Medical Coverage Policy

Human Leukocyte Antigen (HLA) Testing Mandate

☐ Device/Equipment  ☐ Drug  ☐ Medical  ☐ Surgery  ☐ Test  ☒ Other

Effective Date: 3/19/1998  Policy Last Updated: 1/22/2013

☐ 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:**


History:
1/22/13 Annual review, no change

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member’s subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice.