

Medical Coverage Policy | Newborn Metabolic, Endocrine and Hemoglobinopathy and the Newborn Hearing Loss Screening Programs Mandate



EFFECTIVE DATE: 07|01|2006
POLICY LAST UPDATED: 04|16|2019

OVERVIEW

This policy documents the state-mandated coverage guidelines pertaining to insurance coverage for Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs (Rhode Island General Laws 23-13-13 and 23-13-14).

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

Commercial Products

Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs are covered services.

BlueCHiP for Medicare

Not applicable

Newborn Metabolic, Endocrine, and Hemoglobinopathy Program

The State of Rhode Island will provide filter specimen slips to healthcare facilities where births are known to occur, and to physicians and midwives attending newborns in locations other than healthcare facilities. The filter specimen slips will contain instructions for collection and submission of specimens to the laboratory.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable laboratory and hearing benefits/coverage.

Rhode Island-mandated benefits do not apply to BlueCHiP for Medicare plans, unless noted in Policy Section. Self-funded groups may or may not choose to follow state mandates.

BACKGROUND

Newborn screening is the practice of testing every newborn for certain harmful or potentially fatal disorders that aren't otherwise apparent at birth. The practice of newborn screening identifies conditions that can affect a child's long-term health or survival. Early detection, diagnosis, and intervention can prevent death or disability and can enable children to reach their full potential.

In the early 1960s, a blood test was developed that could determine whether or not newborns had the metabolic disorder phenylketonuria (PKU). People with PKU lack an enzyme needed to process the amino acid phenylalanine, which is necessary for normal growth in children and normal protein use throughout life. If too much phenylalanine builds up, it can damage brain tissue and eventually cause substantial developmental delay. However, if children born with PKU are placed on a special diet right away, they can avoid the developmental delay the condition caused in past generations and lead normal lives. Since the

1960s, the number of newborn screenings has increased significantly. The federal government has not set national standards, so screening requirements vary from state to state. In addition to the newborn screening blood test, a hearing screen is recommended for all newborns.

There is no preparation required for newborn screening tests. They are generally performed in the first 2 or 3 days of life. The newborn baby's heel will be pricked to obtain a small blood sample for testing. The blood sample is then sent to a lab for analysis. The hearing test is performed when the healthcare provider places a tiny earpiece or microphone in the infant's ear. Another method uses electrodes that are placed on the baby's head, generally while the baby is asleep. Each year, millions of babies in the U.S. are routinely screened prior to discharge from the hospital.

1.3 ~~Section 2-0~~ Newborn Metabolic, Endocrine and Hemoglobinopathy Screening Program

2-1 A. *The physician and/or midwife attending a newborn child shall cause said child to be subject to screening tests for the conditions listed below. Provided, however, if parents of a newborn child object thereto, on the grounds that such tests conflict with their religious tenets and practices pursuant to R.I. Gen. Laws § 23-13-14, such tests shall not be performed.*

1. Amino Acid Metabolism Disorders

- a. Argininosuccinic Acidemia
- b. Citrullinemia
- c. Homocystinuria
- d. Maple Syrup Urine Disease
- e. Phenylketonuria
- f. Tyrosinemia Type I

2. Organic Acid Metabolism Disorders

- a. Beta-Ketothiolase Deficiency
- b. Glutaric Acidemia Type I
- c. Hydroxymethylglutaric aciduria, HMG-CoA lyase Deficiency, or 3-OH 3-CH₃ glutaric aciduria
- d. Isovaleric Acidemia
- e. 3-Methylcrotonyl-CoA Carboxylase Deficiency
- f. Methylmalonic Acidemia cbIA and cbIB forms
- g. Methylmalonic Acidemia due to mutase deficiency
- h. Multiple carboxylase Deficiency
- i. Propionic Acidemia

3. Fatty Acid Oxidation Disorders

- a. Carnitine Uptake Defect
- b. Long-chain 3-OH acyl CoA Dehydrogenase Deficiency (LCHAD)
- c. Medium-chain 3-OH acyl CoA Dehydrogenase Deficiency (MCHAD)
- d. Very Long-chain 3-OH acyl CoA Dehydrogenase Deficiency (VLCAD)
- e. Trifunctional protein Deficiency

4. Hemoglobin Traits and Disorders

- a. Sickle Cell Anemia
- b. Hemoglobin S/Beta-Thalassemia
- c. Hemoglobin S/C Disease
- d. Others detectable through hemoglobin electrophoresis

5. Others

- a. Biotinidase Deficiency
- b. Congenital Adrenal Hyperplasia
- c. Congenital Hypothyroidism

- d. Cystic Fibrosis
- e. Galactosemia
- f. Severe Combined Immunodeficiency (SCID)
- g. Critical Congenital Heart Disease
- h. Pompe
- i. Adrenoleukodystrophy (X-ALD)
- j. Mucopolysaccharidosis (MPS-1)

B. The Department shall provide filter specimen slips to health care facilities where births are known to occur and to physicians and midwives attending newborns in locations other than health care facilities. The filter specimen slips shall contain instructions for the collection and submission of specimens to the laboratory contracted by the Department.

