BlueCross BlueShield of Texas

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Pediatric Preventive Screening

Policy Number: CPCPLAB016

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

This policy refers to laboratory-based preventive screening tests performed on individuals newborn through age 18 years, except for newborn screening for genetic disorders. The World Health Organization (WHO) defines an adolescent as any person between the age of 10 and 19 (WHO, 2021).

1. Newborn screening panel **may be reimbursable** when it follows all applicable federal and state law recommendations.

2. Screening for hyperbilirubinemia in all newborns **may be reimbursable**

3. Screening for congenital hypothyroidism in all newborns utilizing serum thyroxine (T4) and/or thyroid-stimulating hormone (TSH) **may be reimbursable**

4. Screening for sickle cell disease in all newborns **may be reimbursable**

5. Blood lead screening **may be reimbursable** for children:
    a. All children ages 12 months to 2 years and
    b. Children ages 6 months to 6 years who are at increased risk for lead exposure, as defined by the AAP (poor, those who are recent immigrants, those in older, poorly maintained housing, those who had a sibling or playmate with an elevated blood lead concentration, those who have parents exposed to lead at work, or those who had lived in or visited a structure that might contain deteriorated, damaged, or recently remodeled lead-painted surfaces).

6. Screening for anemia with hemoglobin or hematocrit determination **may be reimbursable**:
    a. For all children 12 months of age, and
    b. For children 4 months and older if at risk for iron deficiency, as defined by the AAP (history of prematurity or low birth weight; exposure to lead; exclusive breastfeeding beyond 4 months of age without supplemental iron; weaning to whole milk or complementary foods that do not include iron-fortified cereals or foods naturally rich in iron, feeding problems, poor growth, and inadequate nutrition).

7. Tuberculosis screening **may be reimbursable** for children age 1 month and older who are at increased risk:
    a. born in a country other than the U.S., Canada, Australia, New Zealand, or Western Europe, or,
    b. traveled (had contact with resident populations) for longer than 1 week to a country with high risk for tuberculosis, or,
    c. has a family member or contact had tuberculosis or a positive tuberculin skin test, or,
    d. is infected with HIV.

8. Screening for dyslipidemia with a fasting lipid profile or a non-fasting non-HDL-C **may be reimbursable**:
    a. Annually for children and adolescents who are at increased risk due to personal history or family history, as defined by the AAP and Bright Futures criteria (children who consume excessive saturated fats, have elevated blood pressure, have diabetes, are physically inactive, have renal disease, have a body mass index at or above the 85th percentile, have an unobtainable family history, have any factors for coronary artery disease, or have a family history of parents or grandparents who have had a stroke or heart problem before age 55 or a parent with elevated blood cholesterol (240 mg/dL or higher) or who is taking cholesterol medication).

   b. Once for all children and adolescents during each of the age periods
      i. 9 – 11 years and
      ii. 17 – 21 years

9. Annual screening for Chlamydia, Gonorrhea and Syphilis infection **may be reimbursable** in sexually active adolescents and those at increased risk for infection (men who have sex with men, sex workers, individuals with high-risk sexual behavior, persons who exchange sex for drugs, history of other sexually transmitted diseases, individuals in adult correctional facilities).

10. Annual screening for Hepatitis B virus infection **may be reimbursable** asymptomatic non-pregnant adolescents at high risk for infections as mentioned below:
    a. Persons born in geographic regions with HBsAg prevalence of >2 percent
    b. U.S.-born persons not vaccinated as infants whose parents were born in geographic regions with HBsAg prevalence of >8 percent
    c. Injection-drug users
    d. Men who have sex with men
    e. Persons with elevated ALT/AST of unknown etiology
    f. Persons with selected medical conditions who require immunosuppressive therapy
    g. Infants born to HBsAg- positive mothers
    h. Household contacts and sex partners of HBV-infected persons
    i. Persons infected with HIV
    j. Multiple sex partners
    k. On long-term hemodialysis treatment

11. Screening for HIV infection **may be reimbursable** in adolescents and adults, ages 11 to 65 years.

Procedure Codes

Codes
80061, 82247, 82248, 82465, 83655, 83718, 84439, 84443, 84478, 85014, 85018, 85660, 86480, 86580, 86592, 86593, 86631, 86632, 86689, 86701, 86702, 86703, 86704, 86705, 86706, 86780, 86850, 87110, 87270, 87320, 87340, 87341, 87390, 87391, 87490, 87491, 87516, 87517, 87534, 87535, 87536, 87537, 87538, 87539, 87555, 87556, 87590, 87591, 87806, 87810, 87850, 88720, S3620, S3645

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Policy Update History:

5/1/2022	New policy