

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.

## Testing for Homocysteine Metabolism-Related Conditions

**Policy Number: CPCPLAB067**

**Version 1.0**

**Enterprise Medical Policy Committee Approval Date: 1/25/2022**

**Plan Effective Date: May 1, 2022**

### 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. Newborn screening for homocysteine-related conditions **may be reimbursable** in the following situations:
  - a. For classic homocystinuria due to CBS deficiency by performing quantitative plasma amino acids analysis and/or plasma or urine total homocysteine analysis.
  - b. Testing for homocystinuria in dried blood spots.
  - c. Testing for hypermethioninemia in dried blood spots.

2. A repeat dried blood specimen submitted to the newborn screening program, or a quantitative plasma amino acid analysis and analysis of plasma total homocysteine **may be reimbursable** if the initial screening test result exceeds the cut-off level of methionine.
3. Pyridoxine (B6) Challenge test **may be reimbursable** to diagnose phenotype variants of classic homocystinuria due to cystathionine  $\beta$ -synthase (CBS) deficiency.
4. Total homocysteine testing in plasma **may be reimbursable** in patients over 18 years with suspected CBS deficiency with homocystinuria and for monitoring therapy in those with confirmed CBS.
5. Plasma free homocysteine testing **is not reimbursable**

## Procedure Codes

Codes
82136, 82139, 82615, 83090, 83921, 84207

## References:

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### Policy Update History:

5/1/2022	New policy
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