| **Billing Code** | **Billing Code Description** | **Further Description** | **CPT Code** |
| --- | --- | --- | --- |
| Histocompatibility Laboratory (HLA) |
| 755 | HLA STAT Sample, routine hours | For STAT sample work-up requests, during routine hours |  |
| 756 | HLA STAT Sample, non-routine hours | For STAT sample work-up requests, during non-routine hours |  |
| A7I | HLA select XMat PLT; HLA | Crossmatched platelet  |  |
| B7I | PLT Ag neg/other comp HLA | HLA antigen negative platelet |  |
| C7I | HLA Select PLT Cat1: HLA | HLA selected platelet |  |
| D7I | HLA STAT Product, routine hours | For STAT HLA product needs, during routine hours |  |
| G7I | HLA STAT Product, non-routine hours | For STAT HLA product needs during non-routine hours |  |
| H86022 | PLATELET CROSSMATCH, PER TEST | Charge 1 per Crossmatch test set-up | 86022 |
| H86022W | PLATELET CROSSMATCH, PER WELL | Charge 1 per Crossmatch well; only used in select locations that charge per well | 86022 |
| HLA008 | HLA; SINGLE ANTIGEN | For use when a single antigen is requested | 81373 |
| HLA009 | HLA; ANTIBODY SCREENING | HLA Class I and II Screening | 86828 |
| HLA012 | HLA; Platelet Antibody Screen/Crossmatch | Platelet Crossmatch | 86022 |
| HLA025 | HLA; ANTIBODY SCREEN FOR TRANSFUSION, CLASS I | HLA Class I antibody screen | 86829 |
| HLA033 | HLA; MOLECULAR AB TYPING | HLA Class I HLA-A/B typing | 81373 x 2 |
| HLA04 | PLATELET ANTIBODY SCREEN | Platelet antibody testing | 86022 |
| HLA064 | HLA; ANTIGEN TEST/PLATELET | Platelet antigen typing (HPA1a) | 81105 |
| HLA072 | HLA: A&B TYPING-FOR PLT TRANSFUSION | HLA Class I HLA-A/B typing | 81373 x 2 |
| HLA108 | HLA; ANTIBODY SCREEN FOR TRANSPORT, CLASS I AND II | HLA Class I and II Screening | 86828 |
| HLA109 | HLA; ANTIBODY IDENTIFICATION, CLASS I, IgG | HLA Class I antibody ID | 86832 |
| HLA111 | HLA; ANTIBODY IDENTIFICATION, CLASS II, IgG | HLA Class II antibody ID | 86833 |
| HLA126 | HLA-DRB1 (INTERMED RESOLUTION) | HLA-DRB1 typing | 81376 |
| HLA164 | HLA select XM PLT,  | HLA selected platelet component, crossmatched |  |
| K7I | HPA-1a/PLA1 Neg PLT HLA | Antigen negative for HPA 1a |  |
| L7I | PLT AgNeg/not HPA1aNegHLA | Antigen negative for HPA, other than 1a |  |
| Immunohematology Reference Laboratory (IRL) |
| 85460 | Fetal Cell Quantitation – KB test | Kleihauer-Betke test for quantitation of fetal cells, per patient | 85460 |
| 86077 | MD Diagnostic Consultation |   | 86077 |
| 86078 | MD Transfusion Reaction Consultation |   | 86078 |
| 86156 | Cold Agglutinin screen | Cold agglutinin screen, per screen using ABO compatible, Type O and I-, RBCs | 86156 |
| 86157 | Cold Agglutinin titer | Cold agglutinin titer and/or thermal amplitude test, per cell, per temperature phase, excluding auto control, Dilution charged separately | 86157 |
| 86850 | Antibody Screen, each media | Commercially-prepared screening cells, each media, each discrete set-up – not each reading | 86850 |
| 86860 | Elution, each | Preparation of eluate, testing charged separately, Last wash is not charged | 86860 |
| 86870 | Ab ID/each panel each media  | A panel is defined as a pre-prepared panel, or 6 selected cells, Each serum/plasma technique (not each reading); if 1-3 cells tested, charge 86885 per cell, if 4-6 cells are tested charge 1 panel, If more than 6 cells are tested, total the number of cells tested, divide by 6 to obtain number of panels and charge any remainder cells (1-3) as selected cells, Auto control is not charged | 86870 |
| 86880 | DAT, each antisera | Patient testing with antisera, excluding controls | 86880 |
