Local Coverage Determination (LCD):
MolDX: HLA-B*15:02 Genetic Testing (L36145)

Links in PDF documents are not guaranteed to work. To follow a web link, please use the MCD Website.

Contractor Information

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LCD Information

Document Information

LCD ID

Original Effective Date

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**L36145**

**LCD Title**
MoIDX: HLA-B*15:02 Genetic Testing

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
DL36145

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**CMS National Coverage Policy**
Title XVIII of the Social Security Act (SSA), §1862(a)(1)(A), states that no Medicare payment shall be made for
items or services that “are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.”

42 Code of Federal Regulations (CFR) §410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications and Limitations of Coverage

This policy provides limited coverage for HLA-B*15:02 genotype testing when the following criteria are met:

- Patient is of Asian and Oceanian ancestry; AND
- Initial treatment with carbamazepine, phenytoin or fosphenytoin is planned

Background

In 2004, researchers reported individuals with the HLA-B*1502 had an increased risk to develop Stevens-Johnson syndrome (SJS) or toxic epidermal necrolysis (TEN) when exposed to carbamazepine. SJS and TEN, considered two variants of a disease continuum, are severe, sometimes lethal diseases of the skin and mucous membranes. A third, intermediate condition is called SJS/TEN. The most serious cases result in separation of the epidermis from the dermis in large sheets, which can also lead to infection. Sloughing can also occur in the bronchial, gastrointestinal and ocular epithelia.

Estimates indicate 10-15% of the population from China, Thailand, Malaysia, Indonesia, the Philippines, and Taiwan carry the HLA-B*1502 allele. South Asians, including Indians, appear to have an intermediate chance of having HLA-B*1502, averaging 2 to 4%, but it is higher in some subgroups. Oceanians also have an increased incidence of HLA-B*1502 serotype. The incidence of the HLA-B*1502 serotype in the European Caucasian population has been reported at less than 0.1%, in the African population as 0.2% and in the Native American and Hispanic populations as 0%.

In 2007, the FDA issued a black box label warning for carbamazepine stating, “Patients with ancestry in genetically at-risk populations should be screened for the presence of HLA-B*1502 prior to initiating treatment.” More recent evidence has supported the FDA recommendations and at least one study has demonstrated that prospective screening of HLA-B*1502 has reduced the incidence of SJS/TEN in a Chinese population.

Summary of Evidence

N/A

Analysis of Evidence

(Rationale for Determination)

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General Information

Associated Information

Documentation Requirements

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (see "Coverage Indications, Limitations, and/or Medical Necessity"). This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Documentation supporting the medical necessity should be legible, maintained in the patient's medical record, and must be made available to the MAC upon request.

Sources of Information

N/A

Bibliography


Revision History Information

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<td>11/01/2019</td>
<td>R4</td>
<td>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
<td>Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
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<td>R3</td>
<td>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
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<td>11/01/2019</td>
<td>R2</td>
<td>11/01/2019: This LCD is being revised in order to adhere to CMS requirements per chapter 13, section 13.5.1 of the Program Integrity Manual, to remove all coding from LCDs. There has been no change in coverage with this LCD revision. Regulations regarding billing and coding were removed from the CMS National Coverage Policy section of this LCD and placed in the related Billing and Coding: MolDX: HLA-B*15:02 Genetic Testing A57466 article. Under Sources of Information references were moved to the Bibliography section. Punctuation and typographical errors were corrected throughout the article. At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>• Provider Education/Guidance</td>
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<td>02/26/2018</td>
<td>R1</td>
<td>05/23/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td>• Revisions Due To Code Removal</td>
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Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.

Added ICD-10 B20 to the list of payable diagnosis codes.

- Revisions Due To ICD-10-CM Code Changes

**Associated Documents**

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)
A57466 - Billing and Coding: MolDX: HLA-B*15:02 Genetic Testing
A54874 - Response to Comments: MolDX: HLA-B*15:02 Genetic Testing

LCD(s)
DL36100
- (MCD Archive Site)DL36145
- (MCD Archive Site)

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 01/29/2020 with effective dates 11/01/2019 - N/A
Updated on 12/04/2019 with effective dates 11/01/2019 - N/A
Updated on 10/08/2019 with effective dates 11/01/2019 - N/A
Updated on 05/28/2019 with effective dates 02/26/2018 - 10/31/2019
Updated on 01/29/2016 with effective dates 04/01/2016 - N/A

**Keywords**

N/A