Medical Coverage Policy

Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs Mandate

☐ Device/Equipment ☐ Drug ☐ Medical ☐ Surgery ☒ Test ☐ Other

Effective Date:	01/01/1996	Policy Last Updated:	9/4/2012

☐ **Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

☒ **Prospective review is not required.**

Description:
This policy is to document the following Rhode Island General Laws (RIGL) pertaining to insurance coverage for Newborn Metabolic, Endocrine, and Hemoglobinopathy, and the Newborn Hearing Loss Screening Programs under the sections noted RIGL 23-13-13, 23-13-14, and 23-13-15

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. The following sections shall take effect on 1 July 2006: 2.1.1; 2.1.2; 2.1.6; 2.1.7; 2.1.8; 2.1.9; 2.1.10; 2.1.11; 2.1.12; 2.1.13; 2.1.14; 2.1.15; 2.1.16; 2.1.17; 2.1.19; 2.1.20; and 2.1.28.*

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.*

Medical Criteria:
Not applicable.

Policy:
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. The Department of Health Laboratory submits the claim under unlisted code 84999-32, which represents all tests.

Coverage:
Rhode Island mandated benefits generally do not apply to Plan 65, FEHBP, and Medicare Advantage. Please refer to the appropriate Evidence of Coverage or Subscriber Agreement for applicable laboratory and hearing benefits/coverage.

Coding:
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

Hearing screenings are covered services please see "Preventive Services" policy for details.

Also Known As:
Not applicable.

Related Topics:
Preventive Services

Published:
Policy Update, March 2007
Provider Update, July 2008
Provider Update, May 2009
Provider Update, October 2010
Provider Update, September 2011
Provider Update, November 2012