Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Pediatric Preventive Screening

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 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

Preventive screening is a healthcare service with the goal of illness prevention and health management. According to the American College of Preventive Medicine, “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, in part, by the US Department of Health and Human Services, Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB).”

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.

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

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

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. When it follows all applicable federal and state law recommendations, a newborn screening panel **MEETS COVERAGE CRITERIA**.
2. For all newborns, screening for hyperbilirubinemia **MEETS COVERAGE CRITERIA**.
3. For all newborns, screening for congenital hypothyroidism utilizing serum thyroxine (T4) and/or thyroid-stimulating hormone (TSH) **MEETS COVERAGE CRITERIA**.
4. For all newborns, screening for sickle cell disease **MEETS COVERAGE CRITERIA**.
5. For individuals who have an increased risk for lead exposure (see **Note 1**), blood lead screening **MEETS COVERAGE CRITERIA** 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 **MEETS COVERAGE CRITERIA** for any of the following situations:
   a. For all individuals who are 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 **MEETS COVERAGE CRITERIA**.
8. Screening for dyslipidemia using a fasting lipid profile or a non-fasting non-HDL-C **MEETS COVERAGE CRITERIA** 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 following 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.

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.

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 America, 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.

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 years 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.

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
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

Code	Description
86481	Tuberculosis test, cell mediated immunity antigen response measurement; enumeration of gamma interferon-producing T-cells in cell suspension
86580	Skin test; tuberculosis, intradermal
88720	Bilirubin, total, transcutaneous
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; phenylanine (PKU); and thyroxine, total)

Evidence-based Scientific References

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Publication History

08/01/2026: Annual policy review; administrative updates
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.