| 86885 | Ab ID, each selected reagent cell | Selected cells (up to 3) for antibody identification, each reagent red cell, each media, each discrete set-up (not each reading). More than 3 cells are charged as a panel (see 86870). Auto control is not charged | 86885 |
| 86886 | Indirect titer, per Ab | Testing titration at antiglobulin phase, per each antibody specificity and antibody titer. Dilution charged separately (86976) | 86886 |
| 86900 | ABO Type | Blood typing, serologic ABO, patient testing only | 86900 |
| 86901 | Rh(D)Type | Blood typing, serologic Rh(D), patient testing only | 86901 |
| 86905 | RBC Ag, other than ABO or D, each | Blood typing, serologic RBC Ag, other than ABO or D, patient testing only | 86905 |
| 86906 | Rh Phenotyping, (C c E e)  | Blood typing, serologic Rh Phenotype (CcEe), test all 4 antigens, charge once CPT 86906, if all not tested, charge CPT 86905 for each antigen, patient testing only | 86906 |
| 86940 | Hemolysins/agglutinins auto: each | Each tube, e.g., Donath Landsteiner Test set-up | 86940 |
| 86941 | Hemolysins/agglutinins incubated  | Each tube, e.g., Donath Landsteiner Test, incubated | 86941 |
| 86970 | Pre-Rx RBCs w/chemicals/drugs, per cell | Pre-treatment of red cells with chemicals/drugs (DTT, EGA, AET, chloroquine, drugs, etc.), per cell per treatment, excluding auto control, in panel or screen testing. Testing using the treated cells charged separately | 86970 |
| 86971 | Pre-treatment with enzymes, per cell | Pre-treatment with enzymes (e.g., ficin, papain, trypsin, neuraminidase), per cell, excluding auto control in panel or screen testing for antibody identification. Testing using the treated cells charged separately, Use 86978 for pretreating adsorbing cells | 86971 |
| 86972 | Separation by density gradient, retics | Reticulocyte separation of autologous cells per aliquot, Testing charged separately | 86972 |
| 86975 | Incubation, serum, and drugs, each | Pretreatment of patient serum (DTT) for use in RBC antibody identification OR Incubations with drug solution (immune complex). Including preparation and set-up, each test. Testing charged separately | 86975 |
| 86976 | Dilution of serum, per aliquot | Serial or master dilution, per aliquot, Titer testing charged with 86886 or 86157 | 86976 |
| 86977 | Incubation with inhibitors, per aliquot | Inhibitions using blood group substances, urine, plasma, etc., Controls not charged, Testing charged separately | 86977 |
| 86978 | Differential/Auto Ads, each adsorption | Differential/Autologous Adsorption, warm or cold red cell adsorption using patient RBCs or known phenotypes, charge each adsorption, includes adsorbing cell pre-treatment, e.g., Enzymes, WARM, ZZAP, if used, Testing charged separately | 86978 |
| A4I | RBC Ag neg 1 per unit | Red cell labeled with 1 antigen negative, regardless of specificity | 86902 |
| A5I | ARDP high rare Ag/unit | Rare unit negative for high prevalence antigen meeting ARDP definitions, per unit, applied in addition to one of the codes A4I-I4I, R7I, U7I, V7I, W5I |  |
| B4I | RBC Ag neg 2 per unit | Red cell labeled with 2 antigen negative, regardless of specificity | \*86902 |
| B5I | Historic HgbS per unit  | Historic Hemoglobin S results, product not labeled, per unit |  |
| B6I | Hemoglobin S, per test | Hemoglobin S testing, patient or donor, per test |  |
| C4I | RBC Ag neg 3 per unit | Red cell labeled with 3 antigen negative, regardless of specificity | \*86902 |
| D4I | RBC Ag neg 4 per unit | Red cell labeled with 4 antigen negative, regardless of specificity | \*86902 |
| D5I | Unit search fee for RBC | Fee charged to search and secure red cells, rare or phenotyped, per search ARC and non-ARC sources |  |
