86905	Antigen Typing, Patient (Rare), per Antigen	Rare antigen typing of patient RBCs (serologic). Charged per antigen. Rare antigen examples (not all inclusive): k, Kp ^a , C ^w , Yt ^a , etc.
LS040	86880	Direct Antiglobulin Test	DAT test. One charge for each reagent tested.
LS050	86900/ 86901	ABO/Rh	Includes ABO grouping (forward and reverse) and Rh(D) typing.

Item Number	CPT Code	Item Number Description	Service Description
Series 100 - Antibody Screen and Identification			
LS105	86850	Antibody Screen, (each)	Red cell antibody screen/detection, any methodology and or additive.
LS110	86940	4C Antibody Screen	Red cell antibody screen and autocontrol performed at 4C.
LS115	86870	Antibody Identification Panel	Routine or selected reagent RBC panel. Autocontrol is included.
LS120	86870	Antibody Identification Panel (Rare)	Rare, selected reagent RBC panel up to 6 cells, each panel set up.
LS125	86971	Enzyme Panel – Manufactured	Testing of manufactured enzyme-treated RBC panel. Autocontrol is included.
LS130	86850	Prewarm Setup	Prewarm setup requires the aliquoting and warming of patient plasma, RBCs, saline, and other reagents prior to testing.
LS135	86976	Saline Replacement, Setup	Saline replacement (SR) setup. SR is a technique used to disperse suspected rouleaux in the patient plasma/serum sample.
Series 200 - Specialized Immunohematology Testing			
LS205	86978	Adsorption procedure	Adsorption procedure autologous or allogeneic per each adsorption tube.
LS210	86970	Red Cell Treatment	Chemical pre-modification of red cells for testing. (i.e., EGA/CHL/DTT/WARM)
LS215	86978	Red Cell Stroma- Alloadsorption	Alloadsorption using Papain-treated human red cell stroma or RESt stroma, for each adsorption tube.
LS220	86971	Enzyme Treatment	Pre-modification/treatment of RBCs using proteolytic enzymes (i.e., Ficin, Papain, etc.).
LS225	86860	Elution Procedure	Procedure performed to remove antibodies from the surface of red blood cells.
LS230	86886	Titration Studies, per Titration	Fee per titration tested.
LS235	86999	Red Cell Separation Method	Fee for each special method used to harvest patient autologous red cells i.e., Microhematocrit or Hypotonic RBC separations.
LS240	86972	Red Cell Separation – Percoll	Fee per Percoll treatment and red cell separation method.
LS245	86977	Serum Neutralization/ Inhibition Procedure	Fee per neutralization/inhibition serum/plasma set up.
LS250	86975	Serum Treatment with Chemical Agents	Fee per each serum/plasma chemical treatment (i.e., 0.01 M DTT treatment)
LS255	86940/ 86941	Thermal Amplitude Test	Testing to determine cold antibodies optimal temperature of reactivity.

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LS260	86999	Polyagglutination Screen	Screen test for polyagglutination. Includes testing with human sera and lectins, if available.
LS265	86940/ 86941	Donath-Landsteiner Test	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.
LS280	86157	Cold Agglutinin Titer	Titer of cold reactive autoantibodies (per titer).
LS285 (41M)	85660	Hemoglobin S	Sickle cell screen test.
LS287	85460	Kleihauer-Betke (KB) Test, Quantitative	Kleihauer-Betke (KB)- is used to determine the volume of fetomaternal hemorrhage to estimate the amount of Rhlg needed to prevent alloimmunization.
LS290	85461	Rosette test, Qualitative	Screening test for fetomaternal hemorrhage.
LS292	---	Monocyte Monolayer Assay (MMA)	Monocyte Monolayer Assay used to better predict the transfusion risk of a clinically significant antibody. (Send out)
LS295	---	DAT NEG AIHA Evaluation	DAT negative Hemolytic anemia investigation (other names) Immune Hemolytic Anemia Evaluation; Micro Coombs; Super Coombs. (Send out)
Series 300 - Platelet Antibody Testing			
LS305	86022	Platelet Crossmatch Test	Platelet crossmatch by solid phase methods, per strip tested.
LS310	86022	Platelet Antibody Screen Test	Platelet antibody detection by solid phase methods.
Series 400 - Compatibility Testing			
LS410	86904	Compatibility Screen	Charge for each RBC unit is screened with patient plasma/serum. Compatibility screen is not the crossmatch test of record and unit is not tagged.
LS415	86920	Crossmatch: Immediate Spin (IS)	IS Crossmatch by any methodology.
LS420	86922	Crossmatch: Antiglobulin (AHG)	Antiglobulin Crossmatch by any methodology.
LS425	86923	Crossmatch: Electronic (EXM)	Charge for each unit crossmatched by EXM.
LS435 (57M)	86927	Plasma Thawing	Thawing of Plasma for transfusion purposes.
LS440	---	Crossmatch: Remote Electronic	Fee for remote crossmatched units allocated in smart refrigerators.
LS445	86900/ 86901	Blood Type Recheck	Patient ABO/Rh(D) confirmation from a 2 nd specimen for transfusion of blood products.

