

Medical Coverage Policy



**Blue Cross
Blue Shield**
of Rhode Island

Human Leukocyte Antigen (HLA) Testing Mandate

Device/Equipment Drug Medical Surgery Test Other

Effective Date:	3/19/1998	Policy Last Updated:	1/22/2013
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Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.

Prospective review is not required.

Description:

This is an administrative policy to document Rhode Island General Law (RIGL) 27-20-36 coverage of human leukocyte antigen (HLA) testing as stated:

§ 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 testings per lifetime.

Medical Criteria:

Not applicable.

Policy:

HLA testing mandate guidelines:

Members must participate in the National Marrow Donor Program

Members are limited to one testing per lifetime

Claims must be submitted using the -32 modifier

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.

Coverage:

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

Bone Marrow Donor testing for BlueChip for Medicare members are covered although Rhode Island mandated benefits generally do not apply to Plan 65, FEHBP, and Medicare Advantage plans.

Coding:

Bone marrow screening only:

The following codes should be submitted with a diagnosis code of V70.8 and the -32 modifier.

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

All other uses:

All other uses of HLA should be submitted without the -32 modifier.

Also Known As:

Histocompatibility

Related Topics:

Not applicable.

Published:

Provider Update, April 2013

Provider Update, March 2011

Provider Update, March 2010

Provider Update, April 2009

Policy Update, May 2007

Policy Update, July 2006

Policy Update, September 2005

Policy Update, January 1999

References:

Medicare National Coverage Determinations Manual, Chapter 1, Part 3 (Sections 170 – 190.34)
Coverage Determinations. Accessed 1/3/12:
http://www.cms.hhs.gov/manuals/downloads/ncd103c1_Part3.pdf.

Rhode Island General Law § 27-20-36 Human leukocyte antigen testing. Accessed on 1/3/12:
<http://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-36.HTM>.

History:

1/22/13 Annual review, no change

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