| E4I | RBC Ag neg 5 per unit | Red cell labeled with 5 antigen negative, regardless of specificity | \*86902 |
| E5I | Hist Ag inquiry/unit | Unconfirmed (historic or serologic) results; product not labeled for antigen type. Results are historical or based on the results of a single test, or controls not available, unit in customer inventory, or testing performed using a specimen type not listed in the manufacturer’s directions, per unit |  |
| F4I | RBC Ag neg 6 per unit | Red cell labeled with 6 antigen negative, regardless of specificity | \*86902 |
| F5I | Rare/uncommon pheno/unit | Multiple common antigen negative (rare) meeting ARDP definitions, applied in addition to one of the codes A4I-I4I, R7I, U7I, V7I, D neg and c- or e- or D+ e- |  |
| G4I | RBC Ag neg 7 per unit | Red cell labeled with 7 antigen negative, regardless of specificity | \*86902 |
| G5I | Ag type Hosp segment/Ag | Segments submitted by customer for test of record antigen typing, per antigen |  |
| H4I | RBC Ag neg 8 per unit | Red cell labeled with 8 antigen negative, regardless of specificity | \*86902 |
| H5I | Ag Screen-pt serum/unit  | Screening for unissued products OR investigative crossmatch testing such as adsorbed plasma or DTT treated when using patient serum to test donor red cells. Charge for the pre-selected or crossmatched product with neat plasma or untreated cell using M5I, O5I. Each test per unit screened | 86904 |
| I4I | RBC Ag neg 9 per unit | Red cell labeled with 9 antigen negative, regardless of specificity | \*86902 |
| J4I | Ag Scrn, spec order 1-10 | Screening request to fill order, 1-10 units screened any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| J5I | PLT Component, crossmatch | PLT component, crossmatch compatible or weakly incompatible, per product distributed | 86022 |
| K4I | Ag Scrn, spec order 11-20 | Screening request to fill order, 11-20 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| K5I | Transfusion Service tagging, PLT,  |   |  |
| L4I | Ag Scrn, spec order 21-30 | Screening request to fill order, 21-30 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| L5I | PLT Ab per test,  | Platelet antibody testing, used for two applications: 1) solid phase panel, per well tested excluding controls 2) incompatible platelet crossmatches when no product issued, charged per well tested excluding controls | 86902 |
| M4I | Ag Scrn, spec order 31-40 | Screening request to fill order, 31-40 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| M5I | Immediate Spin crossmatch | Compatibility testing, immediate spin crossmatch, per unit, includes tagging unit | 86920 |
| N4I | Ag Scrn, spec order 41-50 | Screening request to fill order, 41-50 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| N5I | Hist Ag/Ag NT/each Ag | Antigen-negative results based on historic serologic antigen testing on at least 2 prior donations, unable to type for antigen, per antigen |  |
| O4I | Ag Scrn, spec order 51-60 | Screening request to fill order, 51-60 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| O5I | AGT phase of crossmatch | Compatibility testing, antiglobulin phase of the crossmatch, per unit, charge M5I for immediate spin reading, charge applies if AHG phase is read and recorded for test of record crossmatch, includes tagging unit | 86922 |
| P4I | Ag Scrn, spec order 61-70 | Screening request to fill order, 61-70 units screened, any number of Ags, unit fee separate, charge A4I-I4I, R7I, U7I, V7I, W5I separately |  |
| P5I | Electronic XM, each unit | Compatibility testing, immediate spin crossmatch, per unit, electronic result | 86920 |
| Q4I | Special Recruitment Prod | Fee for special recruitment activities to obtain antigen negative RBC and non-RBC products, per search |  |
| Q5I | Frozen plasma thawing | Frozen Plasma thawing, per product thawed, Transfusion Service | 86927 |
| R4I | STAT Ag order routine hrs. | STAT/Critical/Urgent antigen neg order or product (ex. deglyced), routine hours |  |
| R5I | Hist Ag/Ag unconf/each Ag | Antigen-negative results based on historic serologic antigen testing on at least 2 prior donations, antiserum available for typing, per antigen |  |
| R7I | RBC Ag neg 10 per unit | Red cell labeled with 10 antigen negative, regardless of specificity | \*86902 |
| REF07 | Gel, red cell prep, each | Preparation of additional cells not provided by manufacturer, per cell prepared excluding auto control |  |
| REF11 | Solid Phase, red cell prep | Preparation of additional cells not provided by manufacturer, per cell prepared excluding auto control, Testing is charged separately | 86970 |
| REF12 | Miscellaneous Adsorptions, per adsorp | Red Cell Stroma, RESt, platelets, and HPC adsorptions, Testing charged separately |  |
| REF14 | Thawing rare reagent red cells, per cell | Thawing rare reagent red cells from rare unit segments, glycerol or liquid nitrogen, per cell, Testing charged separately |  |
| REF15 | Hypotonic Wash RBC separation | Hypotonic wash to obtain autologous red cells from Sickle Cell patient, testing charged separately | 86975 |
| REF16 | Concentration of fluids | Concentration of patient serum/plasma/eluate, e.g., by filters or freezing, Testing charged separately |  |
| REF17 | Fetal Cell Quantitation, ELISA/Flow | ELISA/Flow cytometry test for quantitation of fetal cells, per patient |  |
| REF33 | STAT sample non-rtn hours | STAT/Critical/Urgent Sample evaluation as defined indicated by hospital/patient clinical status on samples received outside routine business hours |  |
| REF71 |  Education Activity | Educational activity performed or sponsored by, per educational event, per attendee |  |
| REF75 | Saline Replacement | Saline replacement for investigation of rouleaux, Charge per recorded test result |  |
| S4I | STAT Ag order non-rtn hrs. | STAT/Critical/Urgent antigen neg order or product (ex. deglyced), during non-routine hours |  |
| S5I | Allele selected/unit | Allele selected unit, usually RH system, may/may not be labeled for other antigens, Serologic and molecularly determined antigens, searches and recruitment charged separately, per unit | 86902 |
| T5I | Molecular type/each Ag | Molecular results, current or historic, may/may not be labeled for other antigens, serologic antigens charged separately, per antigen requested | 86902 |
| U5I | Special contract Ag/unit | For special program units, per unit, charge additional antigens via A4I-I4I, R7I, U7I, V7I, W5I | 86902 |
| U7I | RBC Ag neg 11 per unit | Red cell labeled with 11 antigen negative, regardless of specificity | \*86902 |
| V4I | STAT sample, routine hours | STAT/Critical/Urgent Sample evaluation as defined by hospital/patient clinical status performed during routine hours, routine hours as defined by regional |  |
| V5I | Regionally defined fee | Regionally defined surcharge/service fee for special programs/products NOT covered by any other codes, Example: transfusion services subscription fee |  |
| V7I | RBC Ag neg 12 per unit | Red cell labeled with 12 antigen negative, regardless of specificity | \*86902 |
| W5I | RBC Ag neg 13 per unit | Red cells labeled with 13 or more antigen negative, regardless of specificity, charged with V7I | \*86902 |
| X5I | IgA deficient component | Red cells, plasma or platelets, per component (historic or current IgA result) |  |
| National Molecular Laboratory |
