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 Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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).

Refer to the following policies for testing/screening in the pediatric population:
CPCPLAB004 Diabetes Mellitus Testing
CPCPLAB019 Thyroid Disease Testing
CPCPLAB020 Cardiovascular Disease Risk Assessment
CPCPLAB051 Diagnostic Testing of Common Sexually Transmitted Infections
CPCPLAB065 Human Immunodeficiency Virus

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** for **any** of the following situations:
    a. For all individuals 12 months of age,
    b. For individuals 4 months and older who are 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 me 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.

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

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
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 increase 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.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information revised for clarity. References revised.
11/01/2023	11/01/2023: Document updated with literature review. Reimbursement information revised for clarity. Dyslipidemia screening for individuals ages 17-21 years moved to CPCPLAB020 Cardiovascular Disease Risk Assessment; Screening for chlamydia, gonorrhea and/or syphilis infection

	for sexually active adolescents and those at risk for infection moved to CPCPLAB051 Diagnostic Testing of Common Sexually Transmitted Infections; Annual screening for Hepatitis B virus infection moved to CPPLAB015 Hepatitis Testing. References revised; some added, others removed.
11/1/2022	11/01/2022: New policy