Payment Policy | Human Leukocyte Antigen (HLA) Testing Mandate

EFFECTIVE DATE: 03/19/1998
POLICY LAST UPDATED: 10/07/2014

OVERVIEW

This policy documents the state mandated coverage guidelines for Human Leukocyte Antigen Testing as required by Rhode Island General Law § 27-20-36 (See full text below). This service is covered for all Blue Cross and Blue Shield of Rhode Island (BCBSRI) members.

PRIOR AUTHORIZATION

Prior Authorization is not required

POLICY STATEMENT

BlueCHiP for Medicare and Commercial

The following are the guidelines under the Human Leukocyte Antigen (HLA) testing mandate.

- 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.

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

MEDICAL CRITERIA

None

BACKGROUND

Rhode Island General Law (RIGL) §27-20-36 requires coverage of human leukocyte antigen (HLA) 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 testings per lifetime.

COVERAGE

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

CODING

BlueCHiP for Medicare and Commercial

To report Bone marrow screening, use the following CPT codes with a diagnosis code of V70.8 and the 32 modifier (Mandated Service):

Please Note: All other uses of HLA testing should be submitted without the 32 modifier.

81370	**81371**	**81372**	**81373**	**81374**	**81375**
81376	**81377**	**81378**	**81379**	**81380**	**81381**
81382	**81383**	**86812**	**86813**	**86816**	**86817**
86828	**86829**	**86830**	**86831**	**86832**	**86833**
86834	**86835**				

ICD-9 Diagnosis Code: **V70.8**

ICD-10 Diagnosis Code: **Z00.8**

RELATED POLICIES

None

PUBLISHED

Provider Update	Dec 2014
Provider Update	Apr 2013
Provider Update	Mar 2011
Provider Update	Mar 2010
Provider Update	Apr 2009
Policy Update	May 2007
Policy Update	Jul 2006

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://www.rilin.state.ri.us/Statutes/TITLE27/27-20/27-20-36.HTM

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