| SR81400A | 81105 HPA-1 Antigen Genotyping, SSP | This test is performed as part of HPA Panel that includes HPA-1a/b (formerly PLA1), -2a/b, -3a/b, -4a/b, -5a/b, -6a/b,-9a/b, -15a/b; for NAIT investigations, submission of both maternal and paternal specimens is recommended | 81105 |
| SREF200B | 81400 RHD SNP detection by RFLP | This testing may be performed when D variant testing is requested | \*\*81400 |
| SREF200C | 81400 RHCE SNP by RFLP | This testing may be performed as part of Rhce variant workup | \*\*81400 |
| SREF200D | 81400 RHD Zygosity PstI PCR RFLP | This test is performed when RHD zygosity testing is requested | \*\*81400 |
| SREF250B | 81401 RHD pseudogene & 455C by SSP | This test may be performed when RHD zygosity testing is requested | \*\*81401 |
| SREF250D | 81401 Multiplex PCR, partial RHD | This testing may be performed when D variant testing is requested | \*\*81401 |
| SREF250E | 81401 RHD deletion detection, by SSP | This test may be performed when RHD zygosity testing is requested | \*\*81401 |
| SREF250H | 81401 Multiplex PCR, Big C, Little C, RHD Psi, exon 4 and 7 | This test is performed when RHD zygosity testing is requested and may be performed if D, C, c, E, e testing is requested | \*\*81401 |
| SREF250J | 81400 Kidd genotyping, c.130 SSP | This testing may be performed when JK variant testing is requested | \*\*81400 |
| SREF32 | NML Sample, Urgent, routine hours |   |  |
| SREF450 | 81403 RHCE genotyping, medium resolution | This testing may be performed when Rhce variant testing is requested such as to identify partial C, c, e, E status as well as V, VS, hrB, hrS. This may be performed as reflex from RHD genotyping | 81403 |
| SREF500A | 81403 High Resolution (gDNA gDNA Sanger), 2-5 exons ABO |   | \*\*81403 |
| SREF500B | 81403 High Resolution (gDNA gDNA Sanger), 2-5 exons ART4 |  This testing may be performed when DO variant testing is requested | 81403 |
| SREF500C | 81403 High Resolution (gDNA gDNA Sanger), 2-5 exons RHCE | This testing may be performed as part of Rhce variant workup | 81403 |
| SREF500D | 81403 High Resolution (gDNA Sanger), 2-5 exons RHD | This testing may be performed when D variant testing is requested | 81403 |
| SREF500F | 81403 High Resolution (gDNA Sanger), 2-5 exons ACKR1 | This testing may be performed as part of FY variant workup | \*\*81403 |
| SREF500G | 81403 High Resolution (gDNA Sanger), 2-5 exons glycophorin exons | This testing may be performed when MNS variant testing is requested | 81403 |
| SREF500J | 81403 High Resolution (gDNA Sanger), 2-5 exons SLC14A1 | This testing may be performed when JK variant testing is requested | 81403 |
| SREF500K | 81403 High Resolution (gDNA Sanger), 2-5 exons KEL | This testing may be performed when KEL variant testing is requested | 81403 |
| SREF500L | 81403 High Resolution (gDNA Sanger), 2-5 exons BCAM | This testing may be performed when LU variant testing is requested | 81403 |
| SREF500N | 81403 High Resolution (gDNA Sanger), 2-5 exons CR1 | This testing may be performed when KN antigen testing is requested | \*\*81403 |
| SREF500R | 81403 High Resolution (gDNA Sanger), 2-5 exons CROM | This testing may be performed when CR variant testing is requested | \*\*81403 |
| SREF500T | 81403 High Resolution (gDNA Sanger), 2-5 exons KLF1 | This testing may be performed when LU or InLu testing is requested | \*\*81403 |
| SREF500X | 81403 High Resolution (gDNA Sanger), 2-5 exons XK | This testing may be performed when KEL null is suspected | 81403 |
| SREF550A | 81403 High Resolution (gDNA Sanger), 6-10 exons, ABO | This testing may be performed when ABO subgroup is suspected | \*\*81403 |
