

Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L33573)

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Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

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LCD Information

Document Information

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L33573

For services performed on or after 10/01/2015

Original ICD-9 LCD ID
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Notice Period End Date
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CMS National Coverage Policy

Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).

CMS Publications:

CMS Publication 100-04, *Medicare Claims Processing Manual*, Chapter 9:

100 General Billing Requirements

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

B-type natriuretic peptide (BNP) is a cardiac neurohormone produced mainly in the left ventricle. It is secreted in response to ventricular volume expansion and pressure overload, factors often found in congestive heart failure (CHF). Used in conjunction with other clinical information, rapid measurement of BNP is useful in establishing or excluding the diagnosis and assessing the severity of CHF in patients with acute dyspnea so that appropriate and timely treatment can be initiated. This test is also used to predict 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.

Evidence has accumulated to support use of BNP measurements for prognostic purposes in individuals with heart failure and a low ejection fraction and to improve dosing in guideline-directed medical therapy (GDMT) (Yancy et al., 2013). Berger et al. (2002) studied use of BNP levels to predict sudden death in heart failure patients and suggested BNP levels could be used to determine which patients might benefit from an implantable cardioverter-defibrillator (ICD). Other authors have shown a relationship between BNP levels and CHF morbidity and mortality (Anand et al., 2003; Taub et al., 2009; Maeda et al., 2000; and Neuhold et al., 2008). Januzzi et al, 2011; Jourdain et al., 2007; Berger et al., 2010; and Lainchbury et al., 2010 studied the use of BNP to guide therapy in CHF. Porapakkam et al, 2010 and Felker et al, 2009 performed meta-analyses showing the benefit of using BNP levels in the management of CHF patients.

Palladini et al. (2003) studied 152 consecutive patients seen at the time of amyloidosis diagnosis and obtained NT-proBNP levels. Heart involvement was estimated using clinical signs, electrocardiography, and echocardiography. NT-proBNP was the most sensitive index of myocardial dysfunction and the best predicted prognosis in patients with light-chain amyloidosis. Dispenzieri et al. (2004) retrospectively studied 242 patients with newly-diagnosed primary systemic amyloidosis in whom echocardiograms and NT-pro levels were obtained and used to divide the patients into three stages to promote cross comparisons of therapeutic outcomes. The National Comprehensive Cancer Network (NCCN) clinical practice guidelines, "Systemic Light Chain Amyloidosis," list recommend a BNP level be obtained in the initial diagnostic work-up. Palladini et al. (2010) again evaluated the use of BNP levels to predict prognosis. Levels of NT-proBNP, high-sensitivity (hs) cTnT, and troponin were obtained at initial diagnosis and six months later were obtained in 171 consecutive patients. The high-sensitivity and NT-proBNP were independent prognostic determinants. The author recommended BNP levels be used to follow response to therapy. For the purposes of this policy, either total or N-terminal assays are acceptable.

This local coverage determination (LCD) documents National Government Services indications and limitations of coverage for BNP testing.

Indications:

BNP measurements may be considered reasonable and necessary when used in combination with other medical data such as medical history, physical examination, laboratory studies, chest x-ray, and electrocardiography:

- To distinguish cardiac cause of acute dyspnea from pulmonary or other non-cardiac causes. Plasma BNP levels are significantly increased in patients with CHF presenting with acute dyspnea compared with patients presenting with acute dyspnea due to other causes.

- To distinguish decompensated CHF from exacerbated chronic obstructive pulmonary disease (COPD) in a symptomatic patient with combined chronic CHF and COPD. Plasma BNP levels are significantly increased in patients with CHF with or without concurrent lung disease compared with patients who have primary lung disease.
- To establish prognosis or disease severity in chronic CHF when needed to guide therapy
- To achieve optimal dosing of guideline-directed medical therapy (GDMT) in select clinically euvolemic patients followed in a well-structured heart failure (HF) disease management program
- To guide therapeutic decision-making in individuals who have amyloidosis

Limitations:

BNP measurements must be analyzed in conjunction with standard diagnostic tests, medical history and clinical findings. The efficacy of BNP measurement as a stand-alone test has not yet been established. Clinicians should be aware that certain conditions such as ischemia, infarction and renal insufficiency, may cause elevation of circulating BNP concentration and require alterations of the interpretation of BNP results.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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Coding Information

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.

- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 071x Clinic - Rural Health
- 072x Clinic - Hospital Based or Independent Renal Dialysis Center
- 073x Clinic - Freestanding
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 085x Critical Access Hospital

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.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

030X Laboratory - General Classification

0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC

0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner

0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay

0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility

0527 Freestanding Clinic - Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area

0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g. Scene of Accident)

096X Professional Fees - General Classification

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

83880 NATRIURETIC PEPTIDE

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination. The CPT code 83880 may be used for BNP or NT-proBNP testing.

Group 1 Codes:

ICD-10 Codes	Description
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
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
I50.1	Left ventricular failure, unspecified
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

ICD-10 Codes	Description
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.901	Unspecified asthma with (acute) exacerbation
J98.01	Acute bronchospasm
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing
R06.9	Unspecified abnormalities of breathing

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph: N/A

Group 1 Codes:

ICD-10 Codes Description

XX000 Not Applicable

ICD-10 Additional Information [Back to Top](#)

General Information

Associated Information

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

Appendices:

Not applicable

Utilization Guidelines:

Frequency of testing should be guided by the clinical circumstances and evidence-based literature.

Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.

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Bibliography

N/A

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Revision History Information

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2017	R4	The following ICD-10 codes and code ranges were added to the ICD-10 Codes that Support Medical Necessity section: I50.811-I50814, I50.82- I50.84, I50.89 and R06.03. ICD 10 Codes E85.81, E85.82, and E85.89 will replace the current range E85.0-E85.9, due to the annual ICD-10-CM update.	
10/01/2017	R4	<i>DATE (10/01/2017): At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none">Revisions Due To ICD-10-CM Code Changes
04/01/2017	R3		<ul style="list-style-type: none">Reconsideration Request

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
07/01/2016	R2	<p>Based on a reconsideration request to update the LCD to allow coverage in concert with the ACC/AHA Heart Failure Guideline published in 2013 (Yancy et al.), updates were made to the indications: use of BNP to establish prognosis or disease severity in chronic CHF when needed to guide therapy (Class I, Level of Evidence A) and/or to achieve optimal dosing of guideline-directed medical therapy (GDMT) in select clinically euvolemic patients followed in a well-structured heart failure (HF) disease management program (Class IIa, Level of Evidence B). Referenced literature was secured and reviewed. Limitations supported by previous ANA/ACC heart failure guidelines (Hunt et al., 2005) were removed. References added include Anand et al. (2003); Berger et al. (2002); Berger et al. (2010); Forfia et al. (2005); Januzzi et al. (2011); Lainchbury et al. (2010); Maeda et al. (2000); Neuhold et al. (2008); and Porapakkaham et al. (2010).</p> <p>Based on a reconsideration request, received on 11/16/2015, an indication of coverage has been added to allow BNP to guide therapeutic decision-making in individuals who have amyloidosis. Diagnosis code range E85.0-E85.9 has been added to the ICD-10-CM diagnosis codes that support medical necessity section, effective for services rendered on or after 07/01/2016.</p>	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R1	LCD updated to reflect administrative changes.	<ul style="list-style-type: none"> Provider Education/Guidance

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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/18/2017 with effective dates 10/01/2017 - N/A [Updated on 03/16/2017 with effective dates 04/01/2017 - 09/30/2017](#) [Updated on 06/29/2016 with effective dates 07/01/2016 - 03/31/2017](#)
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Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)