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 Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK 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: Jan. 12, 2026

Plan Effective Date: May 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 (no more than one test per month unless otherwise specified) **may be reimbursable** in **any** of the following situations:
    a. For individuals with anemia.
    b. Once every three weeks for individuals with an iron overload disorder.
    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. For individuals with chronic kidney disease:
        i. One test every three months if the individual is not receiving dialysis.
        ii. One test every month if the individual is receiving dialysis.
    i. For individuals on iron therapy.
    j. For individuals with restless legs syndrome or periodic limb movement disorder.

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.
    d. For individuals with restless legs syndrome or periodic limb movement disorder.

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 (iron overload) (6):

- Fatigue
- Arrhythmias
- Joint pain
- Low libido or erectile dysfunction
- Pain in the knuckles of the index and middle fingers (sometimes called "iron fist")
- Skin darkening (a gray or bronze tint)
- Unexplained weight loss
- Upper abdominal pain

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 that 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
01/12/2026	05/1/2026; Document updated with literature review. The following changes were made to Reimbursement Information: Under #1: added "(no more than one test per month unless otherwise specified)"; 1.a. edited for clarity; 1.b. edited for clarity and to add a frequency, now reads: "b) Once every three weeks for individuals with an iron overload disorder."; 1.h. edited to include frequencies for CKD dependent on if the individual is or isn't receiving hemodialysis, now reads: "h) For individuals who have chronic kidney disease: i) One test every three months if the individual is not receiving dialysis. ii) One test every month if the individual is receiving dialysis." 1.h.ii. becomes its own subcriterion,1.i. Added new 1.j.: "j) For individuals with restless legs syndrome or periodic limb movement disorder." Added to #2: new 2.d.: "d) For individuals with restless legs syndrome or periodic limb movement disorder." Updated Note 1 to align with symptoms of hemochromatosis (iron overload) which expands to allow arrhythmias, erectile dysfunction, and pain the knuckles, provides specificity in the region of abdominal pain.
01/23/2025	04/15/2025; Document updated with literature review. The following changes were made to Reimbursement Information: Removed "using serum iron and serum iron binding capacity measurements)" from #2; edited #3 to clarify that testing outside of conditions mentioned is not allowed. Now states: For all other situations not addressed above, measurement of ferritin or transferrin levels, including transferrin saturation, is not reimbursable. References revised.
03/15/2024	Document updated with literature review. Reimbursement Information unchanged. References revised; some added.
06/15/2023	Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed.
11/1/2022	New policy