



## Payment Policy

### Human Leukocyte Antigen Testing

#### Purpose

The purpose of this payment policy is to define Minuteman Health, Inc. (MHI) reimburses for Human Leukocyte Antigen Testing

#### Applicable Plans

- MHI MA Plans
- MHI NH Plans

#### Definitions

For purposes of this policy Human leukocyte antigen (HLA) testing, also known as tissue typing or histocompatibility testing, establishes bone marrow transplant donor suitability for the purpose of enrolling as a volunteer donor in a bone marrow registry.

#### Requirements

MHI covers human leukocyte antigen (HLA) testing, also known as tissue typing or histocompatibility testing. HLA testing is used to establish bone marrow transplant donor suitability for the purpose of enrolling individuals as volunteer donors in a bone marrow registry.

An individual only needs to be tissue typed once during their lifetime. If an individual has already been tested for a friend or family member and wants to have their results added to a donor registry, the individual can contact either the National Marrow Donor Program (NMDP) or World Marrow Donor Association (WMDA) for specific instructions.

MHI Members are limited to one testing per lifetime.

Additional testing of a potential donor and any costs related to the donation are not covered by MHI unless MHI is also the transplant recipient's insurer.

#### New Hampshire Plans

Human leukocyte antigen testing or histocompatibility locus antigen testing for a Member when necessary to establish such Member's bone marrow transplant donor suitability. At the time of testing, the Member must complete and sign an informed consent form that authorizes the results of the test to be used for participation in the National Marrow Donor Program. MHI covers the costs of testing for A, B, or DR antigens, or any combination thereof A Member only needs to be tissue typed once during his or her lifetime. Tissue typing is similar to blood typing. Like blood type, tissue type does not change. All other

uses of HLA testing are covered when Medically Necessary. Please note that pursuant to New Hampshire RSA 415:18-r (II), a provider cannot bill MHI more than \$150 in laboratory fee expenses.

## Authorization Requirements

Non-plan providers require prior authorization.

## Attachments

None

## Important Note About This Reimbursement Policy

Providers are responsible for submission of accurate claims. All EDI claims must be submitted in accordance with HIPAA 5010 Standards and Paper claims must be submitted on either CMS1500 or CMS1450 (UB04) claim forms. MHI's reimbursement policy includes the use of Current Procedural Terminology (CPT<sup>®1</sup>), guidelines from the Centers for Medicare and Medicaid Services (CMS), and other coding guidelines. Providers will be reimbursed based on the codes(s) that correctly describe the health care services provided.

MHI may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to MHI enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to, legislative mandates, the type of provider agreement and the terms of that agreement, the MHI Provider Manual, and/or the enrollee's benefit coverage documents.

MHI reserves the right to audit any provider and/or facility to ensure compliance with the guidelines stated in this payment policy in accordance with our provider review policy.

## Resources

American Medical Association, Current Procedural Terminology (CPT<sup>®</sup>) and associated publications and services

MHI Provider Manual

WMDA - <http://www.worldmarrow.org/>

NMDP - <http://www.marrows.org/>

MGL 176G, Section 4Q

<http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXXII/Chapter176G/Section4Q> Medicare

National Coverage Determinations Manual, National Coverage Determination (NCD) for Histocompatibility Testing (190.1) - <http://www.cms.gov/medicare-coverage-database/>

## History

Updated 11/1/2015, 11/01/2016

1 CPT<sup>®</sup> is a registered trademark of the American Medical Association.