

	<b>Celiac Disease Testing</b>	
	<b>Policy Number:</b> POL-PP-266 AHS – G2043	<b>Original Creation Date:</b> 7/1/2025
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	<b>Policy Status:</b> Active	<b>Next Review Date:</b> 10/1/2026

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PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> <b>PROFESSIONAL</b>	<input checked="" type="checkbox"/> <b>FACILITY</b>	<input type="checkbox"/> <b>DME</b>	<input type="checkbox"/> <b>AMBULATORY SURGERY</b>	<input checked="" type="checkbox"/> <b>LAB</b>	<input type="checkbox"/> <b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> <b>COMMERCIAL</b>	<input checked="" type="checkbox"/> <b>BLUE MEDICARE ADVANTAGE</b>	<input checked="" type="checkbox"/> <b>ACA QHP<sup>1</sup></b>	<input checked="" type="checkbox"/> <b>SMALL GROUP ACA</b>	<input checked="" type="checkbox"/> <b>JAA<sup>2</sup></b>	<input checked="" type="checkbox"/> <b>FEP<sup>3</sup></b>	<input type="checkbox"/> <b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

Disclaimer
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Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application
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Celiac disease is a hereditary, chronic autoimmune disorder triggered by the ingestion of gluten, a protein found in wheat, rye, and barley. When an individual with celiac disease ingests gluten, the body mounts an immune response that attacks the small intestine. These attacks lead to damage on the villi within the small intestine, inhibiting nutrient absorption.

**Policy**

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals who have been diagnosed with celiac disease and who are IgA sufficient, serologic testing with IgA anti-tissue transglutaminase (TTG) **may be reimbursable** at the following intervals:

- At the first follow-up visit 3 to 6 months after diagnosis
- Every 6 months until normalization of anti-TTG levels has occurred
- Every 12 to 24 months thereafter.

For individuals who have been diagnosed with celiac disease and who are IgA deficient, testing for IgG endomysial antibodies, IgG deamidated gliadin peptide, or IgG TTG **may be reimbursed** at the following intervals:

- At the first follow-up visit 3 to 6 months after diagnosis
- Every 6 months until normalization of IgG levels has occurred
- Every 12 to 24 months thereafter.

For individuals with signs and symptoms of celiac disease (Note 1), serologic testing with the IgA anti-tissue transglutaminase (TTG) and the total IgA test for the diagnosis of celiac disease **may be reimbursed**.

For individuals at risk for celiac disease (Note 1), when IgA anti-TTG is negative or weakly positive, testing for IgA endomysial antibodies **may be reimbursed**.

For individuals with clinical suspicion of celiac disease (Note 1) with an IgA deficiency, testing for IgG endomysial antibodies, IgG deamidated gliadin peptide, or IgG TTG **may be reimbursed**.

Testing for IgA and IgG antibodies to deamidated gliadin peptides **may be reimbursed** in any of the following situations:

- For individuals under 2 years of age with a clinical suspicion of celiac disease (Note 1)
- For individuals over 2 years of age as a substitute for anti-TTG testing.

For confirmation of celiac disease in individuals at high risk for celiac disease, regardless of the result of celiac disease serology testing, pathological examination obtained from a biopsy of the small intestine **may be reimbursed**.

Rapid antigen point-of-care testing for anti-TTG is not reimbursable. Panel testing, multiplex testing, or multi-analyte testing (for more than two analytes) for the diagnosis or the evaluation of celiac disease **may not be reimbursed**.

For asymptomatic individuals not at an increased risk for developing celiac disease (Note 1), testing for celiac disease may not be reimbursable.

Testing for anti-reticulín antibodies may not be reimbursable for the diagnosis of celiac disease.

Testing stool or saliva samples for the evaluation of celiac disease may not be reimbursable.

**NOTE 1:**

Signs and symptoms of celiac disease may include, but are not limited to, the following: unexplained chronic or intermittent diarrhea; unexplained weight loss unexplained chronic or intermittent abdominal pain or bloating; recurrent nausea or vomiting; unexplained iron deficiency anemia; unexplained vitamin B12 or folate deficiency unexplained liver transaminase elevations; autoimmune hepatitis; dermatitis herpetiformis type 1 diabetes; intestinal blockages; unexplained subfertility or miscarriage; unexplained osteoporosis, osteomalacia, or low bone density; and/or primary biliary cirrhosis. Individuals

with Down syndrome, Turner syndrome, or Willams-Beuren syndrome are also at high risk for celiac disease. Additionally, in pediatric patients, fatty stools, delayed puberty, amenorrhea, failure to thrive, stunted growth, and/or short stature may also be associated with celiac disease (Husby et al., 2020; NICE, 2020; NIDDK, 2016)

### Coding

Coding	
Code	Description
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
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
82784	Gammaglobulin (immunoglobulin); IgA, IgD, IgG, IgM, each
83516	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; qualitative or semiquantitative, multiple step method
86231	Endomysial antibody (EMA), each immunoglobulin (Ig) class
86255	Fluorescent noninfectious agent antibody; screen, each antibody
86256	Fluorescent noninfectious agent antibody; titer, each antibody
86258	Gliadin (deamidated) (DGP) antibody, each immunoglobulin (Ig) class
86364	Tissue transglutaminase, each immunoglobulin (Ig) class
88305	Level IV- Surgical pathology, gross and microscopic examination

### References and Resources

Avalon Medical Policy AHS – G2043 – Celiac Disease Testing

### Related Documents

Avalon Medical Policy AHS- G2121 Laboratory Testing for the Diagnosis of Inflammatory Bowel Disease

Avalon Medical Policy AHC – G2155 General Inflammation Testing

### Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	10/01/2025	Avalon Quarterly update