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 New Mexico 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 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.

Testing of Homocysteine Metabolism-Related Conditions

Policy Number: CPCPLAB067

Version 1.0

Approval Date: January 23, 2025

Plan Effective Date: April 15, 2025

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. Newborn screening for homocysteine-related conditions **may be reimbursable** in any of the following situations:
    a. Screening for classic homocystinuria due to cystathionine β-synthase (CBS) deficiency by performing quantitative plasma amino acids analysis and/or plasma or urine total homocysteine analysis.
    b. Screening for homocystinuria in dried blood spots.
    c. Screening for hypermethioninemia in dried blood spots.

2. When the initial screening test result exceeds the cut-off level of methionine, 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**.

3. For the diagnosis of phenotype variants of classic homocystinuria due to cystathionine β-synthase (CBS) deficiency, the pyridoxine (B6) challenge test **may be reimbursable**.

4. For individuals over 18 years of age with homocystinuria suspected to be caused by CBS deficiency and for monitoring therapy in those with confirmed CBS, total homocysteine testing in plasma **may be reimbursable**.

5. Plasma free homocysteine testing **is not reimbursable.**

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
82136, 82139, 82615, 83090, 83921, 84207

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Policy Update History:

Approval Date	Effective Date; Summary of Revisions
01/23/2025	04/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.
03/15/2024	Document updated with literature review. Reimbursement Information unchanged. References revised; one new reference added.
11/01/2023	Document updated with literature review. Reimbursement information revised for clarity. References revised.
05/01/2022	New policy