

If a conflict arises between a Clinical Payment and Coding 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 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. 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 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 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 PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and 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/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

Approval Date: April 28, 2025

Plan Effective Date: August 8, 2025

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 age 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.

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 $\geq 85^{\text{th}}$ percentile, $< 95^{\text{th}}$ percentile), obesity (BMI $\geq 95^{\text{th}}$ percentile), hypertension (blood pressure $\geq 95^{\text{th}}$ 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.

Codes
80061, 82247, 82248, 82465, 83020, 83021, 83655, 83718, 84439, 84443, 84478, 85014, 85018, 86480, 86481, 86580, 88720, S3620

References:

1. ACPM. Preventive Medicine. <https://www.acpm.org/page/preventivemedicine>
2. AAP. Bright Futures. <https://brightfutures.aap.org/Pages/default.aspx>

3. WHO. Adolescent health. Accessed 12/08/2023, https://www.who.int/topics/adolescent_health/en/
4. CDC. Testing for Lead Poisoning in Children. Updated April 16, 2024. <https://www.cdc.gov/lead-prevention/testing/>
5. Baker RD, Greer FR, The Committee on N. Diagnosis and Prevention of Iron Deficiency and Iron-Deficiency Anemia in Infants and Young Children (0–3 Years of Age). *Pediatrics*. 2010;126(5):1040-1050. doi:10.1542/peds.2010-2576
6. Nolt D, Starke JR, Committee On Infectious D. Tuberculosis Infection in Children and Adolescents: Testing and Treatment. *Pediatrics*. 2021;148(6):e2021054663. doi:10.1542/peds.2021-054663
7. AAP. Risk Assessment Questionnaire. AAP Tennessee Chapter. 2022. <https://tnaap.org/wp-content/uploads/2022/06/RiskAssessQuestions-Rev2leadtbchol.pdf>
8. Daniels SR, Greer FR, and the Committee on N. Lipid Screening and Cardiovascular Health in Childhood. *Pediatrics*. 2008;122(1):198-208. doi:10.1542/peds.2008-1349
9. NCI. Screening. <https://www.cancer.gov/publications/dictionaries/cancer-terms/def/screening>
10. Kelly N. Screening tests in children and adolescents. Updated September 3, 2024. <https://www.uptodate.com/contents/screening-tests-in-children-and-adolescents>
11. Kemper A. Overview of newborn screening. Updated April 26, 2024. <https://www.uptodate.com/contents/newborn-screening>
12. HRSA. Newborn Screening: toward a Uniform Screening Panel and System. <https://www.hrsa.gov/sites/default/files/hrsa/advisory-committees/heritable-disorders/newborn-uniform-screening-panel.pdf>
13. AAP. Evidence and Rationale. https://downloads.aap.org/AAP/PDF/Bright%20Futures/BF4_Evidence_Rationale.pdf
14. CDC. About Newborn Screening Laboratories. Updated May 13, 2024. <https://www.cdc.gov/newborn-screening/php/about/>
15. CDC. CDC Grand Rounds: Newborn screening and improved outcomes. *MMWR Morbidity and mortality weekly report*. Jun 1 2012;61(21):390-3.
16. CDC. Newborn Screening Quality Assurance Program. Updated April 24, 2024. <https://www.cdc.gov/laboratory-quality-assurance/php/newborn-screening/>
17. AAP. Bright Futures/AAP Recommendations for Preventive Pediatric Health Care (Periodicity Schedule). <https://www.aap.org/en/practice-management/care-delivery-approaches/periodicity-schedule/>
18. AAP. Detection of Lead Poisoning. <https://www.aap.org/en/patient-care/lead-exposure/detection-of-lead-poisoning/>
19. AAP. Prevention of Childhood Lead Toxicity. *Pediatrics*. Jul 2016;138(1)doi:10.1542/peds.2016-1493
20. RUSP. Advisory Committee on Heritable Disorders in Newborns and Children. <https://www.hrsa.gov/advisory-committees/heritable-disorders/index.html>
21. HHS. Recommended Uniform Screening Panel. <https://www.hrsa.gov/advisory-committees/heritable-disorders/rusp/index.html>
22. Jellinger PS, Handelsman Y, Rosenblit PD, et al. AMERICAN ASSOCIATION OF CLINICAL ENDOCRINOLOGISTS AND AMERICAN COLLEGE OF ENDOCRINOLOGY

GUIDELINES FOR MANAGEMENT OF DYSLIPIDEMIA AND PREVENTION OF CARDIOVASCULAR DISEASE. *Endocr Pract.* Apr 2017;23(Suppl 2):1-87. doi:10.4158/ep171764.Appgl

