Immunohematology Reference Laboratory and Transfusion Services Provided by Vitalant

Series	Related Service
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

Note: M codes denoted in parenthesis in the Item Number column 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 (serologic). Forward and/or reverse.
LS010	86900	ABO Discrepancy	Initial investigation of ABO blood typing discrepancies.
LS015	86901	Rh(D) Typing	Rh(D) Typing (serologic).
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). Rare antigen examples (not all inclusive): k, Kp^a, C^w, Yt^a, etc.
LS040	86880	Direct Antiglobulin Test, each	Direct Antiglobulin Test (DAT) test.
LS050	86900/ 86901	ABO/Rh	Includes ABO grouping (forward and reverse) and Rh(D) typing.
Series 100 – Antibody Screen and Identification			
LS105	86850	Antibody Screen, each	Red cell antibody screen/detection, any methodology and/or additive.
LS110	86941	4C Antibody Screen	Red cell antibody screen and autocontrol performed at 4C.

Item Number	CPT Code	Item Number Description	Service Description
LS115	86870	Antibody Identification Panel	Routine or selected reagent RBC panel for antibody identification
LS120	86870	Antibody Identification Panel, Rare	Rare, selected reagent RBC panel for antibody identification.
LS125	86871	Enzyme Panel – Manufactured	Testing of manufactured enzyme-treated RBC panel.
LS130	---	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 is the 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	Semi-quantitative method to assess antibody concentration
LS235	86999	Red Cell Separation Method	Special method used to harvest patient autologous red cells i.e., Microhematocrit or Hypotonic RBC separations.
LS245	86977	Serum Neutralization/ Inhibition Procedure	Neutralization/inhibition serum/plasma set up.
LS250	86975	Serum Treatment with Chemical Agents	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.
LS260	---	Polyagglutination Screen	Screening 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.

Item Number	CPT Code	Item Number Description	Service Description
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.
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 RhIG 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	86880x8 86850x5 86860 86900 86901 86870	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	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)	Electronic crossmatch
LS435 (57M)	86927	Plasma Thawing, per Component	Thawing of Plasma and Cryoprecipitate for transfusion purposes, per Component.
LS445	86900/ 86901	Blood Type Recheck	Patient ABO/Rh(D) confirmation from a 2nd specimen for transfusion of blood products.

*Crossmatch fees apply only to Transfusion Service Agreements.

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	*RHD* Genotype Test	*RHD* gene sequencing. Send out to a specialized genomics laboratory. (Send out)
LS520	---	*RHCE* Genotype Test	*RHCE* gene sequencing. Send out to a specialized genomics laboratory. (Send out)
LS525	---	Molecular Sequencing Test	Gene sequencing. Send out to a specialized genomics laboratory. Covers non-*RH* sequencing, i.e., sequencing for *ABO*, *LU*, *JK* and other common genes. (Send out)
Series 600 – Search and Import Fees			
LS605	---	Donor/Product Search Fee, per Search	Fee is applied per search when donor recruitment is required to provide products or when searching outside the local lab inventory for: ■ Antigen negative red cell units ■ HPA selected platelets ■ HLA selected platelets
LS610 (55M)	---	Unconfirmed Antigen Request, per Component	Fee for components requested with unconfirmed results for antigen typings or Hemoglobin S (HbS). Units are not labeled/ tagged as antigen negative.
LS615	---	Rare Search Fee, per Search	Fee for rare product search outside the Vitalant inventory.
LS620	---	ARDP Fee, per Component	Fee the American Rare Donor Program (ARDP) charges to the IRLs per unit they located and is shipped to requesting lab/center.
LS625	---	Import Fee, per Component	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	---	Vitalant Clerical Check	Transfusion Reaction Investigation - Clerical. Performed as part of the investigation of the reaction reported.
LS710	86078	Transfusion Reaction Conclusion	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 Selected Platelet Fee, per Component	HLA selected or HLA antibody selected platelet.
LS810 (23M)	86902	Antigen Typing, Donor – Confirmed or Historical, per Antigen	Donor common red cell antigen typing.
LS815 (24M)	86902	Antigen Typing, Donor – Rare, Confirmed or Historical, per Antigen	Donor rare red cell antigen typing, per antigen.
LS825 (43M)	---	Crossmatch Platelet Tagging, per Component	Crossmatched platelet tagged issued or shipped.
LS830	---	Donor Antigen Screening 1-10 Units Screened	Random unit screening to find antigen negative units
LS835 (18M)	---	Rare Unit Fee, per Component	Product (red cell, platelet, plasma) issued or shipped that meets the 'Rare' criteria.
LS845 (40M)	86644	CMV Negative, per Component	CMV negative component provided
LS850 (73M)	86945	Irradiation Fee, per Component	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	Patient Testing workup or Antigen negative request outside of regularly staffed business hours.
LS910	---	STAT Request	Urgency for Patient Testing workup or Antigen negative request by client.
LS915	---	ASAP Request	Special Urgency for Patient Testing workup or Antigen negative request by client.
LS920	---	Send Out Testing	Special requests triaged to a non-Vitalant referral laboratory.
LS930 (50M)	---	Sample/Material Handling Fee	Fee for sample pick up or for delivery of consumables (armbands, other) to a transfusion facility.
LS940 (65M)	---	STAT-Delivery Fee	Fee for STAT delivery of blood products.
LS955 (54M)	---	ASAP Delivery Fee	Fee for ASAP delivery of blood products.
LS965	---	Blood Bank arm Bands, Per Package	Fee for supply of Blood Bank arm bands, per package.
LS970	---	Specimen Hold, Each	Fee for holding/storing patient sample pending testing orders.

NOTES:
CPT codes listed from the "CPT 2026 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 Proprietary Laboratory Analyses (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 MolDX Z-code ZB04H.

The PLA CPT® code for BLOODchip® ID Core XT™, Grifols Diagnostic Solutions Inc. assay is 0084U.

Any changes in the CPT codes or jurisdictions participating in the MolDx 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
8	06/23/2026	■ Updated the year for the CPT 2026 Professional Edition ■ Removed Other Services: LS945 Blood Product Administration Set, each ■ Removed Other Services: LS975 Rho Immune Globulin, each ■ Removed Specialized Immunohematology Services: LS240 Red Cell Separation – Percoll ■ Updated Item Number Descriptions for LS705 and LS710 ■ Minor clerical corrections
7	06/12/2025	■ Added CPT codes to LS295 ■ Remove the TS Service fees: TS LS925, LS926, LS960 ■ Added the PLA CPT® code for BLOODchip® ID Core XT TM.
6	06/20/2024	■ Updated the year for the CPT 2024 Professional Edition. ■ Reworded Page 1 Note ■ Minor clerical correction
5	04/20/2023	■ Retired codes LS020 and LS440. ■ Added LS926. ■ Updated Item Number Description for LS925 and LS960. ■ Added minor clarifications to LS435, LS605, LS610, and LS835. ■ Added/Updated CPT codes for LS120. ■ Removed CPT codes from LS130, LS260. ■ Added statement *Crossmatch fees apply only to Transfusion Service Agreements. ■ Added clarification of fee application (per component, etc.) to some codes.
4	04/04/2022	■ Corrected the CPT code for LS215 ■ Added CPT codes for LS870, LS875 and LS975
3	10/13/2021	■ Added new codes: LS865, LS870, LS875 and LS975. ■ Updated Item Description for LS945. ■ Updated the Services Description for LS005, LS130, LS135 and LS945. ■ Added M codes. ■ Made various clerical corrections.
2	06/10/2021	■ 2021 Updates
1	04/07/2020	■ Initial release