Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing

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Terms and Conditions

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Policy Summary

See Purpose

Overview

As outlined in the CPT Molecular Pathology procedures sections, Human Leukocyte Antigen (HLA) typing is performed to assess compatibility of recipients and potential donors as a part of solid organ and hematopoietic stem cell/ bone marrow pre - transplant testing. HLA testing is also performed to identify HLA alleles and allele groups (antigen equivalents) associated with specific diseases and individualized responses to drug therapy (e.g., HLA - B*27 and ankylosing spondylitis and HLA - B57:01 and abacavir hypersensitivity), as well as other clinical uses. One or more HLA genes may be tested in specific clinical situations (e.g., HLA A, B, C, - DRB1, and DQB1 for kidney transplantation). Each HLA gene typically has multiple variant alleles or allele groups that can be identified by typing.

HLA antigens are divided into types: Class I (A, B, C) and Class II (DR, DP, DQ). The primary use for HLA testing is to match organ and tissue transplant recipients with compatible donors. Different kinds of transplants necessitate different levels of matching between donor and intended recipient. This may determine which HLA tests are performed and which HLA genes are tested for. HLA typing identifies the unique constellation of HLA antigens for an individual.

HLA typing using newer DNA technologies provides tests that are more robust, accurate and reliable in resolving allele - level differences in HLA genes that cannot be detected by serology. DNA tests can be performed using a variety of source materials (lymphocytes, whole blood, buccal swabs, biopsy samples, frozen tissue) and are less affected by viability and sample age. Several approaches to HLA typing are used, offering a range of typing resolution levels from low (antigen - level) to high (allele - level). Examples include, tests used to identify HLA types that rely on amplification of limited stretches of genomic DNA within the HLA genes. The genetic polymorphisms associated with the different HLA alleles are identified through hybridization with

specific amplification primers: sequence - specific primer (SSP) or sequence specific oligonucleotide probes (SSO) or by direct sequencing - based typing (SBT).

PCR - SSO

Reverse SSO hybridization is used to determine HLA - A, - B, - C, - DR, - DQ and - DP locus types at an intermediate level of resolution, somewhat higher than serological testing. Tests of this type are used when low or intermediate resolution typing is required or as a screening test to identify potential donors or individuals who may later require higher resolution testing.

This technology is used for high volume testing and allows for relatively low - cost typing for bone marrow donor drives or other applications involving large sample numbers.

PCR - SSP

PCR - SSP is also used to determine HLA - DP and to determine, at a resolution similar to serological testing, HLA - A, - B, - C, - DR and DQ locus types PCR - SSP is a very rapid test that can be performed in 3 - 4 hours from the time a sample is received. PCR - SSP is used for typing deceased organ donors when speed is an important consideration. PCR - SSP can also be used to provide higher resolution testing and may be employed to resolve alleles. In this technique, PCR primers are designed to anneal only to a specific set of alleles or to a single allele.

SBT

SBT provides the highest resolution HLA typing for HLA - A, - B, - C, - DR, - DQ and - DP locus alleles. SBT is used when the highest resolution typing is important as in donors and recipients of stem cell transplants or in examining disease associations.

Guidelines

The commercial availability does not ensure that a molecular diagnostic test is indicated for clinical application. Molecular diagnostic testing is a rapidly evolving science in which the significance of detecting specific mutations has yet to be clarified in many circumstances. Analytical and clinical validity as well as clinical utility are the responsibility of the provider, and all testing must meet standards of care.

Transplantation

- Standard of care determination of HLA matching for solid organ transplant (donor/recipient). Solid organ transplant registries include both serological HLA testing (e.g., crossmatch) and genomic molecular DNA typing. Family members, or unrelated living donors or cadaveric donors who donate bone marrow or a solid organ are HLA tested pre - transplant to determine compatibility with the potential recipients.
- Standard of care identification of determination of HLA matching for hematopoietic stem cell/bone marrow transplantation - allele - level typing will provide clinical guidance for the HLA - A, B, C Class I and DRB1, DQB1, DPB1, and DQA1 Class II loci in the average transplant program because it is well established that mismatches at certain HLA loci between donor - recipients are closely linked to the risk of graft versus host disease. Potential marrow donors may enroll with a national registry such as the United States National Marrow Donor Program or the Canadian Blood Services registry.

