Celiac Disease Testing

Introduction

Celiac disease testing is addressed by this guideline.

Procedures addressed

The inclusion of any procedure code in this table does not imply that the code is under management or requires prior authorization. Refer to the specific Health Plan’s procedure code list for management requirements.

<table>
<thead>
<tr>
<th>Procedures addressed by this guideline</th>
<th>Procedure codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HLA Typing</td>
<td>81376</td>
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<td>HLA Typing</td>
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<td>HLA Typing</td>
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<td>HLA Typing</td>
<td>81383</td>
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</tbody>
</table>

What is Celiac disease

Definition

Celiac disease is an immune-mediated disorder that mainly affects the digestive tract.1-4

Symptoms

Symptoms include diarrhea, constipation, vomiting, abdominal pain and bloating, growth problems, iron deficiency anemia, osteoporosis, and other complications of malabsorption.1-4

Prevalence

Celiac disease affects infants, children, and adults and can present at any age. It affects about 1 in every 100 people in the U.S.2,3

Cause

Celiac is caused by exposure to dietary gluten, which is a protein molecule found in wheat, barley and rye, in people who are predisposed based on their genetic makeup.1-4
Diagnosis

An initial diagnosis of celiac disease is highly suspected based on serologic testing and is confirmed by finding characteristic changes on intestinal biopsy. Intestinal biopsy remains the gold standard for making a diagnosis of celiac disease.\textsuperscript{1-4}

Increased risk

Patients with certain medical conditions and relatives of people with celiac disease are known to have an increased risk of developing the condition.\textsuperscript{2,3}

Test information

Introduction

Two genetic markers are associated with celiac disease: HLA-DQ2 and HLA-DQ8. These variants are present in about 30-40\% of the general population, but more than 99\% of patients with celiac disease have one or more of these variants.\textsuperscript{1} If a person suspected of having celiac disease is found not to have one of these markers, the diagnosis can be essentially excluded.\textsuperscript{2-4}

Guidelines and evidence

Introduction

This section includes relevant guidelines and evidence pertaining to Celiac disease testing.

Guidelines

Consensus-based guidelines from the American Gastroenterological Association (2006), the National Institutes of Health (2005), North American Society for Pediatric Gastroenterology, Hepatology and Nutrition (2005) and the 2013 American College of Gastroenterology Practice Guidelines state that HLA typing for celiac disease should be used as outlined in this table.\textsuperscript{2-5}

<table>
<thead>
<tr>
<th>Test type</th>
<th>Use</th>
<th>Level of recommendation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Human leukocyte antigen DQ2/DQ8 testing</td>
<td>Do not use routinely in the initial diagnosis of Celiac disease</td>
<td>Strong recommendation, moderate level of evidence</td>
</tr>
<tr>
<td>Human leukocyte antigen DQ2/DQ8 genotyping testing</td>
<td>Use to effectively rule out the disease in selected clinical situations</td>
<td></td>
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</tbody>
</table>
Criteria
Introduction

Requests for Celiac disease testing are reviewed using these criteria.

Criteria

Testing may be considered in individuals who meet the following criterion:

• Celiac disease is in the differential diagnosis, but the individual has had ambiguous or indeterminate results from serology and biopsy.

References

Introduction

These references are cited in this guideline.