

BCBS Avalon Policies

Policies

G2005	VITAMIN D TESTING BCBS AVALON
G2011	IRON HOMEOSTASIS AND METABOLISM TESTING BCBS AVALON
G2013	TESTOSTERONE TESTING BCBS AVALON
G2022	ANA ENA TESTING BCBS AVALON
G2031	ALLERGEN TESTING BCBS AVALON
G2036	HEPATITIS C TESTING BCBS AVALON
G2045	THYROID DISEASE TESTING BCBS AVALON
G2155	GENERAL INFLAMMATION TESTING BCBS AVALON

Policy Definitions

Policy Code: G2005		Coverage Effective Date: 01/20/2023	
Description: VITAMIN D TESTING BCBS AVALON			
Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
8700	82306 82652 0038U	A15.7 A19.0-A19.2 A19.8 A19.9 A52.74 B33.0 B66.1 B66.3 D61.09 D75.9 D86.9 E03.9 E20.0-E20.1 E20.8-E20.9 E21.0-E21.3 E34.9 E46 E55.0 E66.9 E67.0 E67.1 E67.3 E67.8 E74.00-E74.04 E74.09 E75.00-E75.02 E75.09-E75.11 E75.19 E75.21-E75.23 E75.240-E75.244 E75.248 E75.249 E75.25 E75.26 E75.29 E75.3-E75.6 E83.31 E83.50-E83.52 E83.59 E89.2 F50.2 F50.81 F50.89 F50.9 F98.21 F98.29 F98.3 G73.7 I25.10 K50.90	

K50.911-K50.914
 K50.918
 K50.919
 K51.90
 K70.0
 K70.30
 K70.31
 K74.3
 K74.4
 K74.5
 K74.60
 K90.0
 K90.2
 K90.3
 K90.89
 K90.9
 K91.2
 L40.9
 M32.9
 M33.10
 M60.9
 M79.10
 M79.11
 M79.12
 M79.18
 M81.0
 M83.9
 N18.31
 N18.4-N18.6
 N20.0
 N20.1
 N20.9
 N25.81
 P71.1
 P71.4
 P78.81
 Q43.9
 Q78.0
 Q78.2
 R63.0
 R63.2
 T14.8XXA
 T14.8XXD
 T14.8XXS
 Z79.51
 Z79.52
 Z79.899

Policy Definitions

Policy Code: G2011

Description: IRON HOMEOSTASIS AND METABOLISM BCBS AVALON

Coverage Effective Date: 01/25/2023

Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
2036	82728	D50.9	
3126	83540	D58.2	
3128	83550	D63.1	
	84466	D76.1	
	0024U	E29.1	
	0251U	E83.10	
		E83.110	
		E83.111	
		E83.118	
		E83.119	
		K76.9	
		L81.9	
		M06.1	
		M08.20	

		M25.50 R10.9 R23.8 R53.83 R63.4 R68.82 R71.0 Z51.81 Z92.29
--	--	--

Policy Definitions	
--------------------	--

Policy Code: G2013	Coverage Effective Date: 02/17/2023
Description: TESTOSTERONE TESTING BCBS AVALON	

Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
2048	82040	B20	
3042	82642	E03.9	
3302	82670	E05.90	
3303	82681	E11.9	
	84270	E22.0	
	84402	E25.0-E25.9	
	84403	E28.0-E28.9	
	84410	E29.1	
		E34.50-E34.52	
		E34.9	
		E66.9	
		F55.3	
		F64.0-F64.9	
		K74.60	
		K75.9	
		L64.0-L64.9	
		L68.0	
		L70.0-L70.9	
		N04.9	
		N62	
		Q54.8	
		Q54.9	
		Q55.62	
		Q56.4	
		R54	
		R86.1	
		R89.1	
		T46.4X5A	
		T46.4X5D	
		T46.4X5S	
		Z12.5	
		Z13.29	
		Z13.79	
		Z15.89	
		Z79.3	
		Z79.51	
		Z79.52	
		Z79.810	
		Z79.811	
		Z79.818	
		Z79.890	
		Z79.899	