Refer to the CMS References section below for coverage of HLA Testing for Transplant Histocompatibility.

Disease Association

Standard of care testing to diagnose certain HLA related diseases/conditions when the testing is supported by the clinical literature and is informative for the direct management of a patient bearing a certain allele(s). It is not expected that more than one test would be required in a given beneficiary's lifetime. Possible covered indications when standard laboratory testing (tissue typing) not adequate:

- HLA - B*27 for the diagnosis of certain cases of symptomatic patients with presumed ankylosing spondylitis or related inflammatory disease. HLA - B*27 is covered for ankylosing spondylitis in cases where other methods of diagnosis would not be appropriate or have yielded inconclusive results (NCD 190.1).
- In the work - up of certain patients with an unclear diagnosis of celiac disease and gluten hypersensitivity usually related to ambiguous standard laboratory results and/or inconsistent biopsy results (e.g., HLA - DQ2 by HLA - DQB1*02 and of DQ8 by HLA - DQB1*0302).

Pharmacogenetics

Standard of care testing to diagnose certain HLA related drug hypersensitivity reactions when the testing is supported by the clinical literature and is informative for the direct management of a patient bearing a certain allele(s) associated to fatal skin drug reactions (Stevens - Johnson syndrome and toxic epidermal necrolysis). It is not expected that more than one test would be required in a given beneficiary's lifetime. Possible covered indications:

- HLA - B*5701 when testing performed prior to the initiation of an abacavir - containing regime in the treatment of HIV Infection.
- HLA - B*1502 when genotyping may be useful for risk stratification when the testing is performed prior to the initiation of carbamazepine therapy in the treatment of patients at high risk of having this allele. HLA - B*1502 occurs almost exclusively in patients with ancestry across broad areas of Asia, including South Asian Indians.

Identification of HLA compatible platelets for transfusion when standard typing is not adequate.

Testing for Narcolepsy

Based upon currently available information, HLA - DQB1*06:02 typing for the diagnosis or management of narcolepsy is considered experimental/investigational/unproven for all populations. Although research suggests a strong association between HLA - DQB1*06:02 and narcolepsy risk, HLA - DQB1*06:02 typing is insufficient to confirm a diagnosis of narcolepsy, rule out a diagnosis of narcolepsy or quantify risk for narcolepsy. Therefore, at this time there is no clinical utility for genetic testing or HLA - DQB1*06:02 typing in the diagnosis or treatment of narcolepsy.

The following is considered non - covered by Medicare as applicable due to statutory exclusion, or lack of benefit, or not reasonable and necessary, or not separately billable (a component of the service per NCCI regulations):

- Tests considered screening in the absence of clinical signs and symptoms of disease (e.g., HLA - DQB1*06:02P as a positive/negative predictor for narcolepsy)
- Tests that do not provide the clinician with actionable data (information that will improve patient outcomes and/or change physician care and treatment of the patient)
- Tests that confirm a known diagnosis or known information (and no new data for decision making)
- Tests to determine risk for developing a disease or condition
- Tests without diagnosis specific indications
- Tests performed to measure the quality of a process
- Tests for Quality Control/Quality Assurance (QC/QA), i.e., tests performed to ensure a tissue specimen matches the patient
- Tests assessing the risk of allopurinol hypersensitivity reactions (HLA - B*58:01P)

Screening services such as pre - symptomatic genetic tests and services used to detect an undiagnosed disease or disease predisposition are not a Medicare benefit and are not covered. Similarly, Medicare may not reimburse the costs of tests/examinations that assess the risk of a condition unless the risk assessment clearly and directly effects the management of the patient.

Based on the Centers for Medicare & Medicaid Services (CMS) Program Integrity Manual (100 - 08), this policy addresses the circumstances under which the item or service is reasonable and necessary under the Social Security Act, §1862(a)(1)(A). For laboratory services, a service can be reasonable and necessary if the service is safe and effective; and appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis of the patient's condition; furnished in a setting appropriate to the patient's medical needs and condition; ordered and furnished by qualified personnel; one that meets, but does not exceed, the patient's medical need; and is at least as beneficial as an existing and available medically appropriate alternative.

