

MoIDX: Biomarkers in Cardiovascular Risk Assessment

CPT: 82172,82610,83090,83695,83698,83700,83701,83704,83719,83721,83880,86141

CMS Policy for Iowa, Kansas, Missouri, and Nebraska

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

Under preventative services, Medicare Part B covers the basic lipid panel (total cholesterol, high density lipoprotein-cholesterol (HDL-C), triglycerides, and low-density lipoprotein-cholesterol (LDL-C) for cardiovascular (CV) disease screening, every 5 years when ordered by a doctor.

NCD 190.23 covers lipid panel testing for symptomatic patients for evaluating atherosclerotic CV disease, to monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for various lipid disorders.

This policy denies coverage for all CV risk assessment panels, except the basic lipid panel, for symptomatic (with signs and symptoms) patients with suspected or documented CV disease because panel testing is not specific to a given patient's lipid abnormality or disease. The policy indicates the medical indication(s) based on published scientific articles and consensus guidelines for individual lipid biomarkers that may be covered to characterize a given lipid abnormality or disease, to determine a treatment plan or to assist with intensification of therapy. Each individual lipid biomarkers must be specifically ordered and the reason for the test order documented in the patient's medical record. The policy denies coverage for all non-lipid biomarkers when used for CV risk assessment including but not limited to, biochemical, immunologic, hematologic, and genetic biomarkers for CV risk assessment regardless of whether ordered in a panel or individually.

Visit [QuestDiagnostics.com/MLCP](https://www.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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The following biomarkers, when they are included in a CV risk assessment panel, are non-covered:

- Lipoprotein subclasses;
- LDL particles;
- Intermediate density lipoproteins;
- High density lipoprotein AI9LpAI and AI/II;
- Lipoprotein(a);
- Apolipoprotein B (Apo B), apo A-I and apo E;
- Lipoprotein-associated phospholipase A2 (Lp-PLA2)
- BNP
- Cystatin C
- Thrombogenic/hematologic actors
- Interleukin-6 (IL-6), tissue necrosis factor- a (TNF- a) , plasminogen activator inhibitor-1 (PAI-1) and IL-6 promoter polymorphism
- Free fatty acids
- Visfatin, angiotensin-converting enzyme 1 (ACE2) and serum amyloid A
- Microalbumin
- Myeloperoxidase (MPO)
- Homocysteine and methylenetetrahydrofolate reductase (MTHFR) mutation testing
- Uric acid
- Vitamin D
- White blood cell count
- Long-chain omega-3 fatty acids in red blood cell membranes
- Gamma-glutamyltransferase (GGT)
- Genomic profiling including CardiaRisk angiotensin gene
- Leptin, ghrelin, adiponectin and adipokines including retinol binding protein 4 (RBP4) and resistin
- Inflammatory markers including VCAM-1, P-selectin (PSEL) and E-selectin (ESEL)
- Cardiovascular risk panels

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CMS Policy for Iowa, Kansas, Missouri, and Nebraska (continued)

Note #1: There is no Medicare benefit for screening CV risk assessment testing for asymptomatic (without signs or symptoms of disease) patients. Screening asymptomatic patients for cardiovascular risk is statutorily excluded by Medicare and will not be addressed in this policy.

Note #2: FDA approval/clearance means that a test/assay has analytical and clinical validity. The FDA does not review clinical utility (that the test/assay demonstrates improved patient outcomes). To meet Medicare's "reasonable and necessary" criteria for coverage, a test/assay must have proven clinical utility.

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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
DX Codes	Description
E78.5	Hyperlipidemia, unspecified
I10	Essential (primary) hypertension
E78.2	Mixed hyperlipidemia
E78.00	Pure hypercholesterolemia, unspecified
I25.10	Atheroscl heart disease of native coronary artery w/o ang p ct s
Z13.6	Encounter for screening for cardiovascular disorders
E78.89	Other lipoprotein metabolism disorders
E78.49	<u>Other</u> hyperlipidemia
E78.1	Pure hyperglyceridemia
I70.90	Unspecified atherosclerosis
R00.2	Palpitations
I70.8	Atherosclerosis of other arteries
I70.0	Atherosclerosis of aorta
E78.41	Elevated Lipoprotein(a)
E78.9	Disorder of lipoprotein metabolism, unspecified
I63.9	Cerebral infarction, unspecified
Z86.73	Prsnl hx of TIA (TIA), and cereb infrc w/o resid deficits

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Last updated: 10/15/24

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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