| SREF550C | 81403 High Resolution (gDNA Sanger), 6-10 exons RHCE | This testing may be performed as part of Rhce variant workup | 81403 |
| SREF550D | 81403 High Resolution (gDNA Sanger), 6-10 exons RHD | This testing may be performed when D variant testing is requested | 81403 |
| SREF550G | 81403 High Resolution (gDNA Sanger), 6-10 exons glycophorin exons | This testing may be performed when MNS variant testing is requested | 81403 |
| SREF550J | 81403 High Resolution (gDNA Sanger), 6-10 exons SLC14A1 | This testing may be performed when JK variant testing is requested | 81403 |
| SREF550K | 81403 High Resolution (gDNA Sanger), 6-10 exons KEL | This testing may be performed when KEL variant testing is requested | 81403 |
| SREF550L | 81403 High Resolution (gDNA Sanger), 6-10 exons BCAM | This testing may be performed when LU variant testing is requested | 81403 |
| SREF60 | 81479-Miscellaneous Molecular Testing | This code is typically used when nucleic acid extraction was performed without downstream testing, such as when sample quantity or quality is not suitable | 81479 |
| SREF600K | 81403 High Resolution (Sanger), 11-25 exons, KEL | This testing may be performed when KEL variant testing is requested | 81403 |
| SREF600L | 81403 High Resolution (Sanger), 11-25 exons, BCAM | This testing may be performed when LU variant testing is requested | 81403 |
| SREF750C | 81403 High Resolution (cDNA), RHCE | This testing may be performed as part of Rhce variant workup | 81403 |
| SREF750D | 81403 High Resolution (cDNA), RHD | This testing may be performed when D variant testing is requested | 81403 |
| SREF750G | 81403 High Resolution (cDNA), glycophorins | This testing may be performed when MNS variant testing is requested | 81403 |
| SREF750J | 81403 High Resolution (cDNA), SLC14A1 | This testing may be performed when JK variant testing is requested | 81403 |
| SREF750K | 81403 High Resolution (cDNA), KEL | This testing may be performed when KEL variant testing is requested | 81403 |
| SREF750L | 81403 High Resolution (cDNA), BCAM | This testing may be performed when LU variant testing is requested | 81403 |
| SREFABRT | 81403 Medium resolution ABO genotyping | Real-time PCR to predict ABO phenotype including common subgroups. This panel also tests for known FUT1 and FUT2 mutations associated with para-Bombay and Bombay phenotypes, respectively | \*\*81403 |
| SREF-DQS | 81403 unlicensed RBC panel | Panel incudes C, c, E, e, V, VS, K, k, Kpa, Kpb, Jsa, Jsb, Fya, Fyb, Fyx, FY GATA, Jka, Jkb, M, N, S, s, U UVAR, Lua, Lub Dia, Dib, Coa, Cob, Doa, Dob, Hy, Joa, LWa, LWb, Sc1, Sc2, HbC and HbS. Only performed as reflex, typically from SREF-IVD, in consultation with client | 81403 |
| SREFHNA1 | HNA-1a/1b/1c by SSP-PCR | Genotyping of FCGR3B for Human Neutrophil Antigen 1 (HNA-1) (also known as NA1, NA2, SH) | 81400 |
| SREFHNA3 | HNA-3a/3b by SSP-PCR | Genotyping of SLC44A2 for Human Neutrophil Antigen 3 (HNA-3) (also known as 5b, 5a) | 81400 |
| SREFHNA4 | HNA-4a/4bw by SSP-PCR | Genotyping of ITGAM for Human Neutrophil Antigen 4 (HNA-4) (also known as MART) | 81400 |
| SREFHNA5 | HNA-5a/5bw by SSP-PCR | Genotyping of ITGAL for Human Neutrophil Antigen 5 (HNA-5) (also known as OND) | 81400 |
| SREFHNAP | HNA-1a/1b/1c, -3a/3b, -4a/4b, -5a/5b | Genotyping of FCGR3B, SLC44A2, ITGAM, ITGAL for HNA-1, -3, -4, -5, respectively | 81400 x 4 |
| SREFHPRT | HPA Panel | Real-time SSP-PCR to predict phenotype for HPA-1a (formerly called PLA1), HPA-1b, HPA-2a, HPA-2b, HPA-3a, HPA-3b, HPA-4a, HPA-4b, HPA-5a, HPA-5b, HPA-6a, HPA-6b, HPA-7a, HPA-7b, HPA-8a, HPA-8b, HPA-9a, HPA-9b, HPA-11a, HPA-11b, HPA-15a, HPA-15b; for NAIT investigations, submission of both maternal and paternal specimens is recommended. | 81106, 81107, 81108, 81109, 81110, 81111, 81112 |