Compliance with the provisions in this policy is subject to monitoring by post payment data analysis and subsequent medical review. Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states " ...no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis and treatment of illness or injury...". Furthermore, it has been longstanding CMS policy that "tests that are performed in the absence of signs, symptoms, complaints, or personal history of disease or injury are not covered unless explicitly authorized by statute". Screening services, such as pre - symptomatic genetic tests and services, are those used to detect an undiagnosed disease or disease predisposition, and as such are not a Medicare benefit and not covered by Medicare. Similarly, Medicare may not reimburse the costs of tests/examinations

that assess the risk for and/or of a condition unless the risk assessment clearly and directly effects the management of the patient. However, Medicare does cover a broad range of legislatively mandated preventive services to prevent disease, detect disease early when it is most treatable and curable, and manage disease so that complications can be avoided. These services can be found on the CMS website at http://www.cms.gov/PrevntionGenInfo/.

Many applications of the molecular pathology procedures are not covered services given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation or when the results would not reasonably be used in the management of a beneficiary). Furthermore, payment of claims in the past (based on stacking codes) or in the future (based on the new code series) is not a statement of coverage since the service was not audited for compliance with program requirements and documentation supporting the reasonable and necessary testing for the beneficiary. Certain tests and procedures may be subject to prepayment medical review (records requested) and paid claims must be supportable, if selected, for post payment audit. Tests for diseases or conditions that manifest severe signs or symptoms in newborns and in early childhood or that result in early death (e.g., Canavan disease) could be subject to automatic denials since these tests are not usually relevant to a Medicare beneficiary.

Documentation Guidelines

Documentation must be adequate to verify that coverage guidelines listed above have been met. Thus, the medical record must contain documentation that the testing is expected to influence treatment of the condition toward which the testing is directed. The laboratory or billing provider must have on file the physician requisition which sets forth the diagnosis or condition that warrants the test(s).

Examples of documentation requirements of the ordering physician/non - physician practitioner (NPP) include, but are not limited to, history and physical or exam findings that support the decision making, problems/diagnoses, relevant data (e.g., lab testing, imaging results).

Documentation requirements of the performing laboratory (when requested) include, but are not limited to, lab accreditation, test requisition, test record/procedures, reports (preliminary and final), and quality control record.

Documentation requirements for lab developed tests/protocols (when requested) include diagnostic test/assay, lab/manufacturer, names of comparable assays/services (if relevant), description of assay, analytical validity evidence, clinical validity evidence, and clinical utility.

Providers are required to code to specificity; however, if an unlisted CPT code is used, the documentation must clearly identify the unique procedure performed. When multiple procedure codes are submitted on a claim (unique and/or unlisted) the documentation supporting each code should be easily identifiable. If on review UnitedHealthcare cannot link a billed code to the documentation, these services will be denied.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1)(A) of the Social Security Act.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
81370	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA - A, - B, - C, - DRB1/3/4/5, and - DQB1

CPT Code	Description
81371	HLA Class I and II typing, low resolution (e.g., antigen equivalents); HLA - A, - B, and - DRB1 (e.g., verification typing)
81372	HLA Class I typing, low resolution (e.g., antigen equivalents); complete (i.e., HLA - A, - B, and - C)
81373	HLA Class I typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA - A, - B, or - C), each
81374	HLA Class I typing, low resolution (e.g., antigen equivalents); one antigen equivalent (e.g., B*27), each
81375	HLA Class II typing, low resolution (e.g., antigen equivalents); HLA - DRB1/3/4/5 and - DQB1
81376	HLA Class II typing, low resolution (e.g., antigen equivalents); one locus (e.g., HLA - DRB1, - DRB3/4/5, - DQB1, - DQA1, - DPB1, or - DPA1), each
81377	HLA Class II typing, low resolution (e.g., antigen equivalents); one antigen equivalent, each
81378	HLA Class I and II typing, high resolution (i.e., alleles or allele groups), HLA - A, - B, - C, and - DRB1
81379	HLA Class I typing, high resolution (i.e., alleles or allele groups); complete (i.e., HLA - A, - B, and - C)
81380	HLA Class I typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA - A, - B, or - C), each
81381	HLA Class I typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., B*57:01P), each
81382	HLA Class II typing, high resolution (i.e., alleles or allele groups); one locus (e.g., HLA - DRB1, - DRB3/4/5, - DQB1, - DQA1, - DPB1, or - DPA1), each
81383	HLA Class II typing, high resolution (i.e., alleles or allele groups); one allele or allele group (e.g., HLA - DQB1*06:02P), each

