If a conflict arises between a Clinical Payment and Coding Policy 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. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL 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 approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative 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.

Diagnostic Testing of Iron Homeostasis and Metabolism

Policy Number: CPCPLAB008

Version 1.0

Approval Date: September 5, 2025

Plan Effective Date: January 1, 2026

Description

The Plan 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. Measurement of serum ferritin levels **may be reimbursable** in **any** of the following situations:
    a. For the evaluation of an individual with abnormal hemoglobin and/or hematocrit levels.
    b. For the evaluation and monitoring of iron overload disorders.
    c. For individuals with symptoms of hemochromatosis (See **Note 1**).
    d. For individuals with first-degree relatives (See **Note** 2) with confirmed hereditary hemochromatosis (HH)
    e. For the evaluation of individuals with liver disease.
    f. For the evaluation of hemophagocytic lymphohistiocytosis (HLH) and Still Disease
    g. In males with secondary hypogonadism
    h. At a frequency of every 1 to 3 months:
        i. For the evaluation and monitoring of patients with chronic kidney disease who are receiving or being considered for receiving treatment for anemia
        ii. For individuals on iron therapy.

2. Measurement of serum transferrin saturation **may be reimbursable** in **any** the following:
    a. For the evaluation of iron overload in individuals with symptoms of hemochromatosis (See **Note 1**).
    b. For the evaluation of iron overload in individuals with first-degree relatives (See **Note 2**) with confirmed hereditary hemochromatosis (HH).
    c. For the evaluation of iron deficiency anemia.

3. For all other situations not addressed above, measurement of ferritin or transferrin levels, including transferrin saturation, **is not reimbursable.**

4. Serum hepcidin testing, including immunoassays, **is not reimbursable**.

5. The use of GlycA testing to measure or monitor transferrin or other glycosylated proteins **is not reimbursable**.

Please note that carbohydrate-deficient transferrin is out of the scope for this policy.

NOTE 1: Symptoms of hemochromatosis, according to the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) of the National Institutes of Health include the following (NIDDK, 2020):

- Joint pain
- Fatigue
- Unexplained weight loss
- Abnormal bronze or gray skin color
- Abdominal pain
- Loss of sex drive

NOTE 2: First-degree relatives include parents, full siblings, and children of the individual.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82728, 83540, 83550, 84466, 84999, 0024U, 0251U

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Policy Update History

Approval Date	Effective Date; Summary of Changes
09/05/2025	01/01/2026: New policy.