Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Diagnostic Testing of Iron Homeostasis and Metabolism

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

Iron, an essential nutrient with a variety of biological uses, is tightly regulated in vivo to maintain homeostasis. Enterocytes absorb iron as Fe2+ either in its non-heme form via DMT1 (divalent metal-ion transporter-1) or in heme form presumably through receptor-mediated endocytosis. The enterocytes then release iron through ferroportin where transferrin binds it as biologically inactive Fe3+. Saturated transferrin delivers iron to erythrocyte precursors in bone marrow where it is incorporated into hemoglobin during erythropoiesis. Transferrin may also salvage iron released by the reticuloendothelial system and macrophages.

All cells require iron; consequently, saturated transferrin can also bind to its receptors (TfR1 or TfR2). The bound transferrin receptor (TfR) undergoes receptor-mediated endocytosis followed by export of divalent iron for cellular use . Intracellularly, iron is stored within the central cavity of the protein ferritin, a large spherical protein that can store up to 4500 iron atoms per protein. Ferritin has ferroxidase activity required for iron uptake and storage. In conjunction with transferrin and TfR, ferritin is an acute phase reactant that responds to oxidative stress and inflammation. Moreover, TfR1 and TfR2, upon activation by transferrin, can initiate signaling cascades required for hepcidin expression. Hepcidin, a small peptide hormone, acts as a modulator of serum iron concentrations by binding to ferroportin, the only iron exporter; ultimately, this results in the degradation of ferroportin and an intracellular accumulation of iron.

Terms such as male and female are used when necessary to refer to sex assigned at birth. Please note that carbohydrate-deficient transferrin is out of scope for this policy.

Indications and/or Limitations of Coverage

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

1. Measurement of serum ferritin levels (no more than one test per month unless otherwise specified) **MEETS COVERAGE CRITERIA** in any of the following situations:
   a. For individuals with anemia.
   b. Once every three weeks for individuals with an iron overload disorder.
   c. For individuals with symptoms of hemochromatosis (see Note 1).
   d. For individuals with first-degree relatives (see Note 2) with confirmed hereditary hemochromatosis (HH).
   e. For the evaluation of individuals with liver disease.
   f. For the evaluation of hemophagocytic lymphohistiocytosis (HLH) and Still Disease.
   g. In males with secondary hypogonadism.
   h. For individuals who have chronic kidney disease:
      i. One test every three months if the individual is not receiving dialysis.
      ii. One test every month if the individual is receiving dialysis.

i. For individuals on iron therapy.
j. For individuals with restless legs syndrome or periodic limb movement disorder.

2. Measurement of serum transferrin saturation **MEETS COVERAGE CRITERIA** in any of the following:
   a. For the evaluation of iron overload in individuals with symptoms of hemochromatosis (see Note 1).
   b. For the evaluation of iron overload in individuals with first-degree relatives (see Note 2) with confirmed hereditary hemochromatosis (HH).
   c. For the evaluation of iron deficiency anemia.
   d. For individuals with restless legs syndrome or periodic limb movement disorder.
3. For all other situations not addressed above, measurement of ferritin or transferrin levels, including transferrin saturation, **DOES NOT MEET COVERAGE CRITERIA**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

1. Serum hepcidin testing, including immunoassays, **DOES NOT MEET COVERAGE CRITERIA**.
2. The use of GlycA testing to measure or monitor transferrin or other glycosylated proteins **DOES NOT MEET COVERAGE CRITERIA**.

NOTES:
Note 1: Symptoms of hemochromatosis:

- Joint pain
- Fatigue
- Arrhythmias
- Low libido or erectile dysfunction
- Pain in the knuckles of the index and middle fingers (sometimes called "iron fist")
- Skin darkening (a gray or bronze tint
- Unexplained weight loss
- Upper abdominal pain

Note 2: First-degree relatives include parents, full siblings, and children of the individual.

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

Code	Description
82728	Ferritin
83540	Iron
83550	Iron binding capacity
84466	Transferrin
84999	Unlisted chemistry procedure
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative Proprietary test: GlycA Lab/Manufacturer: Laboratory Corporation of America
0251U	Hepcidin-25, enzyme-linked immunosorbent assay (ELISA), serum or plasma Proprietary test: Intrinsic Hepcidin IDx™ Test Lab/Manufacturer: IntrinsicDx

Evidence-based Scientific References

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Publication History

03/01/2026: Annual review; administrative edits
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.