Diagnosis Code	Description
For dates of service on or before 01/08/2020, for CPT Codes 81370, 81371, 81372, 81373*, 81375, 81378, 81379, and 81380* (*effective 07/10/2019)	
D69.49	Other primary thrombocytopenia
D69.59	Other secondary thrombocytopenia
T86.00	Unspecified complication of bone marrow transplant
T86.01	Bone marrow transplant rejection
T86.02	Bone marrow transplant failure
T86.03	Bone marrow transplant infection
T86.09	Other complications of bone marrow transplant
T86.10	Unspecified complication of kidney transplant
T86.11	Kidney transplant rejection
T86.12	Kidney transplant failure
T86.13	Kidney transplant infection
T86.19	Other complication of kidney transplant
T86.20	Unspecified complication of heart transplant
T86.21	Heart transplant rejection
T86.22	Heart transplant failure
T86.23	Heart transplant infection
T86.290	Cardiac allograft vasculopathy
T86.298	Other complications of heart transplant
T86.30	Unspecified complication of heart - lung transplant
T86.31	Heart - lung transplant rejection

Diagnosis Code	Description
For dates of service on or before 01/08/2020, for CPT Codes 81370, 81371, 81372, 81373*, 81375, 81378, 81379, and 81380* (*effective 07/10/2019)	
T86.32	Heart - lung transplant failure
T86.33	Heart - lung transplant infection
T86.39	Other complications of heart - lung transplant
T86.40	Unspecified complication of liver transplant
T86.41	Liver transplant rejection
T86.42	Liver transplant failure
T86.43	Liver transplant infection
T86.49	Other complications of liver transplant
T86.5	Complications of stem cell transplant
T86.810	Lung transplant rejection
T86.811	Lung transplant failure
T86.812	Lung transplant infection
T86.818	Other complications of lung transplant
T86.819	Unspecified complication of lung transplant
T86.830	Bone graft rejection
T86.831	Bone graft failure
T86.832	Bone graft infection
T86.838	Other complications of bone graft
T86.839	Unspecified complication of bone graft
T86.850	Intestine transplant rejection
T86.851	Intestine transplant failure
T86.852	Intestine transplant infection
T86.858	Other complications of intestine transplant
T86.859	Unspecified complication of intestine transplant
T86.890	Other transplanted tissue rejection
T86.891	Other transplanted tissue failure
T86.892	Other transplanted tissue infection
T86.898	Other complications of other transplanted tissue
T86.899	Unspecified complication of other transplanted tissue
T86.90	Unspecified complication of unspecified transplanted organ and tissue
T86.91	Unspecified transplanted organ and tissue rejection
T86.92	Unspecified transplanted organ and tissue failure
T86.93	Unspecified transplanted organ and tissue infection
T86.99	Other complications of unspecified transplanted organ and tissue
Z48.21	Encounter for aftercare following heart transplant
Z48.22	Encounter for aftercare following kidney transplant
Z48.23	Encounter for aftercare following liver transplant
Z48.24	Encounter for aftercare following lung transplant
Z48.280	Encounter for aftercare following heart - lung transplant
Z48.288	Encounter for aftercare following multiple organ transplant

Diagnosis Code	Description
For dates of service on or before 01/08/2020, for CPT Codes 81370, 81371, 81372, 81373*, 81375, 81378, 81379, and 81380* (*effective 07/10/2019)	
Z48.290	Encounter for aftercare following bone marrow transplant
Z48.298	Encounter for aftercare following other organ transplant
Z94.0	Kidney transplant status
Z94.1	Heart transplant status
Z94.2	Lung transplant status
Z94.3	Heart and lungs transplant status
Z94.4	Liver transplant status
Z94.5	Skin transplant status
Z94.6	Bone transplant status
Z94.7	Corneal transplant status
Z94.81	Bone marrow transplant status
Z94.82	Intestine transplant status
Z94.83	Pancreas transplant status
Z94.84	Stem cells transplant status
Z94.89	Other transplanted organ and tissue status
Z94.9	Transplanted organ and tissue status, unspecified
Z95.3	Presence of xenogenic heart valve
Z95.4	Presence of other heart - valve replacement

Non-Covered Diagnosis Code
Non-Covered Diagnosis Codes List This list contains diagnosis codes that are never covered when given as the primary reason for the test. If a code from this section is given as the reason for the test and you know or have reason to believe the service may not be covered, call UnitedHealthcare to issue an Integrated Denial Notice (IDN) to the member and you. The IDN informs the member of their liability for the non-covered service or item and appeal rights. You must make sure the member has received the IDN prior to rendering or referring for non-covered services or items in order to collect payment.