Item Number	CPT Code	Item Number Description	Service Description
Series 500- Red Cell and Platelet Molecular Testing			
LS505	81403	Molecular Extended Red Cell Genotype/ Phenotype (HEA)	Molecular determination of allelic variants that determine common and rare red cell antigens using multiplex PCR and microarray analysis. (Send out)
LS510	81105 to 81112	Molecular Genotype-Platelet (HPA)	Molecular determination of allelic variants that determine common Human Platelet Antigens, using multiplex PCR and microarray analysis. (Send out)
LS515	81403	<i>RHD</i> genotype test	Gene sequencing. Send out to a specialized genomics laboratory. LS525 covers non- <i>RH</i> sequencing, i.e., sequencing for <i>ABO</i> , <i>LU</i> , <i>JK</i> and other genes. (Send out)
LS520	---	<i>RHCE</i> genotype test	
LS525	---	Molecular sequencing test	
Series 600 - Search and Import fees			
LS605	---	Donor/Product Search Fee, per Search	Fee is applied when searching outside the <u>local</u> lab inventory for: <ul style="list-style-type: none"> ▪ antigen negative red cell units ▪ HPA matched platelets ▪ HLA compatible platelets ▪ Procurement of HLA compatible donor list/report.
LS610 (55M)	---	Unconfirmed Antigen Request, per Component	Fee for units requested with unconfirmed results for antigen typings or Hemoglobin S (HbS). Units are not labeled/tagged as antigen negative.
LS615	---	Rare Search fee	Fee for rare product search outside the Vitalant inventory.
LS620	---	ARDP fee	Fee the American Rare Donor Program (ARDP) charges to the IRLs per unit they located and is shipped to requesting lab/center. This is a pass-through charge.
LS625	---	Import fee	Fee per each special typed product imported from a non-Vitalant blood center. Fee does NOT include the blood product or antigen typings charges. Those will be charged when the units are shipped/issued.
Series 700 - Physician Services			
LS705	---	Transfusion Reaction Investigation - Clerical	Transfusion Reaction Investigation - Clerical. Charge in addition to the serological testing performed as part of the investigation of the reaction reported.
LS710	86078	Transfusion Reaction Evaluation - Physician	Transfusion Reaction investigation, interpretation and written report, Physician services.

Item Number	CPT Code	Item Number Description	Service Description
Series 800 – Donor or Unit fees			
LS805 (42M)	---	HLA Matched Platelet Fee, per Component	Fee charged for each HLA matched or HLA antibody compatible platelet shipped or issued.
LS810 (23M)	86902	Antigen Typing, Donor – Confirmed or Historical, per Antigen	Donor common red cell antigen typing, per antigen.
LS815 (24M)	86902	Antigen Typing, Donor – Rare, Confirmed or Historical, per Antigen	Donor <u>rare</u> red cell antigen typing, per antigen.
LS825 (43M)	---	Crossmatch Platelet Tagging, per Component	Fee per crossmatched platelet tagged issued or shipped.
LS830	---	Donor Antigen Screening 1-10 units screened	Fee for random unit screening to find antigen negative units per batch of 1 - 10 units screened.
LS835 (18M)	---	Rare Unit Fee	Fee for each product issued or shipped that meets the 'Rare' criteria.
LS845 (40M)	86644	CMV Negative, per Component	Fee for each CMV negative component provided
LS850 (73M)	86945	Irradiation Fee	Fee for irradiation of a blood component
LS865 (17M)	--	Additional wash, each	Additional component wash performed, each.
LS870	86985	Aliquot preparation, each	Blood component aliquot preparation, each
LS875	86985	Aliquot preparation and syringe, each.	Blood component aliquot preparation and syringe, each
Series 900 – Other Services			
LS905	---	On-Call Fee	On-Call Fee. Apply to Patient Testing workup or Antigen negative request outside of regularly staffed business hours.
LS910	---	STAT Request	STAT Patient Workup. Urgency for Patient Testing workup or Antigen negative request (move to front of the line) requested by client.
LS915	---	ASAP Request	ASAP Patient Workup. Special Urgency for Patient Testing workup or Antigen negative request requested by client.
LS920	---	Send Out Testing	Send Out Testing fee includes the cost of the testing performed as charged by the referral laboratory.
LS925	---	Transfusion Facility or Emergency Service Provider [ESP/ED] – Initial Setup Fee	Initial assessment fee charged to Transfusion Facility or Emergency Service Provider [ESP/ED] that requests Vitalant services.
LS930 (50M)	---	Sample/Material handling fee	Fee for sample pick up or for delivery of consumables (tubes, armbands, other) to a transfusion facility.
LS940 (65M)	---	Stat-Delivery fee	Fee for Stat delivery of blood products.

Item Number	CPT Code	Item Number Description	Service Description
LS945	--	Blood Product Administration Set, each	Blood Product Administration Set, each
LS955 (54M)	---	ASAP Delivery	Fee for ASAP delivery of blood products.
LS960	---	Stocking Fee for Emergency Services Providers	Fee applied to Emergency Services Providers and TF with on-hold RBC inventory.
LS965	---	Blood Bank Arm Bands, per Box	Fee for supply of Blood Bank arm bands, per box.
LS970	---	Specimen Hold, (each)	Fee for holding/storing patient sample pending testing orders.
LS975	90384	Rho Immune Globulin, each	Fee for Rho Immune Globulin vials (Rhlg), each

NOTES:

CPT codes listed from the "CPT 2022 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 MoIDX]*	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 MoIDx 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 the MoIDX Z-code ZB04H.

Any changes in the CPT codes or jurisdictions participating in the MoIDx program will not be evaluated or provided by Vitalant. **Vitalant does not guarantee the accuracy of the CPT codes or jurisdictions identified and reliance on those listed herein is at your own risk.**

Revision History The following table represents the revision history of this document.

Revision	Issued	Detail
4	04-04-2022	<ul style="list-style-type: none"> ▪ Corrected the CPT code for LS215 ▪ Added CPT codes for LS870, 875 and 975
3	10-13-2021	<ul style="list-style-type: none"> ▪ Added new codes: LS865, LS870, LS875 and LS975. ▪ Updated Item Description for LS945. ▪ Updated the Services Description for LS005, LS130, LS135 and LS 945. ▪ Added M codes. ▪ Made various clerical corrections
2	6-10-2021	2021 Updates
1	4-7-2020	Initial release