Kansas City

PAYMENT INTEGRITY COMPLIANCE
Immune Cell Function Assay

POLICY INFORMATION			
Policy Number:	POL-PP-288 AHS – G2098 – Immune Cell Function Assay	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: https://providers.bluekc.com/ContactUs/PaymentPolicies.

PROVIDER/ENTITY IMPACTED					
☒ PROFESSIONAL	☒ FACILITY	☐ DME	☐ AMBULATORY SURGERY	☒ LAB	☐ OTHER

LINES OF BUSINESS IMPACTED						
☒ COMMERCIAL	☒ BLUE MEDICARE ADVANTAGE	☒ ACA QHP[1]	☒ SMALL GROUP ACA	☒ JAA[2]	☒ FEP[3]	☐ DENTAL

[1] ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family [2] JAA: Joint Administrative Account [3] FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.
Final payment is subject to the application of claims adjudication and edits common to the industry.
For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

Immune cell function assays involve measurement of peripheral blood lymphocyte response (intracellular ATP levels, proliferation) following stimulation to assess the degree of functionality of the cell-mediated immune response (Buttgereit et al., 2000).

For guidance on procedures utilizing flow cytometry, please refer to AHS-F2019 Flow Cytometry.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

For all situations, an immune cell function assay (e.g., Pleximmune™, Pleximar) **may not be reimbursed**.

Coding

CPT	Code Description
81560	Transplantation medicine (allograft rejection, pediatric liver and small bowel), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score Proprietary test: Pleximmune™ Lab/Manufacturer: Plexision, Inc
86352	Cellular function assay involving stimulation (eg, mitogen or antigen) and detection of biomarker (eg, ATP)
0018M	Transplantation medicine (allograft rejection, renal), measurement of donor and third-party-induced CD154+T-cytotoxic memory cells, utilizing whole peripheral blood, algorithm reported as a rejection risk score Proprietary test: Pleximark Lab/Manufacturer: Plexision, Inc

References and Resources

Avalon Medical Policy AHS – G2098 – Immune Cell Function Assay

Related Documents

Policy Number	Policy Title
AHS-F2019	Flow Cytometry
AHS- M2091	Transplant Rejection Testing

Revision History		
Version	**Date**	**Summary of Revisions**
001	06/01/2025	Initial version