23. ADA. Children and Adolescents: Standards of Medical Care in Diabetes–2023. https://diabetesjournals.org/care/article/46/Supplement_1/S230/148046/14-Children-and-Adolescents-Standards-of-Care-in
24. USPSTF. Screening for Hepatitis B Virus Infection in Adolescents and Adults: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2020;324(23):2415-2422. doi:10.1001/jama.2020.22980
25. USPSTF. Hepatitis C Virus Infection in Adolescents and Adults: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/hepatitis-c-screening>
26. USPSTF. Lipid Disorders in Children and Adolescents: Screening. *JAMA.* 2023;316(6):625-633. doi:10.1001/jama.2016.9852
27. USPSTF. Syphilis Infection in Nonpregnant Adolescents and Adults: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/syphilis-infection-nonpregnant-adults-adolescents-screening>
28. USPSTF. Chlamydia and Gonorrhea: Screening. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/chlamydia-and-gonorrhea-screening>
29. Cantor AG, Hendrickson R, Blazina I, Griffin J, Grusing S, McDonagh MS. Screening for Elevated Blood Lead Levels in Childhood and Pregnancy: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *Jama.* Apr 16 2019;321(15):1510-1526. doi:10.1001/jama.2019.1004
30. Chou R, Dana T, Grusing S, Bougatsos C. Screening for HIV Infection in Asymptomatic, Nonpregnant Adolescents and Adults: Updated Evidence Report and Systematic Review for the US Preventive Services Task Force. *Jama.* Jun 18 2019;321(23):2337-2348. doi:10.1001/jama.2019.2592
31. USPSTF. Screening for HIV Infection: US Preventive Services Task Force Recommendation Statement. *JAMA.* 2019;321(23):2326-2336. doi:10.1001/jama.2019.6587
32. Siu AL. Screening for Iron Deficiency Anemia in Young Children: USPSTF Recommendation Statement. *Pediatrics.* Oct 2015;136(4):746-52. doi:10.1542/peds.2015-2567
33. USPSTF. Sickle Cell Disease (Hemoglobinopathies) in Newborns: Screening. <https://www.uspreventiveservicestaskforce.org/BrowseRec/ReferredTopic/260>
34. USPSTF. Congenital Hypothyroidism: Screening. <https://www.uspreventiveservicestaskforce.org/BrowseRec/ReferredTopic/230>
35. USPSTF. Phenylketonuria in Newborns: Screening. <https://www.uspreventiveservicestaskforce.org/BrowseRec/ReferredTopic/252>
36. USPSTF. High Blood Pressure in Children and Adolescents: Screening. <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/blood-pressure-in-children-and-adolescents-hypertension-screening>
37. CDC. Preventing HIV. Centers for Disease Control and Prevention. Updated September 26, 2024. <https://www.cdc.gov/hiv/prevention/index.html>
38. CDC. Blood Lead Reference Value. Updated March 7, 2025. <https://www.cdc.gov/lead-prevention/php/data/blood-lead-surveillance.html>

39. CDC. Child and Adolescent Immunization Schedule by Age. Updated November 21, 2024. <https://www.cdc.gov/vaccines/hcp/imz-schedules/child-adolescent-age.html>
40. Lin KW. What to Do at Well-Child Visits: The AAFP's Perspective. *Am Fam Physician*. Mar 15 2015;91(6):362-4.
41. AAFP. Clinical Preventive Service Recommendation: Syphilis. <https://www.aafp.org/family-physician/patient-care/clinical-recommendations/all-clinical-recommendations/syphilis.html>
42. Schefft M, Schroeder AR, Liu D, Nicklas D, Moher J, Quinonez R. Right Care for Children: Top Five Do's and Don'ts. *Am Fam Physician*. Mar 15 2019;99(6):376-382.
43. Turner K. Well-Child Visits for Infants and Young Children. *Am Fam Physician*. Sep 15 2018;98(6):347-353.
44. Wilson DP, Jacobson TA, Jones PH, et al. Use of Lipoprotein(a) in clinical practice: A biomarker whose time has come. A scientific statement from the National Lipid Association. *J Clin Lipidol*. Sep-Oct 2022;16(5):e77-e95. doi:10.1016/j.jacl.2022.08.007
45. HHS. Affordable Care Act Implementation FAQs (Set 5). <https://www.hhs.gov/guidance/document/affordable-care-act-implementation-faqs-set-5>
46. NASBE. Health Policies By State. <https://statepolicies.nasbe.org/health/states>

Policy Update History:

Approval Date	Effective Date; Summary of Changes
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