Payment Policy | Human Leukocyte Antigen (HLA) Testing Mandate

EFFECTIVE DATE: 03|19|1998
POLICY LAST UPDATED: 04|17|2018

OVERVIEW
This policy documents the state-mandated coverage guidelines for human leukocyte antigen (HLA) testing as required by Rhode Island General Law § 27-20-36 (see full text below). This service is covered for all Blue Cross & Blue Shield of Rhode Island (BCBSRI) members.

MEDICAL CRITERIA
Not applicable

PRIOR AUTHORIZATION
Not applicable

POLICY STATEMENT
BlueCHiP for Medicare and Commercial Products
The following are the guidelines under the human leukocyte antigen testing mandate:

- Members must participate in the National Marrow Donor Program
- Members are limited to one testing per lifetime
- Claims must be submitted using modifier 32 for Mandated Services

National Marrow Donor Program
A signed informed consent form must be completed at the time of testing. This form will authorize results of the test to be used for participation in the national marrow donor program. Additional information on the program and forms may be found on the National Marrow Donor Program website: http://marrow.org/Home.aspx.

All other uses of HLA testing are covered when medically necessary.

Although Rhode Island-mandated benefits generally do not apply to BlueCHiP for Medicare, this service is covered for all BCBSRI members.

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement, for applicable laboratory benefits/coverage.

Self-funded groups may or may not choose to follow state mandates.

BACKGROUND
Rhode Island General Law (RIGL) §27-20-36 requires coverage of human leukocyte antigen testing as follows:

> § 27-20-36 Human leukocyte antigen testing – Every individual or group hospital or medical services plan contract delivered or renewed in this state shall include coverage of the cost for human leukocyte antigen testing, also referred to as histocompatibility locus antigen testing, for A, B, and DR antigens for utilization in bone marrow transplantation. The testing must be performed in a facility that is accredited

by the American Association of Blood Banks or its successors, and is licensed under the Clinical Laboratory Improvement Act, 42 U.S.C. § 263a. At the time of the testing, the person being tested must complete and sign an informed consent form that also authorizes the results of the test to be used for participation in the National Marrow Donor Program. The group hospital or medical services plan contract may limit each subscriber to one of these tests per lifetime.

CODING

BlueCHiP for Medicare and Commercial Products

To report Bone marrow screening, append modifier 32 (Mandated Service):
Please Note: All other uses of HLA testing should be submitted without modifier 32.

86813 HLA typing; A, B, or C, multiple antigens
86817 HLA typing; DR/DQ, multiple antigens

RELATED POLICIES

None

PUBLISHED

Provider Update, June 2018
Provider Update, June 2017
Provider Update, June 2016
Provider Update, November 2015
Provider Update, December 2014
Provider Update, April 2013
Provider Update, March 2011
Provider Update, March 2010

REFERENCES

1. Medicare National Coverage Determinations Manual, Chapter 1, Part 3 (Sections 170 – 190.34) Coverage Determinations:
https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf

2. Rhode Island General Law § 27-20-36 Human leukocyte antigen testing.
http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-36.HTM

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