Cardiovascular Disease Risk Assessment

Medical Mutual of Ohio
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CPT® Codes: 80061, 81599, 82172, 82465, 82610, 83090, 83695, 83698, 83700, 83701, 83701,83704, 83718, 83719, 83721, 83722, 83880, 84478, 84484, 84512, 84999, 85384, 85415, 86140, 86141, 0019M, 0052U, 0308U, 0309U, 0377U, 047U, 0415U

Indications and/or Limitations of Coverage

Testing and Frequency	Coverage Determination
Lipid panel testing 1. (see note 1) – a) To screen for CVD risk in patients 18 to 79 years every four years. Annually for individuals at increased risk for CVD (see note 2). b) Annually for individuals when they are at increased risk of dyslipidemia due to obesity or metabolic syndrome, nephrotic syndrome, hypothyroidism, hyperthyroidism, pancreatitis, pancreatitis, diabetes, CKD, Cushing syndrome, pregnancy, cholestatic liver disease, lipid metabolism disorders (such as Gaucher disease in adults). c) For individuals who are about to begin or who are currently receiving statin therapy to establish baseline levels, every four to twelve weeks after initiating or change of statin therapy, annually when no medication changes have occurred. d) Annually for individuals on long-term drug therapy that requires lipid monitoring (eg, Accutane, antipsychotics). e) For HIV positive individuals who are about to begin or who are currently receiving antiretroviral therapy (ART) to establish a baseline, every one to three months after initiation or change of therapy and every six to twelve months when no medication therapy changes have occurred. 2. Annual lipid panel testing for individuals 18 years of age or older.	☑ Meets coverage criteria
Apolipoprotein B testing for individuals with hypertriglyceridemia, diabetes, obesity/metabolic syndrome, dyslipidemias, on lipid therapy, have familial dysbetalipoproteinemia or familial combined hyperlipidemia.	☑ Meets coverage criteria
Metabolic syndrome risk from antipsychotics—**fasting glucose/HbA1C & lipid** screening every 6–12 months.	☑ Meets coverage criteria
Lipoprotein(a) once per lifetime (age ≥18).	☑ Meets coverage criteria
High-sensitivity CRP – individuals for whom risk-based treatment decision is uncertain after quantitative risk assessment to calculate 10-year risk (see note 2) at initial screening (two measurements at least two weeks apart, and if initial screen was abnormal, follow-up screening is allowed up to once per year).	☑ Meets coverage criteria
All other CRP testing not described.	☒ Does not meet coverage criteria
High-sensitivity troponin T for outpatient CVD risk assessment screening, evaluation, and management.	☒ Does not meet coverage criteria
Homocysteine testing for CVD risk assessment, evaluation, and management.	☒ Does not meet coverage criteria
Novel lipid and non-lipid biomarkers (Apo A-I, Apo E, BNP, cystatin C, fibrinogen, leptin, subclasses).	☒ Does not meet coverage criteria
CVD risk panels beyond simple lipid panels.	☒ Does not meet coverage criteria
Serum intermediate density lipoproteins for CVD risk assessment**.**	☒ Does not meet coverage criteria
Lipoprotein-associated phospholipase A2 (Lp-PLA2) for CVD risk assessment**.**	☒ Does not meet coverage criteria
Long-chain omega-3 fatty acids for all situations**.**	☒ Does not meet coverage criteria
All other tests for assessing CVD risk.	☒ Does not meet coverage criteria

Notes

Note 1: Simple lipid panel = Total cholesterol, HDL-C, LDL-C, triglycerides; ratios may be reported.
Note 2: ACC/AHA Pooled Cohort Equations include gender, age, race, smoking, hypertension, diabetes, cholesterol values.

To view the complete policy, please refer to the Medical Mutual website referenced below:
https://www.medmutual.com/-/media/MedMutual/Files/Providers/Laboratory-Management-Program-Policies-V2/Cardiovascular-Disease-Risk-Assessment---G2050.pdf

Last Updated: 1/2/2026