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Local Coverage Determination (LCD) for B-type Natriuretic Peptide (BNP) Testing (L31827)

Contractor Information

Contractor Name

CIGNA Government Services

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Contractor Number

15102

Contractor Type

MAC - Part B

LCD Information

Document Information

LCD ID Number

L31827

Primary Geographic Jurisdiction

Kentucky

LCD Title

B-type Natriuretic Peptide (BNP) Testing

Oversight Region

Region I

Contractor's Determination Number

L26375 (R5)

Original Determination Effective Date

For services performed on or after 04/30/2011

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Original Determination Ending Date**Revision Effective Date**

For services performed on or after 06/18/2011

Revision Ending Date**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

CMS Publication.100-04, Medicare Claims Processing Manual, Transmittal No. 820, Change Request #4210, dated 2/1/2006, changes the revenue codes both RHCs and FQHCs use when billing for RHC/FQHC services.

Indications and Limitations of Coverage 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 CIGNA 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.
- 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 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)

Other Comments:

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CIGNA Government Services to process their claims.

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

For dates of service prior to April 1, 2010, FQHC services should be reported with bill type 73X. For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

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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.

012x	Hospital Inpatient (Medicare Part B only)
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 fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or 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	Free-Standing Clinic - Clinic Visit by Member to RHC/FQHC
0522	Free-Standing Clinic - Home Visit by RHC/FQHC Practitioner
0524	Free-Standing Clinic - Visit by RHC/FQHC Practitioner to a Member in a Covered Part A Stay at SNF
0525	Free-Standing 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	Free-Standing Clinic - Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area
0528	Free-Standing Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g., Scene of Accident)
096X	Professional Fees - General Classification
0971	Professional Fees - Laboratory
0972	Professional Fees - Radiology - Diagnostic
0973	Professional Fees - Radiology - Therapeutic
0974	Professional Fees - Radiology Nuclear
0975	Professional Fees - Operating Room
0976	Professional Fees - Respiratory Therapy
0977	Professional Fees - Physical Therapy
0978	Professional Fees - Occupational Therapy
0979	Professional Fees - Speech Pathology
0981	Professional Fees - Emergency Room Services
0982	Professional Fees - Outpatient Services
0983	Professional Fees - Clinic
0984	Professional Fees - Medical Social Services
0985	Professional Fees - EKG

0986	Professional Fees - EEG
0987	Professional Fees - Hospital Visit
0988	Professional Fees - Consultation
0989	Professional Fees - Private Duty Nurse

CPT/HCPCS Codes
GroupName

83880	NATRIURETIC PEPTIDE
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ICD-9 Codes that Support Medical Necessity

It is the responsibility of the provider to code to the highest level specified in the *ICD-9-CM* (e.g., to the fourth or fifth digit). The correct use of an ICD-9-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.

402.01*	MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.11*	BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.91*	UNSPECIFIED HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
404.01*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.03*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.11*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.13*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, BENIGN, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.91*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.93*	HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, UNSPECIFIED, WITH HEART FAILURE AND CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
410.00	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.01	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL INITIAL EPISODE OF CARE
410.02	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.10	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.11	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL INITIAL EPISODE OF CARE
410.12	ACUTE MYOCARDIAL INFARCTION OF OTHER ANTERIOR WALL SUBSEQUENT EPISODE OF CARE
410.20	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL EPISODE OF CARE UNSPECIFIED
410.21	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL INITIAL EPISODE OF CARE
410.22	ACUTE MYOCARDIAL INFARCTION OF INFEROLATERAL WALL SUBSEQUENT EPISODE OF CARE
410.30	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL EPISODE OF CARE UNSPECIFIED
410.31	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL INITIAL EPISODE OF CARE
410.32	ACUTE MYOCARDIAL INFARCTION OF INFEROPOSTERIOR WALL SUBSEQUENT EPISODE OF CARE

