



**EFFECTIVE DATE:** 06|01|2025  
**POLICY LAST REVIEWED:** 01|07|2026

## 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, March 2026

Provider Update, April 2025

Provider Update, May 2024

Provider Update, September 2023

Provider Update, April 2022

## REFERENCES

1. Centers for Medicare and Medicaid Services (CMS) National Coverage Determination (NCD), Histocompatibility Testing (190.1)
2. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD), Molecular Pathology Procedures (L35000)
3. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) Article, Billing and Coding: Molecular Pathology Procedures (A56199)
4. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD), Pharmacogenomic Testing (L39995)
5. Centers for Medicare and Medicaid Services (CMS) Local Coverage Determination (LCD) Article, Billing and Coding: Pharmacogenomic Testing (A59915)
6. 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](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ncd103c1_Part3.pdf)
7. Rhode Island General Law § 27-20-36 Human leukocyte antigen testing.
8. <http://webserver.rilin.state.ri.us/Statutes/title27/27-20/27-20-36.HTM>

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