DRAFT Medical Coverage Policy | Human Leukocyte Antigen (HLA) Testing Mandate

EFFECTIVE DATE: 06|01|2025
POLICY LAST REVIEWED: 02|19|2025

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
Medicare Advantage Plans 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:

National Marrow Donor Program Website

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

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

COVERAGE
Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage for applicable not medically necessary/not covered 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
Medicare Advantage Plans 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.

81370 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
81371 HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)

81372 HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)
81373 HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each
81374 HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
81375 LA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1
81376 HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81377 HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each
81378 HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1
81379 HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)
81380 HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-A, -B, or -C), each
81381 HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
81382 HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81383 HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1*06:02P), each
86812 HLA typing; A, B, or C (eg, A10, B7, B27), single antigen
86813 HLA typing; A, B, or C, multiple antigens
86816 HLA typing; DR/DQ, single antigen
86817 HLA typing; DR/DQ, multiple antigens
86821 HLA typing; lymphocyte culture, mixed (MLC)
86825 Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); first serum sample or dilution
86826 Human leukocyte antigen (HLA) crossmatch, non-cytotoxic (eg, using flow cytometry); each additional serum sample or sample dilution (List separately in addition to primary procedure)
86829 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); qualitative assessment of the presence or absence of antibody(ies) to HLA Class I or Class II HLA antigens
86830 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class I
86831 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); antibody identification by qualitative panel using complete HLA phenotypes, HLA Class II
86832 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class I
86833 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); high definition qualitative panel for identification of antibody specificities (eg, individual antigen per bead methodology), HLA Class II
86834 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class I
86835 Antibody to human leukocyte antigens (HLA), solid phase assays (eg, microspheres or beads, ELISA, Flow cytometry); semi-quantitative panel (eg, titer), HLA Class II

RELATED POLICIES
Genetic Testing Services

PUBLISHED
Provider Update, April 2025
Provider Update, May 2024
Provider Update, September 2023
Provider Update, April 2022
Provider Update, Dec 2021

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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