

University of North Carolina Hospitals  
 McLendon Clinical Laboratories  
 Histocompatibility Laboratory, 1st Floor East Wing  
 101 Manning Drive  
 Chapel Hill, North Carolina 27514  
 Ph (919) 966-4057, Fax (919) 966-7897  
 HLA Outpatient Order Form MIM# 1203

Patient's Full Name \_\_\_\_\_

Last First Middle

UNC Medical Record # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_

Clinic Name: \_\_\_\_\_

Clinic Code: \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Attending MD: \_\_\_\_\_

Phone #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

ID#: \_\_\_\_\_

Fax #: \_\_\_\_\_ / \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_ One Time. Testing must be done within \_\_\_\_ days ( $\leq 30$  days)      \_\_\_\_ Testing should occur every \_\_\_\_ month(s) for up to 12 months  
 \_\_\_\_ Testing should occur every \_\_\_\_ weeks for up to 12 months

**Diagnosis (ICD-10) Code(s):**

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

Collection Date: \_\_\_\_\_ Time: \_\_\_\_\_ am / pm      Collected By: \_\_\_\_\_

Medicare will only pay for services that it determines to be reasonable and necessary under section 1862 (a) (1) of the Medicare Law. When ordering tests for which Medicare reimbursement will be sought, physicians should order only those individual tests that are necessary for the diagnosis and treatment of a patient, rather than for screening purposes.

✓	HLA Testing - Patient	CODE
	Solid Organ Transplant Workup	4510
	HLA - Antibody Screen	4570
	HLA - Bone Marrow Patient Transplant Workup (Blood)	4260
	HLA - Bone Marrow Patient Transplant Workup (Swab)	4225
	HLA-B27 by Flow Cytometry	4480
	HLA-Disease Association Workup	4453
	HLA-B57	4257

✓	HLA Testing - Donor	CODE
	HLA Organ Donor Workup	4733
	HLA - Bone Marrow Donor Transplant Workup (Blood)	4250
	HLA - Bone Marrow Donor Transplant Workup (Swab)	4220
	<b>Miscellaneous, (Other Tests)</b>	
	HLA - DSA Post Transplant	4258

Write All Diagnoses That Apply in the Diagnosis section above		
	Common Diagnosis (Reason for test)	ICD-10
	Kidney donor	Z52.4
	Kidney transplant evaluation	Z01.818
	Encounter for examination of potential donor for organ and tissue	Z00.5
	Type 1 diabetes mellitus with other diabetic kidney complication	E10.29
	Type 2 diabetes mellitus with other diabetic kidney complication	E11.29
	Sickle-cell disease without crisis	D57.1
	Hemolytic-uremic syndrome	D59.3
	Hypertensive chronic kidney disease with stage 5 chronic kidney disease or end stage renal disease	I12.0
	Wegener's granulomatosis without renal involvement	M31.30
	Thrombotic microangiopathy	M31.1
	Hepatorenal syndrome	K76.7
	Acute nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N00.3
	Nephrotic syndrome with diffuse mesangial proliferative glomerulonephritis	N04.3
	Chronic nephritic syndrome with diffuse mesangial proliferative glomerulonephritis	N03.3
	Glomerular disorders in diseases classified elsewhere	N08
	Chronic nephritic syndrome with other morphologic changes	N03.8
	Chronic nephritic syndrome with unspecified morphologic changes	N03.9
	Unspecified nephritic syndrome with unspecified morphologic changes	N05.9
	Unspecified nephritic syndrome with other morphologic changes	N05.8
	Acute kidney failure with tubular necrosis	N17.0
	Chronic kidney disease, stage 1	N18.1
	Chronic kidney disease, stage 2 (mild)	N18.2

Write All Diagnoses That Apply in the Diagnosis section above		
	Common Diagnosis (Reason for test)	ICD-10
	Chronic kidney disease, stage 3 (moderate)	N18.3
	Chronic kidney disease, stage 4 (severe)	N18.4
	Chronic kidney disease, stage 5	N18.5
	End stage renal disease	N18.6
	Chronic kidney disease, unspecified	N18.9
	Nonobstructive reflux-associated chronic pyelonephritis	N11.0
	Calculus of kidney	N20.0
	Vesicoureteral-reflux with reflux nephropathy without hydroureter, unspecified	N13.729
	Urinary tract infection, site not specified	N39.0
	Systemic lupus erythematosus, organ or system involvement unspecified	M32.10
	Polycystic kidney, unspecified	Q61.3
	Renal dysplasia	Q61.4
	Medullary cystic kidney	Q61.5
	Other specified congenital malformations of kidney	Q63.8
	Unspecified injury of unspecified intra-abdominal organ, sequela	S36.90XS
	Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter	T50.905A
	Unspecified complication of kidney transplant	T86.10
	Person injured in unspecified vehicle accident, sequela	V89.9XXS
	Personal history of other malignant neoplasm of kidney	Z85.528
	Malignant neoplasm of unspecified kidney, except renal pelvis	C64.9
	Sarcoidosis, unspecified	D86.9
	Sequelae of other specified infectious and parasitic diseases	B94.8

Please write in unlisted diagnoses codes in the Diagnoses section above.

I certify that all tests ordered are medically necessary.

Ordering Provider Signature: \_\_\_\_\_ ID#: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