References

CMS National Coverage Determinations (NCDs)

Related NCD: NCD 190.1 Histocompatibility Testing

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Molecular Pathology for HLA Typing				
L34518 Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing	A57768 Billing and Coding: Molecular Pathology Procedures for Human Leukocyte Antigen (HLA) Typing	First Coast	FL, PR, VI	FL, PR, VI

LCD	Article	Contractor	Medicare Part A	Medicare Part B
HLA - B*15:02 Genetic Testing				
L36033 MolDX: HLA - B*15:02 Genetic Testing Retired 08/17/2020; See L38294	A56877 Billing and Coding: MolDX: HLA - B*15:02 Genetic Testing Retired 08/17/2020; See A58318	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36048 MolDX: HLA - B*15:02 Genetic Testing Retired 08/02/2020; See MolDX: Pharmacogenomics Testing	A56979 Billing and Coding: MolDX: HLA - B*15:02 Genetic Testing Retired 08/02/2020; See MolDX: Pharmacogenomics Testing	CGS	KY, OH	KY, OH
L36145 MolDX: HLA - B*15:02 Genetic Testing Retired 09/16/2020; See L38335	A57466 Billing and Coding: MolDX: HLA - B*15:02 Genetic Testing Retired 09/16/2020; See A57384	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36149 MolDX: HLA - B*15:02 Genetic Testing Retired 09/16/2020; See L38337	A57468 Billing and Coding: MolDX: HLA - B*15:02 Genetic Testing Retired 09/16/2020; See A57468	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36801 MolDX: HLA - B*15:02 Genetic Testing Retired 08/17/2020; See L38435	A57574 Billing and Coding: MolDX: HLA - B*15:02 Genetic Testing Retired 08/17/2020; See A58395	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
HLA - DQB1*06:02 Testing for Narcolepsy				
L36464 MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	A56857 Billing and Coding: MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36485 MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	A56881 Billing and Coding: MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	CGS	KY, OH	KY, OH
L36544 MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	A57465 Billing and Coding: MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L36551 MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	A57441 Billing and Coding: MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
HLA - DQB1*06:02 Testing for Narcolepsy				
L37003 MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	A57575 Billing and Coding: MolDX: HLA - DQB1*06:02 Testing for Narcolepsy	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
HLA Testing for Transplant Histocompatibility				
N/A	A56859 Billing and Coding: MolDX: HLA Testing for Transplant Histocompatibility	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A56885 Billing and Coding: MolDX: HLA Testing for Transplant Histocompatibility	CGS	KY, OH	KY, OH
N/A	A57851 Billing and Coding: HLA Testing for Transplant Histocompatibility	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	A57970 Billing and Coding: MolDX: HLA Testing for Transplant Histocompatibility	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A57972 Billing and Coding: MolDX: HLA Testing for Transplant Histocompatibility	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
General Molecular Diagnostic Tests				
L35025 MolDX: Molecular Diagnostic Tests (MDT)	A56853 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L36021 MolDX: Molecular Diagnostic Tests (MDT)	A56973 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	CGS	KY, OH	KY, OH
L35160 MolDX: Molecular Diagnostic Tests (MDT)	A57526 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L36256 MolDX: Molecular Diagnostic Tests (MDT)	A57527 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY

LCD	Article	Contractor	Medicare Part A	Medicare Part B
General Molecular Diagnostic Tests				
L36807 MolDX: Molecular Diagnostic Tests (MDT)	A57772 Billing and Coding: MolDX: Molecular Diagnostic Tests (MDT)	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
L35000 Molecular Pathology Procedures)	A56199 Billing and Coding: Molecular Pathology Procedures	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L35062 Biomarkers Overview	A56541 Billing and Coding: Biomarkers Overview	Novitas Solutions, Inc.	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
Testing of Multiple Genes				
N/A	A57910 Billing and Coding: MolDX: Testing of Multiple Genes	CGS	KY, OH	KY, OH
N/A	A57503 Billing and Coding: MolDX: Testing of Multiple Genes	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
N/A	A57880 Billing and Coding: MolDX: Testing of Multiple Genes	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
N/A	A58120 Billing and Coding: MolDX: Testing of Multiple Genes	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
N/A	A58121 Billing and Coding: MolDX: Testing of Multiple Genes	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
Pharmacogenomics Testing				
L38394 MolDX: Pharmacogenomics Testing	A58324 Billing and Coding: MolDX: Pharmacogenomics Testing	CGS	KY, OH	KY, OH
L38335 MolDX: Pharmacogenomics Testing	A57384 Billing and Coding: MolDX: Pharmacogenomics Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV

LCD	Article	Contractor	Medicare Part A	Medicare Part B
Pharmacogenomics Testing				
L38337 MolDX: Pharmacogenomics Testing	A57385 Billing and Coding: MolDX: Pharmacogenomics Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38294 MolDX: Pharmacogenomics Testing	A58318 Billing and Coding: MolDX: Pharmacogenomics Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38435 MolDX: Pharmacogenomics Testing	A58395 Billing and Coding: MolDX: Pharmacogenomics Testing	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE
Repeat Germline Testing				
L38288 MolDX: Repeat Germline Testing	A57141 Billing and Coding: MolDX: Repeat Germline Testing	CGS	KY, OH	KY, OH
L38351 MolDX: Repeat Germline Testing	A57331 Billing and Coding: MolDX: Repeat Germline Testing	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
L38353 MolDX: Repeat Germline Testing	A57332 Billing and Coding: MolDX: Repeat Germline Testing	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
L38274 MolDX: Repeat Germline Testing	A58017 Billing and Coding: MolDX: Repeat Germline Testing	Palmetto	AL, GA, NC, SC, TN, VA, WV	AL, GA, NC, SC, TN, VA, WV
L38429 MolDX: Repeat Germline Testing	A57100 Billing and Coding: MolDX: Repeat Germline Testing	WPS	AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY	IA, IN, KS, MI, MO, NE

CMS Benefit Policy Manual

Chapter 15; § 80.1 - 80.1.3 Clinical Laboratory Services

CMS Claims Processing Manual

Chapter 12; § 60 Payment for Pathology Services

Chapter 16, § 10.2 General Explanation of Payment; § 20 Calculation of Payment Rates - Clinical Laboratory Test Fee Schedules; § 40 Billing for Clinical Laboratory Tests

Other(s)

CMS Clinical Laboratory Fee Schedule, CMS Website
Palmetto GBA MolDx Website

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	**Template Update** • Reformatted policy; transferred content to new template

12/09/2020	**Policy Summary**
	Testing for Narcolepsy
	• Removed language indicating:
	  ○ Per *42 Code of Federal Regulations (CFR) section 410.32(a)* states the following requirements:
	  ▪ All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who is treating the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem
	  ▪ Tests not ordered by the physician who is treating the beneficiary are not reasonable and necessary (see 411.15(k)(1))
	  ▪ See the *Medicare Benefit Policy Manual (100 - 02), Chapter 15, Section 80.6* for related physician order instructions
	  ○ Laboratory services must meet all applicable requirements of the *Clinical Laboratory Improvement Amendments of 1988 (CLIA)*, as set forth at *42 CFR part 493*
	  ○ *Section 1862(a)(1)(A) of the Act* provides that Medicare payment may not be made for services that are not reasonable and necessary
	  ○ Clinical laboratory services must be ordered and used promptly by the physician who is treating the beneficiary as described in *42 CFR 410.32(a)*, or by a qualified non-physician practitioner, as described in *42 CFR 410.32(a)(3)*
	• Replaced language indicating "many applications of the molecular pathology procedures are not covered services given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation)" with "many applications of the molecular pathology procedures are not covered services given lack of benefit category (preventive service) and/or failure to reach the reasonable and necessary threshold for coverage (based on quality of clinical evidence and strength of recommendation or *when the results would not reasonably be used in the management of a beneficiary"*
	Documentation Guidelines
	• Added language to indicate "when the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under *Section 1862(a)(1)(A) of the Social Security Act"*
	Supporting Information
	• Updated *References* section to reflect the most current information
	• Archived previous policy version MPG380.01

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers' submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the References section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the Administrative Guide.