

November
2023



Client Communication

Medicare Local Coverage Determination Policy: CGS

Coverage Policy

L33943 - B-type Natriuretic Peptide (BNP) Testing

CPT: 83880

Revision Effective Date: 12/07/2023

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. For the purposes of this policy, either total or N-terminal assays are acceptable. This policy documents CGS 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.
- As a risk stratification tool (to assess risk of death, myocardial infarction or congestive heart failure) among patients with acute coronary syndrome (myocardial infarction with or without T-wave elevation and unstable

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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angina). Obtained in the first few days after the onset of ischemic symptoms, results of BNP measurement can provide useful information.

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.

Additional investigation is required to further define the diagnostic value of plasma BNP in monitoring the efficiency of treatment for CHF and in tailoring the therapy for heart failure. Therefore, BNP measurements for monitoring and management of CHF are not a covered service.

Although a correlation between serum BNP levels and the clinical severity of HF has been shown in broad populations, "it cannot be assumed that BNP levels can be used effectively as targets for adjustment of therapy in individual patients. [T]he BNP measurement has not been clearly shown to supplement careful clinical assessment." (Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, pgs. 14-15)

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. **If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order.** To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Codes	Description
I10	Essential (primary) hypertension
R06.02	Shortness of breath
E55.9	Vitamin D deficiency
R53.83	Other fatigue
E78.2	Mixed hyperlipidemia
E87.6	Hypokalaemia
I50.9	Heart failure, unspecified
E83.42	Hypomagnesemia
Z79.01	Long term (current) use of anticoagulants
R73.09	Other abnormal glucose
R79.82	Elevated blood glucose level
Z13.6	Encounter for screening for cardiovascular disorders
Z13.220	Encounter for screening for lipid disorders
E61.1	Iron deficiency
Z79.4	Long term (current) use of insulin
Z13.228	Encounter for screening for other metabolic disorders
R06.2	Wheezing
Z79.02	Long term (current) use of antithrombotic/antiplatelet
R97.0	Elevated CEA
E72.11	Homocystinuria
D52.9	Folate deficiency anemia
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
E78.5	Hyperlipidemia, unspecified

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E11.9	Type 2 diabetes mellitus without complications
E88.81	Metabolic syndrome
R60.9	Edema, unspecified
E03.9	Hypothyroidism, unspecified
R68.89	Other general symptoms and signs
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
L65.9	Nonscarring hair loss, unspecified
R60.0	Localized edema
Z12.5	Encounter for screening for malignant neoplasm of prostate
M62.81	Muscle weakness (generalized)
D64.9	Anemia, Unspecified
E29.1	Testicular hypofunction
R53.81	Other malaise
I50.32	Chronic diastolic (congestive) heart failure
R06.00	Dyspnea, unspecified
I50.22	Chronic systolic (congestive) heart failure
Z79.899	Other long term (current) drug therapy

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