



CLINICAL MEDICAL POLICY	
Policy Name:	Human Leukocyte Antigen Testing for Celiac Disease
Policy Number:	MP-158-MD-PA
Responsible Department(s):	Medical Management
Provider Notice/Issue Date:	09/28/2026
Effective Date:	12/01/2026
Next Annual Review:	05/27/2026
Revision Date:	05/20/2026
Products:	Highmark Wholecare SM Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 5

Policy History

Date	Action
12/01/2026	Provider Effective date
08/27/2026	PARP Approval Date
05/20/2026	QIUM Committee Date
05/01/2026	Policy initially developed

Disclaimer

Highmark WholecareSM medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions

Policy Statement

Highmark WholecareSM may provide coverage under the laboratory benefits of the Company's Medicaid products for medically necessary human leukocyte antigen testing for celiac disease.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness, or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Human leukocyte antigen (HLA) - A type of molecule found on the surface of most cells in the body. These molecules make up an individual's tissue type, which can vary. They play a significant role in disease and immune defense. They are beneficial to the immune system but can also have detrimental effects. Some of the immune system effects are the interaction with complement, the cytotoxic effect of T cells, and cellular humoral immunity. Additionally, they play a role in autoimmunity and continue to be the target of researchers for their further effects and interactions.

Celiac disease - an autoimmune condition where the immune system reacts to gluten, sometimes causing damage to the small intestine. Gluten is a protein found in foods containing wheat, barley or rye. Celiac disease can cause various gastrointestinal (eg, abdominal pain, bloating, diarrhea, malabsorption, vomiting, weight loss) and variable non-gastrointestinal symptoms (eg, chronic fatigue, dermatitis herpetiformis, joint pain, migraines, vitamin deficiencies) issues.

Procedures

1. *HLA-DQ2* and *HLA-DQ8* testing may be considered medically necessary to assist in diagnosing an individual with suspected celiac disease when EITHER of the following conditions exist:
 - A. Individuals with negative serology and histology but still have persistent symptoms; OR
 - B. Individuals with discordant celiac-specific serology and duodenal histology results.

Note: Celiac-specific serology includes:

- Deamidated gliadin peptide antibody immunoglobulin A (DGP-IgA)
- Deamidated gliadin peptide immunoglobulin G (DGP-IgG)
- Endomysial antibody immunoglobulin A (EMA-IgA)
- Tissue transglutaminase antibody immunoglobulin A (tTG-IgA)
- Tissue transglutaminase antibody immunoglobulin G (tTG-IgG)
- Total serum IgA

Genetic testing for *HLA-DQ2* and *HLA-DQ8* alleles may be performed at any point during a lifetime. *HLA-DQ2* and *HLA-DQ8* genetic testing is appropriate for certain clinical situations but should not be used routinely.

2. Documentation Requirements:

- Laboratory results
- Radiology report(s) and interpretation (MRI, CT, discogram)
- Consultation and medical clearance reports, when applicable
- History and physical and/or consultation notes including:
 - o Comorbidities
 - o Clinical findings (pertinent symptoms/duration)
 - o Activity and functional limitations
 - o Family history
 - o Reason for test
 - o Pertinent past procedural/surgical history
 - o Past and present diagnostic testing and results
 - o Prior conservative treatments, duration, and response.

3. Genetic testing may not be warranted prior to serology or histopathology and it is not appropriate to perform combined or simultaneous genetic testing and serology. Genetic testing for celiac disease may be considered not medically necessary for ANY of the following indications:

- Testing is performed prior to celiac-specific serology including:
 - o Celiac HLA DQ Association with Reflex to Celiac Antibodies tTG IgA/IgG with DGP IgA/IgG Pos/Neg Combination Screen
 - o Celiac HLA DQ Association with Reflex to Celiac Antibodies tTG IgA, tTG IgG, DGP IgA, DGP IgG and Total IgA
- Testing is performed prior to duodenal histology for an individual unable to undergo endoscopy (eg, unable to cooperate with procedure, presence of a known or suspected perforated viscus)
- Testing is performed simultaneously with or in combination with celiac-specific serology including, but not limited to, Prometheus Celiac PLUS
- The individual is unaffected or asymptomatic.