Policy Definitions			
Policy Code: G2022		Coverage Effective Date: 02/17/2023	
Description: ANA ENA TESTING BCBS AVALON			
Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
8401	86038	D89.0-D89.9	Z00.00
8402	86039	D89.9	Z01.84
8403	86225	M32.0-M32.9	Z01.89
8404	86235	M35.00-M35.09	
8405	0039U	M60.000-M60.19	
8406	0062U	M60.80-M60.9	
8407	0312U	M79.18	
8408		R29.898	
8416		R53.83	
8600		R76.0	
8601		R76.8	
8603		R76.9	
8604			

Policy Definitions			
Policy Code: G2031		Coverage Effective Date: 02/17/2023	
Description: ALLERGEN TESTING BCBS AVALON			
Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
9100, 9300 AND 9400 SERIES	82784	B44.81	
2026	82785	J30.9	
3778	82787	J31.0	
9200	83516	J45.40-J45.52	
9201	86001	J45.909	
9202	86003	T63.411A-T63.484S	
9203	86005	T78.40XA	
	86008	Z01.82	
	88184	Z88.0-Z88.9	
	88185	Z91.010-Z91.018	
	0165U		
	0178U		

Policy Definitions			
Policy Code: G2036		Coverage Effective Date: 01/27/2023	
Description: HEPATITIS C BCBS AVALON			
Test Number	Covered CPT Codes	Covered Dx Codes	Non-Covered DX Codes
8640	86803	B15.0-B19.0	
	86804	B19.10-B19.21	
	87520	B19.9	
	87521	B20	
	87522	F18.10	
	87902	F18.90	
	G0472	F18.929	
		F19.10	
		K76.9	
		K77	
		L81.8	
		O98.419	
		P00.2	
		Z11.59	
		Z20.5	
		Z20.828	
		Z65.1	
		Z72.51-Z72.53	
		Z94.89	
		Z99.2	

Policy Definitions

Policy Code: G2045

Coverage Effective Date: 02/13/2023

Description: THYROID DISEASE TESTING BCBS AVALON

Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
2004	80438	B20	
2050	80439	C73	
3075	83519	D44.0	
3076	84432	D50.0-D89.9	
3078	84436	D59.12	
3081	84437	D89.3	
3083	84439	E03.2	
	84442	E03.8	
	84443	E03.9	
	84445	E04.0-E04.9	
	84479	E04.9	
	84480	E05.00-E05.91	
	84481	E06.3	
	84482	E06.4	
	86376	E08.00-E13.9	
	86800	E35	
		E66.01	
		E78.00	
		F32.0-F32.9	
		F32.A	
		F33.0-F33.9	
		F41.9	
		F53.0	
		G35	
		G47.00	
		G47.09	
		K59.00	
		L50.8	
		L50.9	
		L65.8	
		L65.9	
		L85.3	
		L90.8	
		L90.9	
		M25.40-M25.69	
		M31.11	
		M62.81	
		M79.10	
		N92.0	
		N92.1	
		N92.5	
		N96	
		N97.8	
		N97.9	
		O24.011-E24.03	
		O60.10X0-O60.10X9	
		O90.5	
		O90.6	
		O99.280-O99.285	
		Q84.1	
		Q84.2	
		R00.0-R00.2	
		R00.8	
		R19.4	
		R22.0	
		R25.1	
		R25.8	
		R41.3	
		R45.0	
		R45.4	
		R49.0	
		R53.83	

		R61 R62.52 R63.2 R63.4 R63.5 R94.6 T37.5X5A T67.8XXA T67.8XXD T67.8XXS T88.7XXA T88.7XXD T88.7XXS Z12.89 Z13.29 Z31.41 Z48.810-Z48.89 Z79.899 Z83.3 Z83.49 Z86.2 Z92.3 Z94.81
--	--	---

Policy Definitions			
Policy Code: G2155			
Description: GENERAL INFLAMMATION TESTING BCBS AVALON		Coverage Effective Date: 02/20/2023	
Test Number	Covered CPT Codes	Covered DX Codes	Non-Covered DX Codes
3992	85651		
4098	85652	C81.00-C81.99	
	86140	C84.00-C84.99	
		D47.Z2	
		D72.110-D72.119	
		K58.0-K58.9	
		L50.8	
		L50.9	
		L95.0-L95.9	
		M05.00-M05.09	
		M06.00-M06.09	
		M06.0A	
		M06.80-M06.9	
		M19.90	
		M31.4	
		M31.5	
		M32.9	
		M35.3	
		M45.0-M45.9	
		M45.A0-M45.A8	
		M45.AB	
		M86.00-M86.09	