| SREF-IVD | 0001U xHEA licensed RBC panel | Panel incudes C, c, E, e, V, VS, K, k, Kpa, Kpb, Jsa, Jsb, Fya, Fyb, Fyx, FY GATA, Jka, Jkb, M, N, S, s, U UVAR, Lua, Lub Dia, Dib, Coa, Cob, Doa, Dob, Hy, Joa, LWa, LWb, Sc1, Sc2, HbS. | 0001U |
| SREF-RHD | 81403 RHD genotyping, medium resolution | This testing may be performed when RhD variant testing is requested including to investigate serologic weak D phenotype and identify weak or partial D type. This may be performed as reflex from RHCE genotyping | 81403 |
| SREF-RHZ | 81403 RHD Hybrid Rhesus Box detection | This test is performed when RHD zygosity testing is requested. | 81403 |
| SREFSEQB | 81403 High Resolution (Sanger), 1 exon ART4 | This testing may be performed when YT variant testing is requested | 81403 |
| SREFSEQC | 81403 High Resolution (Sanger), 1 exon RHCE | This testing may be performed as part of Rhce variant workup | 81403 |
| SREFSEQD | 81403 High Resolution (Sanger), 1 exon RHD | This testing may be performed when D variant testing is requested | 81403 |
| SREFSEQF | 81403 High Resolution (Sanger), 1 exon ACKR1 | This testing may be performed as part of FY variant workup | \*\*81403 |
| SREFSEQJ | 81403 High Resolution (Sanger), 1 exon SLC14A1 | This testing may be performed when JK variant testing is requested | 81403 |
| SREFSEQK | 81403 High Resolution (Sanger), 1 exon KEL | This testing may be performed when KEL variant testing is requested | 81403 |
| SREFSEQL | 81403 High Resolution (Sanger), 1 exon BCAM | This testing may be performed when LU variant testing is requested | 81403 |
| SREFSEQT | 81403 High Resolution (Sanger), 1 exon KLF1 | This testing may be performed when LU or InLu testing is requested | \*\*81403 |
| SREFSEQX | 81403 High Resolution (Sanger), 1 exon XK | This testing may be performed when KEL variant testing is requested | 81403 |
| SREFSEQY | 81403 High Resolution (Sanger), 1 exon ACHE | This testing may be performed when LU variant testing is requested | 81403 |
| SREFSQGA | 81403 High Resolution (Sanger), 1 exon glycophorin GYPA | This testing may be performed when MNS variant testing is requested | 81403 |
| SREFSQGB | 81403 High Resolution (Sanger), 1 exon glycophorin GYPB | This testing may be performed when MNS variant testing is requested | 81403 |
| SREF-ZYG | 81400x2, 81401x2 unlicensed RBC panel | This is a set of 4 tests performed when RHD zygosity testing is requested. SREF200D, SREF250B, SREF250H and SREF200B determine if the RHD\*Psi allele hybrid rhesus box and RHD-RHCE hybrid allele are present | 81400 x 281401 x 2 unlicensed |
| National Reference Laboratory for Specialized Testing (NRLST) |
| NRL40 | IgA Testing (<0.05mg/dL) | IgA testing of patient samples,  | 82784 |
| NRL43 | Anti-IgA testing | Immunoassay for anti-IgA Antibody, including for patients with IgA deficiency |  |
| NRL46 | Fetal Maternal Hemorrhage by flow cytometry | Fetal Maternal Hemorrhage by flow cytometry |  |
| NRL50 | Platelet Antibody Screen | Platelet antibody screen panel, solid phase | 86022 |
| NRLSTAT | STAT National Reference Lab Sample | STAT/Critical/Urgent Sample evaluation as defined by hospital/patient clinical status as defined by regional |  |
| PLT03 | Human Platelet Antigen phenotyping | Human Platelet Antigen testing by serology, per antigen, includes HPA-1a (previously PLA1) |  |
| PLT04 | Platelet antibody detection | Platelet antibody detection |  |
| PLT06 | Platelet Antibody ID, PSIFT | Platelet Antibody Identification using platelet suspension immunofluorescence, per test |  |
