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# 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

**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)