

B-type Natriuretic Peptide (BNP) Testing

LCD ID L34271

LCD Title

Pathology and Laboratory: B-type Natriuretic Peptide (BNP) Testing

Jurisdiction

Tennessee

Original Effective Date

For services performed on or after 10/01/2015

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

CPT only copyright 2002-2014 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.

The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.

UB-04 Manual. OFFICIAL UB-04 DATA SPECIFICATIONS MANUAL, 2014, is copyrighted by American Hospital Association (“AHA”), Chicago, Illinois. No portion of OFFICIAL UB-04 MANUAL may be reproduced, sorted in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, recording or otherwise, without prior express, written consent of AHA.” Health Forum reserves the right to change the copyright notice from time to time upon written notice to Company.

CMS National Coverage Policy

- Title XVIII, Social Security Act, section 1833(e). This section prohibits payment if supporting documentation is not provided to Medicare.
- Title XVIII, Social Security Act, section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
- Title XVIII, Social Security Act, section 1862(a)(7). This section excludes routine physical examinations.
- Medicare Program Integrity Manual (Pub 100-08), Chapter 13, Local Coverage Determinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Indications

Congestive Heart Failure (CHF) is a complex clinical syndrome characterized by dysfunction of the left, right, or both ventricles, which results in the impairment of the heart's ability to circulate blood at the rate sufficient to maintain the metabolic needs of the peripheral tissues and various organs. B-type natriuretic peptide (BNP) is synthesized, stored, and released primarily by the ventricular myocardium in response to volume expansion and pressure overload, which are hemodynamic parameters in CHF. Used in conjunction with other clinical information, serum BNP concentrations parallel dyspnea in heart failure suggesting its usefulness as a neurohormonal index of progressive heart failure. Serum BNP, for the purposes of coverage, is considered a 'point-of-service test (performed and immediately used in the disposition of patient care).

Serum BNP, when used in conjunction with other clinical information, will be considered reasonable and necessary for the following:

1. Establishing the diagnosis of CHF in acutely ill patients presenting with dyspnea.
2. Predicting the long term risk of cardiac events or death across the spectrum of acute coronary syndromes when measured in the first few days after an acute coronary event. Since this situation is an inpatient service, it is not addressed in this LCD.

Limitations

1. Serum BNP will be considered noncovered in the following:
 - A. Monitoring the efficiency of treatment for CHF
 - B. Tailoring the therapy for heart failure
2. Since BNP is a point of service test, the primary outpatient site of service expected to perform a serum BNP is the emergency room or a physician's office.

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

83880 Assay of natriuretic peptide

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the 'Official ICD-10-CM Guidelines for Coding and Reporting' in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

Group 1 ICD-10 Codes that Support Medical Necessity

ICD-10 CODE	ICD-10 CODE DESCRIPTION
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I20.0	Unstable angina
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris

I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I50.1	Left ventricular failure
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R06.9	Unspecified abnormalities of breathing

**Associated Information
Documentation Requirements**

1. All coverage criteria must be clearly documented in the patient's medical record and made available to Medicare upon request.
2. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Sources of Information and Basis for Decision

- Consultation with Cahaba GBA Part A, Part B, representatives to the Intermediary Advisory Committee, the Carrier Advisory Committee and other Medicare Contractors.

- Harrison A, et.al. (2002). B-Type Natriuretic Peptide Predicts Future Cardiac Events in Patients Presenting to the Emergency Department with Dyspnea. *Annals of Emergency Medicine*, 39(2), 131-138. This reference used for clinical study results.
- Knudsen CW, et.al. (2004). Diagnostic Value of B-Type Natriuretic Peptide and Chest Radiographic Findings in Patients with Acute Dyspnea, *American Journal of Medicine*, 116, 363-368. This reference used for clinical study results.
- Lee SW, et.al. (2003). Plasma Brain Natriuretic Peptide Concentration on Assessment of Hydration Status in Hemodialysis Patients. *American Journal of Kidney Disease*, 41(6), 1257-1266. This reference used for clinical study results.
- Maisel A., Mehra MR, (2005). Understanding B-Type Natriuretic Peptide and Its Role in Diagnosing and Monitoring Congestive Heart Failure. *Clinical Cornerstone*, 7(Suppl 1), S7-S17. This reference used to determine indications and limitations.
- Maisel AS, et.al. (2004). Impact of Age, Race, and Sex on the Ability of B-Type Natriuretic Peptide to Aid in the Emergency diagnosis of Heart Failure: Results from the Breathing Not Properly (BNP) multinational study. *American Heart Journal*, 147(6), 1078-1084. This reference consulted for evidence of the role BNP plays in the diagnosis of Heart Failure.
- McNairy M, et.al. (2002). Stability of B-Type Natriuretic peptide levels during exercise in patients with Congestive Heart Failure: Implications for Outpatient Monitoring with B-Type Natriuretic peptide. *American Heart Journal*, 143(3), 406-411. This reference used for information on evaluation of BNP levels with exercise.
- Mueller C, et.al. (2004). Use of B-Type Natriuretic Peptide for the Management of Women with Dyspnea. *American Journal of Cardiology*, 94, 1510-1514. This reference used for clinical study results. This reference used for clinical study results.
- Tang WH, et.al. (2005). Comparative Sensitivities Between Different Plasma B-Type Natriuretic Peptide Assays in Patients with Minimally Symptomatic Heart Failure. 7(Suppl 1), S18-S24. This reference used for clinical study results.

Local Coverage Determination (LCD) Disclaimer

The Centers for Medicare & Medicaid Services (CMS), the federal agency responsible for administration of the Medicare, Medicaid and the State Children's Health Insurance Programs, contracts with certain organizations to assist in the administration of the Medicare program. Medicare contractors are required to develop and disseminate Local Coverage Determinations (LCDs). CMS believes that the Internet is an effective method to share LCDs that Medicare contractors develop. While every effort has been made to provide accurate and complete information, CMS does not guarantee that there are no errors in the information displayed on this web site. **THE UNITED STATES GOVERNMENT AND ITS EMPLOYEES ARE NOT LIABLE FOR ANY ERRORS, OMISSIONS, OR OTHER INACCURACIES IN THE INFORMATION, PRODUCT, OR PROCESSES DISCLOSED HEREIN.** Neither the United States Government nor its employees represent that use of such information, product, or processes will not infringe on privately owned rights. In no event shall CMS be liable for direct, indirect, special, incidental, or consequential damages arising out of the use of such information, product, or process.