

B-type Natriuretic Peptide (BNP) Testing

CPT: 83880

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive
ICD Codes are listed
on subsequent page(s)
of this document.

Coverage Indications, Limitations, and/or Medical Necessity

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.

Indications

The measurement of BNP as part of cardiovascular risk assessment panels, consisting of various combinations of biochemical, immunologic, hematologic, and molecular tests, is considered screening when performed on an asymptomatic patient, and, as such, is not a Medicare benefit. Refer to the **MoIDX: Biomarkers in Cardiovascular Risk Assessment Local Coverage Determination L36129**.

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 CHF) 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 heart failure (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. The 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. *J Am Coll Cardiol.* 2005;46(6): e14.

Utilization Guidelines

As a diagnostic test, BNP testing is not expected to be performed more than four times in a given year.

The use of BNP for monitoring CHF is not covered.

Visit QuestDiagnostics.com/MLCP to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare’s limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

Code	Description
I11.0	Hypertensive heart disease with heart failure
I13.0	Hyp hrt & chr kdny dis w hrt fail and stg 1-4/unsp chr kdny
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.42	Chronic combined systolic and diastolic hrt fail
I50.9	Heart failure, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R60.0	Localized edema
R60.1	Generalized edema

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.

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