



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

Preventive Screening in Adults

Policy Number: CPCPLAB007

Version 1.0

Plan CMO Approval Date: July 27, 2022

Plan Effective Date: January 1, 2023

Description

BCBSNM 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:

1. Annual screening for Hepatitis B virus infection **may be reimbursable** in asymptomatic individuals 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 cytotoxic or immunosuppressive therapy
 - g. Pregnant individuals
 - h. Infants born to HBsAg- positive mothers
 - i. Household contacts and sex partners of HBV-infected persons
 - j. Healthcare and public safety workers exposed to blood or body fluids
 - k. Persons infected with HIV
 - l. Persons with multiple sex partners
 - m. On long-term hemodialysis treatment
 - n. **Individuals sharing needles**
2. Screening for HIV infection **may be reimbursable** in adolescents and adults, ages 11 to 65 years, as well as in all pregnant individuals including those who present in labor who are untested and whose HIV status is unknown.
3. **Annual screening for HIV infection may be reimbursable for individuals considered at high risk, including:**
- i. **Men who have sex with men (MSM);**
 - ii. **Injection drug-users;**
 - iii. **Individuals with multiple sex partners**
 - iv. **Individuals who have sex for drugs or money**
 - v. **Individuals who have sex with someone who is HIV-positive or has other sexually transmitted infections;**
 - vi. **Having sex without the use of a condom.**
4. Screening for type 2 diabetes mellitus, with a fasting plasma glucose test, oral glucose tolerance test, or hemoglobin A1c test once every three years, **may be reimbursable** for:
- a. Asymptomatic individuals aged 35 to 70 years who are overweight or obese (BMI >25 or >23 in Asian Americans),
 - b. Individuals who have family history of diabetes, gestational diabetes, or polycystic ovarian syndrome, or belong to certain ethnic groups (African Americans, American Indians or Alaskan Natives, Asian Americans, Hispanics or Latinos, or Native Hawaiians or Pacific Islanders).
 - c. Individuals with a history of gestational diabetes mellitus who are not currently pregnant and who have not been previously diagnosed with type 2 diabetes mellitus should be screened for type 2 diabetes mellitus within the first year postpartum and:
 - i. In individuals with a positive initial postpartum screening result, repeat testing to confirm diagnosis is indicated regardless of the type of test used for initial screening
 - ii. If the initial screening test was hemoglobin A1C, repeat testing is indicated in the first six months postpartum regardless of the result
 - iii. Individuals with a negative initial postpartum screening result should be rescreened at least every 3 years for a minimum of 10 years after pregnancy
5. Screening for colorectal cancer in asymptomatic individuals, ages 45 to 75 years **may be reimbursable** using the following screening strategies:
- a. Stool-based test:
 - i. gFOBT every year, or
 - ii. FIT every year, or

- b. Direct visualization tests:
 - i. Colonoscopy every 10 years, or
 - ii. CT colonography every 5 years, or
 - iii. Flexible sigmoidoscopy every 5 years, or
 - iv. Flexible sigmoidoscopy every 10 years with FIT every year
6. Colorectal cancer screening using FIT-DNA (Cologuard - once every 3 years) **may be reimbursable** for colorectal cancer screening.
7. Screening in the following situations **is not reimbursable**:
- a. Colorectal cancer in asymptomatic, average risk individuals over 75 years of age.
 - b. Screening of asymptomatic, non-pregnant individuals for thyroid disease.
 - c. Screening of asymptomatic, non-pregnant individuals for anemia.
 - d. Screening for Herpes Simplex Virus infection in asymptomatic individuals.
 - e. The use of culture for detection of Chlamydial infection.
8. Colorectal cancer screening using the following techniques **is not reimbursable**:
- a. Screening for anal cytological abnormalities (anal pap smear); OR
 - b. Screening for anal HPV infection

Procedure Codes

Codes
81528, 82270, 82274, 82947, 82950, 82951, 82952, 83540, 84443, 86689, 86703, 87340, 87341, 87389, 87806, G0328, G0432, G0433, G0435, G0475, G0499, S3645

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Policy Update History:

1/1/2023	New policy
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