



POLICY INFORMATION

Policy Number:	POL-PP-301 AHS – G2042 – Pediatric Preventive Screening	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED

<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER
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LINES OF BUSINESS IMPACTED

<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL
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¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Preventive screening is a healthcare service with the goal of illness prevention and health management. According to the American College of Preventive Medicine (ACPM, 2023), “preventive medicine focuses on the health of individuals, communities, and defined populations. Its goal is to protect, promote, and maintain health and well-being and to prevent disease, disability, and death.”

Pediatric preventive screening guidelines provide evidence-driven guidance for preventive care screenings and well-child visits. Bright Futures is a “national health promotion and prevention initiative, led by the American Academy of Pediatrics and supported by the Maternal and Child Health Bureau, Health Resources and Services Administration (AAP, 2021a).

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, 2023).

For guidance on screening for diabetes in the pediatric population, please refer to policy AHS-G2006-Diabetes Mellitus Testing. For guidance on testing for thyroid disease in the pediatric population, please refer to AHS-G2045-Thyroid Disease Testing. For guidance on screening for sexually transmitted infections in the pediatric population, please refer to AHS-G2157-Diagnostic Testing of Common Sexually Transmitted Infections. For guidance on screening for human immunodeficiency virus in the pediatric population, please refer to policy AHS-M2116-Human Immunodeficiency Virus (HIV).

Terms such as male and female are used when necessary to refer to sex assigned at birth.

Policy

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

Newborn screening panel may be reimbursable when it follows all applicable federal and state law recommendations. Screening for hyperbilirubinemia in all newborns **may be reimbursable**.

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

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

Blood lead screening **may be reimbursable** for any of the following situations:

- For individuals ages 12 months to 2 years
- For individuals ages 6 months to 6 years who are at increased risk for lead exposure (see Note 1).

Screening for anemia with hemoglobin or hematocrit determination **may be reimbursable** for any of the following situations:

- For all individuals 12 months of age,
- For individuals 4 months and older who are at risk for iron deficiency (See Note 2).

For individuals 1 month of age or older who are at increased risk of contracting tuberculosis (See Note 3) tuberculosis



screening **may be reimbursable**.

Screening for dyslipidemia with a fasting lipid profile or a non-fasting non-HDL-C **may be reimbursable in any of the following situations:**

- Annually for children and adolescents who are at increased risk due to personal history or family history (See Note 4).
- Once for all children and adolescents during each of the age periods
 - For individuals 9 – 11 years of age
 - ii. For individuals 17 years of age

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. (CDC, 2023c).

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. (Baker et al., 2010).

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 (AAP, 2022; Nolt et al., 2021).

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 (Daniels et al., 2008).

Coding

Code	Description
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
82247	Bilirubin; total
82248	Bilirubin; direct
82465	Cholesterol, serum or whole blood, total
83020	Hemoglobin fractionation and quantitation; electrophoresis (e.g., A2, S, C, and/or F)
83021	Hemoglobin fractionation and quantitation; chromatography (e.g., A2, S, C, and/or F)
83655	Lead
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
84439	Thyroxine; free



84443	Thyroid stimulating hormone (TSH)
84478	Triglycerides
85014	Blood count; hematocrit (Hct)
85018	Blood count; hemoglobin (Hgb)
86480	Tuberculosis test, cell mediated immunity antigen response measurement; gamma interferon
86580	Skin test; tuberculosis, intradermal
86850	Antibody screen, RBC, each serum technique
87555	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, direct probe technique
87556	Infectious agent detection by nucleic acid (DNA or RNA); Mycobacteria tuberculosis, amplified probe technique
88720	Bilirubin, total, transcutaneous
0257U	Very long chain acyl-coenzyme A (CoA) dehydrogenase (VLCAD), leukocyte enzyme activity, whole blood
S3620	Newborn metabolic screening panel, includes test kit, postage and the laboratory tests specified by the state for inclusion in this panel (e.g., galactose; hemoglobin, electrophoresis; hydroxyprogesterone, 17-d; phenylalanine (PKU); and thyroxine, total)

References and Resources

Avalon Medical Policy AHS – G2042 – Pediatric Preventive Screening

Related Documents

Policy Number	Policy Title
AHS-G2006	Diabetes Mellitus Testing
AHS-G2045	Thyroid Disease Testing
AHS-G2050	Cardiovascular Disease Risk Assessment
AHS-G2157	Diagnostic Testing of Common Sexually Transmitted Infections
AHS-M2116	Human Immunodeficiency Virus (HIV)

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version