410.40	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL EPISODE OF CARE UNSPECIFIED
410.41	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL INITIAL EPISODE OF CARE
410.42	ACUTE MYOCARDIAL INFARCTION OF OTHER INFERIOR WALL SUBSEQUENT EPISODE OF CARE
410.50	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL EPISODE OF CARE UNSPECIFIED
410.51	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL INITIAL EPISODE OF CARE
410.52	ACUTE MYOCARDIAL INFARCTION OF OTHER LATERAL WALL SUBSEQUENT EPISODE OF CARE
410.60	TRUE POSTERIOR WALL INFARCTION EPISODE OF CARE UNSPECIFIED
410.61	TRUE POSTERIOR WALL INFARCTION INITIAL EPISODE OF CARE
410.62	TRUE POSTERIOR WALL INFARCTION SUBSEQUENT EPISODE OF CARE
410.70	SUBENDOCARDIAL INFARCTION EPISODE OF CARE UNSPECIFIED
410.71	SUBENDOCARDIAL INFARCTION INITIAL EPISODE OF CARE
410.72	SUBENDOCARDIAL INFARCTION SUBSEQUENT EPISODE OF CARE
410.80	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES EPISODE OF CARE UNSPECIFIED
410.81	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES INITIAL EPISODE OF CARE
410.82	ACUTE MYOCARDIAL INFARCTION OF OTHER SPECIFIED SITES SUBSEQUENT EPISODE OF CARE
410.90	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE EPISODE OF CARE UNSPECIFIED
410.91	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE INITIAL EPISODE OF CARE
410.92	ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.1	INTERMEDIATE CORONARY SYNDROME
423.2	CONSTRICTIVE PERICARDITIS
425.4	OTHER PRIMARY CARDIOMYOPATHIES
428.0*	CONGESTIVE HEART FAILURE UNSPECIFIED
428.1*	LEFT HEART FAILURE
428.20*	UNSPECIFIED SYSTOLIC HEART FAILURE
428.21*	ACUTE SYSTOLIC HEART FAILURE
428.22*	CHRONIC SYSTOLIC HEART FAILURE
428.23*	ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.30*	UNSPECIFIED DIASTOLIC HEART FAILURE
428.31*	ACUTE DIASTOLIC HEART FAILURE
428.32*	CHRONIC DIASTOLIC HEART FAILURE
428.33*	ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.40*	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.41*	ACUTE COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.42*	CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.43*	ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9*	HEART FAILURE UNSPECIFIED
786.00*	RESPIRATORY ABNORMALITY UNSPECIFIED
786.02*	ORTHOPNEA

786.05*	SHORTNESS OF BREATH
786.06*	TACHYPNEA
786.07*	WHEEZING
786.09*	RESPIRATORY ABNORMALITY OTHER

Only ICD-9-CM codes with an asterisk(*) support medical necessity in non hospital setting.

Diagnoses that Support Medical Necessity

Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity

Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

Not Applicable

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General Information

Documentations 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 As a diagnostic test, BNP testing is not expected to be performed more than four times in a given year. See the "Indications and Limitations of Coverage" section (above) for frequency parameters for BNP testing to monitor the effectiveness of nesiritide therapy.

The use of BNP for monitoring CHF is not covered.

Sources of Information and Basis for Decision

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

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Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

Revision History Number R1

Revision History Explanation This LCD was converted from L26375 for Jurisdiction 15 A/B MAC on 04/30/2011. All prior notes were retained with the previous carriers version that has been archived in the Medicare Coverage Database.

Revision#:R1

Revision Effective date: 06/18/11

Revision Explanation: Added MAC Part B Contractor # 15202 to all MAC Part B Contractor # 15102 LCDs. Contractor 15202 will be part of the Jurisdiction 15 MAC Contract as of June 18, 2011.

Reason for Change

Last Reviewed On Date 01/01/2011

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Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

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All Versions

Updated on 05/05/2011 with effective dates 06/18/2011 - N/A

Updated on 05/05/2011 with effective dates 06/18/2011 - N/A

Updated on 02/09/2011 with effective dates 04/30/2011 - N/A

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