C. Laboratories performing newborn screening tests shall be approved by the Director to perform the tests cited in § 1.3(A) of this Part and as required in this Part.

1. All reports of newborn screening tests performed by a laboratory shall be submitted to the attending physician and the Department and shall include actual value and reference ranges used for each disorder.

2. Each Newborn Screening Program or health care provider, as defined in § 1.2 of this Part, shall be responsible to report to the Department's Newborn Screening Programs, or agency designated by the Director, each confirmed newborn screening diagnosis, diagnostic test type, treatment type, and such information that the Director may require from time to time for surveillance, or as a grant or Newborn Screening Program may require. Each Newborn Screening Program or health care provider shall submit such data and information on confirmed cases to the Department's Newborn Screening Program within ninety (90) days of when the newborn screening diagnosis was confirmed.

D. Program services shall be subject to the fee schedule established in § 1.5 of this Part.

1.4 Testing for Hearing Loss

Pursuant to the provisions of R.I. Gen. Laws § 23-13-13, every newborn infant in Rhode Island shall be screened and evaluated in accordance with the "Procedures for Evaluating Newborn Infants for Hearing Impairments". A copy of these Procedures may be viewed at www.health.ri.gov/programs/hearingassessment/. Provided, however, if parents of a newborn child object thereto, on the grounds that such tests conflict with their religious tenets and practices, such tests shall not be performed.

1.6 Designation of the Newborn Screening Program as a Covered Benefit

A. The Newborn Screening Program shall be a covered benefit reimbursable by all health insurers, as defined in RIGL section 27-38.2-2 (1) except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, Medicare supplement, or other supplemental policies.

B. The Rhode Island Department of Human Services shall pay for the Newborn Screening Program when the patient is eligible for Medical Assistance under the provisions of RIGL Chapter 40-8, "Medical Assistance," or RIGL Chapter 42-12.3, "Health Care for Children and Pregnant Women,".

C. In the absence of a third party payor, or in the absence of insurance information sufficient for billing and collection, the costs for the Newborn Screening Program, including the coordination fee, shall be paid by the hospital or other health care facility where the birth occurred. Nothing in these Regulations shall preclude the hospital or health care facility from billing the patient directly.

D. In the absence of a third party payor, or in the absence of insurance information sufficient for billing and collection, the costs for the Newborn Screening Program, including the coordination fee, shall be paid by the health care facilities, and physicians and midwives who attend newborns in locations other than health care facilities.

CODING

Commercial Products

Newborn Metabolic, Endocrine, and Hemoglobinopathy Program

The State of Rhode Island has mandated that all newborns be screened for metabolic disorders. The hospital draws the blood and forwards the sample to the Department of Health Laboratory for testing. The Department of Health Laboratory submits the claim under unlisted code 84999-32, which represents all tests.

Code **84999-32** represents all tests performed by the DOH laboratory.

Newborn Hearing Loss Screening Program

Hearing screenings are covered services. Please see “Preventive Services for Commercial Members” policy for details.

RELATED POLICIES

Preventive Services for Commercial Members

PUBLISHED

Provider Update, June 2019

Provider Update, April 2018

Provider Update, April 2017

Provider Update, April 2016

Provider Update, July 2015

REFERENCES

1. Rhode Island General Law (RIGL) 23-13-13: Testing for hearing impairments. <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-13/23-13-13.HTM>
2. Rhode Island General Law (RIGL) 23-13-14: Newborn Screening Program. <http://webserver.rilin.state.ri.us/Statutes/TITLE23/23-13/23-13-14.HTM>
3. Centers for Disease Control and Prevention (CDC). Newborn Screening. <http://www.cdc.gov/newbornscreening/>
4. MedlinePlus. Newborn Screening Tests. <http://www.nlm.nih.gov/medlineplus/ency/article/007257.htm>
5. KidsHealth. Newborn Screening Tests. http://kidshealth.org/parent/system/medical/newborn_screening_tests.html
6. State of Rhode Island and Providence Plantations Department of Health. Rules and Regulations Pertaining to the Newborn Metabolic, Endocrine, and Hemoglobinopathy Screening Program and the Newborn Hearing Loss Screening Program. August 2014.

CLICK THE ENVELOPE ICON BELOW TO SUBMIT COMMENTS

This medical policy is made available to you for informational purposes only. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Benefits and eligibility are determined by the member's subscriber agreement or member certificate and/or the employer agreement, and those documents will supersede the provisions of this medical policy. For information on member-specific benefits, call the provider call center. If you provide services to a member which are determined to not be medically necessary (or in some cases medically necessary services which are non-covered benefits), you may not charge the member for the services unless you have informed the member and they have agreed in writing in advance to continue with the treatment at their own expense. Please refer to your participation agreement(s) for the applicable provisions. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. BCBSRI reserves the right to review and revise this policy for any reason and at any time, with or without notice. Blue Cross & Blue Shield of Rhode Island is an independent licensee of the Blue Cross and Blue Shield Association.