4. Post-payment Audit Statement

The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark WholecareSM at any time pursuant to the terms of your provider agreement.

5. Genetic Counseling

Pre- and post-test genetic counseling is required to be performed by an independent (not employed by a genetic testing lab) genetic specialist/counselor prior to genetic testing for mutations. This service is necessary in order to inform persons being tested about the benefits and limitations of a specific genetic test for the specific patient. Genetic testing for mutation requires documentation of medical necessity from one of the following providers who has evaluated the patient and intends to see the patient after testing has been performed for counseling:

- Board Eligible or Board Certified Genetic Counselor
- Advanced Genetics Nurse
- Genetic Clinical Nurse

- Advanced Practice Nurse in Genetics
- Board Eligible or Board Certified Clinical Geneticist
- A physician with experience in cancer genetics
- A physician specializing in the care for the indication(s) for genetic testing

Governing Bodies Approval

CLIA

HLA testing for celiac disease are offered as laboratory-developed tests under Clinical Laboratory Improvement Amendments (CLIA) licensed laboratories. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratories offering such tests as a clinical service must meet general regulatory standards of CLIA and must be licensed by CLIA for high complexity testing.

CMS

The Centers for Medicare & Medicaid Services (CMS) have published the following guidance:

- Local Coverage Article (LCA) Billing and Coding: Molecular Pathology and Genetic Testing (A58917)

Coding Requirements

CPT Code	Description
81370	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, -C, -DRB1/3/4/5, and -DQB1
81371	HLA Class I and II typing, low resolution (eg, antigen equivalents); HLA-A, -B, and -DRB1 (eg, verification typing)
81372	HLA Class I typing, low resolution (eg, antigen equivalents); complete (ie, HLA-A, -B, and -C)
81373	HLA Class I typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-A, -B, or -C), each
81374	HLA Class I typing, low resolution (eg, antigen equivalents); one antigen equivalent (eg, B*27), each
81375	HLA Class II typing, low resolution (eg, antigen equivalents); HLA-DRB1/3/4/5 and -DQB1
81376	HLA Class II typing, low resolution (eg, antigen equivalents); one locus (eg, HLA-DRB1, -DRB3/4/5, -DQB1, -DQA1, -DPB1, or -DPA1), each
81377	HLA Class II typing, low resolution (eg, antigen equivalents); one antigen equivalent, each
81378	HLA Class I and II typing, high resolution (ie, alleles or allele groups), HLA-A, -B, -C, and -DRB1
81379	HLA Class I typing, high resolution (ie, alleles or allele groups); complete (ie, HLA-A, -B, and -C)

81380	HLA Class I typing, high resolution (ie, alleles or allele groups); one locus (eg HLA-A, -B, and -C)
81381	HLA Class I typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, B*57:01P), each
81382	HLA Class II typing, high resolution (ie, alleles or allele groups); one locus (eg, HLA-DRB1, DRB3/4/5,-DOB1, DOA1,- DPB1, or -DPA1), each
81383	HLA Class II typing, high resolution (ie, alleles or allele groups); one allele or allele group (eg, HLA-DQB1* 06:02P), each

Reimbursement

Participating facilities will be reimbursed per their Highmark WholecareSM contract.

References

Nordquist H, Jamil RT. Biochemistry, HLA Antigens. January 2026. Updated April 24, 2023 Accessed on April 1, 2026

Mayo Clinic. Celiac disease. March 4, 2026. Accessed on April 1, 2026. Centers for Medicare & Medicaid Services (CMS). Local Coverage Article (LCA) Billing and Coding: Molecular Pathology and Genetic Testing (A58917). Original Effective date November 8, 2021. Revision Effective date January 1, 2026. Accessed on April 1, 2026. National Institutes of Health (NIH). National Institute of Diabetes and Digestive and Kidney Diseases. Definition& Facts for Celiac Disease. October 2020. Accessed on April 1, 2026

Agency for Healthcare Research and Quality (AHRQ). Comparative Effectiveness Review, Diagnosis of Celiac Disease, Number 162. January 2016. Accessed on April 1, 2026