



Reimbursement Policy

Policy Number: RPLAB016

Policy Title: Pediatric Preventive Screening

Approval Date: May 15, 2026

Effective Date: Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy 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's 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. Blue Cross and Blue Shield of Texas 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 submitting 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

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

Description

The Plan 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 ages of 10 and 19 (3).

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. For individuals who have an increased risk for lead exposure (see Note 1), blood lead screening **may be reimbursable** at the following frequencies:
 - a. One test per month at six, nine, and twelve months.
 - b. One test per year from two years of age to six years of age.
6. Screening for anemia with hemoglobin or hematocrit determination **may be reimbursable**:
 - a. For all individuals 12 months of age, and
 - b. For individuals 4 months and older if at risk for iron deficiency (See **Note 2**).
7. For individuals 1 month of age or older who are at increased risk of contracting tuberculosis (See **Note 3**) tuberculosis screening **may be reimbursable**.
8. Screening for dyslipidemia with a fasting lipid profile or a non-fasting non-HDL-C **may be reimbursable** in **any** of the following situations:
 - a. Annually for children and adolescents who are at increased risk due to personal history or family history (See **Note 4**).
 - b. Once for all children and adolescents during each of the age periods:
 - i. For individuals 9 – 11 years of age.
 - ii. For individuals 17 years of age.

Notes:

Note 1: Lead exposure risk factors for children as defined by the CDC: living or spending time in a house or building built before 1978; growing up in a low-income household; being a recent immigrant, refugee, or recently adopted from less developed countries; living or spending time with a person who works with lead or has hobbies that expose them to lead. (4).

Note 2: Iron deficiency risk factors for children 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. (5).

Note 3: TB risk factors for children as defined by the AAP: close contact with a person with or suspected to have infectious tuberculosis; radiographic or clinical findings suggestive of TB; HIV infection or considered at risk for HIV infection; being of foreign birth (especially if born in Asia, Africa, or Latin American countries of the former Soviet Union) or is a refugee, or immigrant; contact with HIV infected, homeless, nursing home residents, institutionalized or incarcerated individuals, illicit drug users or migrant farm workers; having a depressed immune system; living or has lived in a “high risk for tuberculosis” area; participating in significant travel to countries with endemic infections (6,7).

Note 4: Dyslipidemia risk factors for children as defined by the AAP: pediatric patient family history includes family members with CVD or dyslipidemia that are ≤55 years of age for men and ≤65 year of age for women; pediatric patients who have an unknown family history or other CVD risk factors such as being overweight (BMI ≥85th percentile, <95th percentile), obesity (BMI ≥95th percentile), hypertension (blood pressure ≥95th percentile), cigarette smoking, or diabetes mellitus (8).

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
80061	LIPID PANEL
82247	BILIRUBIN TOTAL
82248	BILIRUBIN DIRECT
82465	ASSAY BLD/SERUM CHOLESTEROL
83020	HEMOGLOBIN ELECTROPHORESIS
83021	HEMOGLOBIN CHROMOTOGRAPHY
83655	ASSAY OF LEAD

83718	ASSAY OF LIPOPROTEIN
84439	ASSAY OF FREE THYROXINE
84443	ASSAY THYROID STIM HORMONE
84478	ASSAY OF TRIGLYCERIDES
85014	HEMATOCRIT
85018	HEMOGLOBIN
86480	TB TEST CELL IMMUN MEASURE
86481	TB AG RESPONSE T-CELL SUSP
86580	TB INTRADERMAL TEST
88720	BILIRUBIN TOTAL TRANSCUT
S3620	Newborn metabolic screening

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Centers for Medicare & Medicaid Services. (2026). Healthcare Common Procedure Coding System (HCPCS) Level II.

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following change was made: Added "for individuals 17 years of age" to #8 for dyslipidemia screening. References revised.
04/28/2025	08/08/2025; Document updated with literature review. The following change was made to Reimbursement Information: #5 edited to reflect that lead screening should be limited to children at an increased risk for lead exposure: "For individuals who have an increased risk for lead exposure (see Note 1), blood lead screening may be reimbursable at the following frequencies: a) One test per month at six, nine, and twelve months; b) One test per year from two years of age to six years of age." Added code 86481; removed codes 86850, 87555, 87556, 0257U. References revised.
09/13/2024	01/01/2025: New policy