Pathology: Immunology

Page updated: May 2026

This section contains information to assist providers in billing for pathology procedures related to immunology services.

Gene Expression Profiling for Heart Transplant

‹‹Reimbursement for CPT® code 81595 (cardiology [heart transplant] mRNA, gene expression profiling by real-time quantitative PCR of 20 genes [11 content and 9 housekeeping], utilizing subfraction of peripheral blood, algorithm reported as a rejection risk score) is limited to once per month and requires documentation on the claim or as an attachment to the claim form of all of the following six criteria:

- The member is between 55 days and five years post heart transplant, and
- The member has no acute signs or symptoms of heart failure, and
- The member is currently not receiving greater than 20 mg of daily corticosteroid (such as prednisone), and
- The member has not received hematopoietic growth factors or transfusion of blood products in the past 30 days, and
- The member is not pregnant, and
- The member is 15 years of age or older.››

Blood/Cell-Based Antibodies

- ‹‹86041 (Acetylcholine receptor (AChR); binding antibody)
- 86042 (Acetylcholine receptor (AChR); blocking antibody)
- 86043 (Acetylcholine receptor (AChR); modulating antibody)
- 86366 (Muscle-specific kinase (MuSK) antibody)››

Reimbursement for the following antibody CPT codes are limited to two per day by any provider:

- 86053 (aquaporin-4 [neuromyelitis optica (NMO)] antibody; flow cytometry [ie, fluorescence-activated cell sorting (FACS)], each)
- 86363 (myelin oligodendrocyte glycoprotein [MOG-IgG1] antibody; flow cytometry [ie, fluorescence-activated cell sorting (FACS)], each)

Reimbursement for the following antibody CPT codes are limited to three per day by any provider:

- 86015 (actin [smooth muscle] antibody [ASMA], each)
- 86036 (antineutrophil cytoplasmic antibody [ANCA]; screen, each antibody)
- 86037 (antineutrophil cytoplasmic antibody [ANCA]; titer, each antibody)
- 86051 (aquaporin-4 [neuromyelitis optica (NMO)] antibody; enzyme-linked immunosorbent immunoassay [ELISA])
- 86381 (mitochondrial antibody [eg, M2], each)

Reimbursement for the following antibody CPT codes are limited to four per day by any provider:

- 86052 (aquaporin-4 [neuromyelitis optica (NMO)] antibody; cell-based immunofluorescence assay [CBA], each)
- 86258 (gliadin [deamidated] [DGP] antibody, each immunoglobulin [Ig] class)
- 86364 (tissue transglutaminase, each immunoglobulin [Ig] class)

Extractable Nuclear Antigen Antibody

CPT code 86235 (extractable nuclear antigen, antibody to, any method [for example, nRNP, SS-A, SS-B, Sm, RNP, Sc170, J01], each antibody) is reimbursable up to 10 times to the same provider for the same recipient and date of service. Claims billed with code 86235 must include a diagnosis. Code 86325 is not reimbursable when billed with diagnosis code Z00.00 (encounter for general adult medical examination without abnormal findings).

Human Epididymis Protein

CPT code 86305 (human epididymis protein 4 [HE4]) is restricted to female recipients only. This code is reimbursable only when billed in conjunction with one of the following ICD-10-CM diagnosis codes: C56.1 thru C56.9, C57.10 thru C57.4, C79.60 thru C79.62 or D39.10 thru D39.12.

Hepatitis A Antibody Testing: Codes 86708 and 86709

Reimbursement for codes 86708 (hepatitis A antibody [HAAb]) and 86709 (hepatitis A antibody [HAAb], IgM antibody) is limited if both codes are billed by the same provider, for the same recipient and date of service. If a provider bills with code 86708, and code 86709 was reimbursed to that provider for the same recipient and date of service, only the difference between the two reimbursement rates will be paid. If a provider bills with code 86709, and code 86708 was reimbursed to that provider for the same recipient and date of service, the claim with code 86709 will be denied.

Interferon Gamma Release Assays (IGRAs)

Interferon Gamma Release Assays (IGRAs) are reimbursable with CPT code 86480 (tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon) or CPT code 86481 (tuberculosis test, enumeration of gamma interferon-producing T-cells in cell suspension) for the diagnosis of latent tuberculosis infection and tuberculosis disease.

The following policy is based on the Centers for Disease Control and Prevention's "Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium Tuberculosis Infection – United States, 2010."

IGRAs may be used in all circumstances in which the tuberculin skin test is currently used, including:

- Contact investigations
- Populations with low compliance rates for returning to have tuberculin skin tests read
- Evaluation of patients who have received BCG (as a vaccine or for cancer therapy)
- Sequential-testing programs for infection control (for example, those for health care workers)

‹‹Streptococcus Pneumoniae Antibody Immunoassay

Claims for CPT code 86581 (streptococcus pneumoniae antibody (IgG), serotypes, multiplex immunoassay, quantitative) require a *Treatment Authorization Request* (TAR). A TAR requires documentation of the following criteria: the patient has signs and symptoms concerning for a possible immunodeficiency, and the test is necessary to aid in diagnosis.››

Legend

Symbols used in the document above are explained in the following table.

Symbol	Description
‹‹	This is a change mark symbol. It is used to indicate where on the page the most recent change begins.
››	This is a change mark symbol. It is used to indicate where on the page the most recent change ends.