| PLT08 | Drug-dependent Platelet Antibody Investigation | Drug-dependent Platelet Antibody Investigation, charged per drug tested, each drug, per case |  |
| REF44 | Monocyte Monolayer Assay | MMA used to determine clinical significance of antibody, per sample |  |
| REF45 | Special Antiglobulin Test | Direct Antiglobulin Test (DAT) performed using special methods to detect low levels of RBC-bound IgA, IgM, IgG and C3 |  |
| SR86022 | 86022 Platelet crossmatch testing | Platelet antibody testing for antibody detection and crossmatching, per patient, per batch | 86022 |
| SR86023 | 86023 Platelet Associated Immunoglobulin (Direct) | Direct antiglobulin test for Platelet Associated Immunoglobulin (IgG only) to aid in the diagnosis of autoimmune thrombocytopenia purpura (AITP) | 86023 |
| National Neutrophil Laboratory |
| N86022 | 86022 Platelet crossmatch testing, NEU | Platelet antibody testing for antibody detection and crossmatching, per patient, per batch | 86022 |
| NEU01 | Neutrophil Ag typing, Serology, NEU | Neutrophil Antigen Phenotyping for HNA-1a, -1b, -1c, -2, -3a, -and -4a (also known as NA1, NA2, SH, NB1, 5B, MART) |  |
| NEU03 | HPA-1a antigen phenotyping, NEU | Platelet antigen phenotyping for HPA-1a (also known as PlA1), excluding controls |  |
| NEU05 | Drug Dependent Neutrophil Antibody Investigation | Drug-dependent Neutrophil Antibody Investigation, charged per drug tested |  |
| NEU06 | Extended Neutrophil Antibody ID (MAINA) | Extended Antibody identification evaluated by Monoclonal antibody immobilization of neutrophil antigens (MAINA), to rule out HLA antibodies and determine HNA antibody specificity, each Monoclonal Antibody |  |
| NEU08 | Platelet Antibody Identification  | Platelet antibody identification using flow cytometry |  |
| NEU10 | 86021 Neutrophil Antibody Identification by flow cytometry | Antibody identification: leukocyte antibodies, Neutrophil Antibody Identification (also known as Granulocyte Antibody Identification) using Granulocyte Immunofluorescence (GIF) by flow cytometry | 86021 |
| NEU11 | 86021 Neutrophil Antibody Identification by agglutination test | Antibody identification: leukocyte antibodies, Neutrophil Antibody Identification (also known as Granulocyte Antibody Identification) using Granulocyte Agglutination (GA) assay to detect and identify neutrophil antibodies | 86021 |
| NEU12 | Neutrophil Crossmatch testing | Neutrophil Crossmatch test used to detect neutrophil antibodies and aid in the diagnosis of alloimmune neonatal neutropenia (ANN), autoimmune neutropenia (AIN) and transfusion-related acute lung injury (TRALI) | 86021 |

|  |
| --- |
| Product Related |
| C6I | Anti-CMV negative, per test | CMV negative component |  |
| M1M | Unit W/1 Empty Bag - EMP1 | 1 empty bag attached to component |  |
| M9B | Unit W/6 Empty Bags | 6 empty bags attached to component |  |
| N1M | Unit W/2 Empty Bag - EMP2 | 2 empty bag attached to component |  |
| O1M | Unit W/3 Empty Bag - EMP3 | 3 empty bag attached to component |  |
| P1M | Unit W/4 Empty Bag - EMP4 | 4 empty bag attached to component |  |
| Q1M | Unit Less than 14 Days |   |  |
| T1M | Unit Less than 48 Hours |   |  |
| U1M | Unit Less than 5 Days | Component less than or equal to 5 days fresh |  |

If a specific CPT code is not available

Hospitals can incorporate the cost of the laboratory service into their processing charges for the blood units, which would be billed under:

* revenue code 0390 in the hospital inpatient setting, and
* revenue code 0390 + P-code in the hospital outpatient setting

Examples of laboratory services without a CPT code include (but are not limited to):

* search fees
* special requests
* call-in fees
* rare unit charges
* import fees
* after-hour charges