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

**EFFECTIVE DATE:** 07|01|2006
**POLICY LAST UPDATED:** 05|06|2014

## 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, 23-13-14 and 23-13-15).

## PRIOR AUTHORIZATION
Not applicable

## POLICY STATEMENT
**Commercial**
Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs are covered services.

**Newborn Metabolic, Endocrine, and Hemoglobinopathy Program:**
The State of Rhode Island will provide specimen testing kits to healthcare facilities, physicians, and midwives attending newborns. The specimen collection kits will contain instructions for collection and submission of specimens to the laboratory.

## MEDICAL CRITERIA
None

## 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 1960's, 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 1960's, 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 health care 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.

***Section 2.0 Newborn Metabolic, Endocrine and Hemoglobinopathy Screening Program***

***2.1*** *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 section 23-13-14 of the Act, such tests shall not be performed.*

***Amino Acid Metabolism Disorders***

*2.1.1 Argininosuccinic Acidemia*
*2.1.2 Citrullinemia*
*2.1.3 Homocystinuria*
*2.1.4 Maple Syrup Urine Disease*
*2.1.5 Phenylketonuria*
*2.1.6 Tyrosinemia Type I*

***Organic Acid Metabolism Disorders***

*2.1.7 Beta-Ketothiolase Deficiency*
*2.1.8 Glutaric Acidemia Type I*
*2.1.9 Hydroxymethylglutaric aciduria, HMG-CoA lyase Deficiency, or 3-OH 3-CH3 glutaric aciduria*
*2.1.10 Isovaleric Acidemia*
*2.1.11 3-Methylcrotonyl-CoA Carboxylase Deficiency*
*2.1.12 Methylmalonic Acidemia cbIA and cbIB forms*
*2.1.13 Methylmalonic Acidemia due to mutase deficiency*
*2.1.14 Multiple carboxylase Deficiency*
*2.1.15 Propionic Acidemia*

***Fatty Acid Oxidation Disorders***

*2.1.16 Carnitine Uptake Defect*
*2.1.17 Long-chain 3-OH acyl COA Dehydrogenase Deficiency (LCHAD)*
*2.1.18 Medium-chain 3-OH acyl COA Dehydrogenase Deficiency (MCHAD)*
*2.1.19 Very Long-chain 3-OH acyl COA Dehydrogenase Deficiency (VLCAD)*
*2.1.20 Trifunctional protein Deficiency*

***Hemoglobin Traits and Disorders***

*2.1.21 Sickle Cell Anemia*
*2.1.22 Hemoglobin S/Beta-Thalassemia*
*2.1.23 Hemoglobin S/C Disease*
*2.1.24 Others detectable through hemoglobin electrophoresis*

***Others***

*2.1.25 Biotinidase Deficiency*
*2.1.26 Congenital Adrenal Hyperplasia*
*2.1.27 Congenital Hypothyroidism*
*2.1.28 Cystic Fibrosis*
*2.1.29 Galactosemia*

***2.2*** *The Department shall provide specimen collection testing kits 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 specimen collection testing kits shall contain instructions for the collection and submission of specimens to the laboratory contracted by the Department.*

***2.3*** *Laboratories performing newborn disease screening tests shall be approved by the Director to perform the tests cited in section 2.1 and as required herein.*

***2.3.1*** *All reports of newborn disease 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.*

***2.4*** *Program services shall be subject to the fee schedule established in section 4.0 herein.*

***Section 3.0 Testing for Hearing Loss***

***3.1*** *Pursuant to the provisions of section 23-13-13 of the Rhode Island General Laws, as amended, every newborn infant in Rhode Island shall be screened and evaluated according to the procedures prescribed by the Director. 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.*

***Section 5.0 Designation of the Programs as a Covered Benefit***

***5.1*** *The Programs shall be a covered benefit reimbursable by all health insurers, as defined in section 27-38.2-2 (1) of the Rhode Island General Laws, as amended, except for supplemental policies that only provide coverage for specific diseases, hospital indemnity, Medicare supplement, or other supplemental policies.*

***5.2*** *The Rhode Island Department of Human Services shall pay for the Programs when the patient is eligible for Medical Assistance under the provisions of Chapters 40-8, "Medical Assistance," and Chapter 42-12.3, "Health Care for Children and Pregnant Women," of the General Laws of Rhode Island, as amended.*

***5.3*** *In the absence of a third party payor, or in the absence of insurance information sufficient for billing and collection, the costs for the Programs, including the coordination fee, shall be paid by the hospital or other health care facility where the birth occurred. Nothing herein shall preclude the hospital or health care facility from billing the patient directly. Said fees shall be deposited into the General Fund of the State of Rhode Island.*

***5.4*** *In the absence of a third party payor, or in the absence of insurance information sufficient for billing and collection, the costs for the Programs, 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. Said fee shall be made payable by check or money order to the General Treasurer, State of Rhode Island.*

## 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. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable laboratory and hearing benefits/coverage.

## CODING

**Commercial**

**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

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| Provider Update | Jul 2014 |
| Provider Update | Nov 2012 |
| Provider Update | Sep 2011 |
| Provider Update | Oct 2010 |
| Provider Update | May 2009 |
| Provider Update | Jul 2008 |
| Policy Update | Mar 2007 |

## 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


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