

LCD L30559 - B-type Natriuretic Peptide (BNP) Assays

Contractor Information

Contractor Name:	Contractor Number(s):	Contractor Type:
Novitas Solutions, Inc.	12501, 12502, 12101, 12102, 12201, 12202, 12301, 12302, 12401, 12402, 12901	MAC Part A & B

[Go to Top](#)

LCD Information

Document Information

<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">LCD ID Number</td> <td>L30559</td> </tr> <tr> <td style="background-color: #f2f2f2;">LCD Title</td> <td>B-type Natriuretic Peptide (BNP) Assays</td> </tr> <tr> <td style="background-color: #f2f2f2;">Contractor's Determination Number</td> <td>L30559</td> </tr> <tr> <td style="background-color: #f2f2f2;">AMA CPT/ADA CDT Copyright Statement</td> <td>CPT only copyright 2002-2011 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.</td> </tr> </table>	LCD ID Number	L30559	LCD Title	B-type Natriuretic Peptide (BNP) Assays	Contractor's Determination Number	L30559	AMA CPT/ADA CDT Copyright Statement	CPT only copyright 2002-2011 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="background-color: #f2f2f2;">Primary Geographic Jurisdiction</td> <td>Pennsylvania, Maryland, Delaware, District of Columbia, New Jersey</td> </tr> <tr> <td style="background-color: #f2f2f2;">Oversight Region</td> <td>Central Office</td> </tr> <tr> <td style="background-color: #f2f2f2;">Original Determination Effective Date</td> <td>For services performed on or after 03/10/2010</td> </tr> <tr> <td style="background-color: #f2f2f2;">Original Determination Ending Date</td> <td>N/A</td> </tr> <tr> <td style="background-color: #f2f2f2;">Revision Effective Date</td> <td>For services performed on or after 01/01/2013</td> </tr> <tr> <td style="background-color: #f2f2f2;">Revision Ending Date</td> <td>N/A</td> </tr> </table>	Primary Geographic Jurisdiction	Pennsylvania, Maryland, Delaware, District of Columbia, New Jersey	Oversight Region	Central Office	Original Determination Effective Date	For services performed on or after 03/10/2010	Original Determination Ending Date	N/A	Revision Effective Date	For services performed on or after 01/01/2013	Revision Ending Date	N/A
LCD ID Number	L30559																				
LCD Title	B-type Natriuretic Peptide (BNP) Assays																				
Contractor's Determination Number	L30559																				
AMA CPT/ADA CDT Copyright Statement	CPT only copyright 2002-2011 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. The Code on Dental Procedures and Nomenclature (Code) is published in Current Dental Terminology (CDT). Copyright © American Dental Association. All rights reserved. CDT and CDT-2010 are trademarks of the American Dental Association.																				
Primary Geographic Jurisdiction	Pennsylvania, Maryland, Delaware, District of Columbia, New Jersey																				
Oversight Region	Central Office																				
Original Determination Effective Date	For services performed on or after 03/10/2010																				
Original Determination Ending Date	N/A																				
Revision Effective Date	For services performed on or after 01/01/2013																				
Revision Ending Date	N/A																				

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

B-type natriuretic peptide (BNP), a naturally occurring hormone, is secreted primarily in response to pressure and volume overload in the heart. BNP measurements may be considered reasonable and necessary when used in combination with other clinical data such as medical history, physical examination, laboratory studies, chest x-ray, and electrocardiography:

- In the evaluation of symptomatic patients for whom the clinical diagnosis of CHF is uncertain. 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.
- BNP measurement can provide useful information 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 ST-segment elevation and unstable angina) when ordered upon presentation to a hospital emergency department or obtained in the first few days after the onset of ischemic symptoms.
- Results must be obtained within a timeframe meaningful to the treatment of the patient.

BNP may be ordered and performed outside the acute care setting, including in the physician office, hospital outpatient and nursing facility settings, when the above coverage criteria are met.

NOTE: While the following information is not all inclusive, clinicians should be aware that certain clinical conditions such as ischemia, infarction, atrial fibrillation and renal insufficiency, may cause elevation of circulating BNP concentration; BNP concentrations can vary with other factors such as age, gender, and weight or body mass index (BMI). Interpretation of BNP results must take into account these factors. As practical matters, reference ranges vary depending on the assay method used, and the nature of the control population. Further, attention must be paid to the units used to report BNP results, as these may vary by assay type. The rapid assay most commonly used currently in the clinical setting gives results in pg/mL.

Coverage Limitations:

Medicare reimburses for covered clinical laboratory studies that are reasonable and necessary for the diagnosis or treatment of an illness. Medicare does not provide coverage for routine screening performed without a relationship to the evaluation or treatment of a symptom, sign, illness, or injury; e.g., screening for the general population.

BNP testing performed for risk assessment, in the absence of signs or symptoms of illness or injury, (see above, indications for eligible risk stratification testing), will be denied as not reasonable or medically necessary.

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 been established.

Additional investigation is required to further define the diagnostic value of plasma BNP in monitoring treatment of CHF, and in tailoring therapy for heart failure. BNP measurements for monitoring and ongoing management of CHF are not eligible for coverage at this time.

BNP testing done during the administration of nesiritide (recombinant BNP) will be denied as not reasonable and necessary, because the nesiritide itself will be detected as an increase in BNP.

[Go to Top](#)

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.

999x	Not Applicable
------	----------------

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.

030X	Laboratory - General Classification
------	-------------------------------------

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

83880	Assay of natriuretic peptide
-------	------------------------------

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

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 - 410.92	ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE UNSPECIFIED - ACUTE MYOCARDIAL INFARCTION OF UNSPECIFIED SITE SUBSEQUENT EPISODE OF CARE
411.1	INTERMEDIATE CORONARY SYNDROME
415.0	ACUTE COR PULMONALE
416.0	PRIMARY PULMONARY HYPERTENSION

423.2	CONSTRICTIVE PERICARDITIS
425.11	HYPERTROPHIC OBSTRUCTIVE CARDIOMYOPATHY
425.18	OTHER HYPERTROPHIC CARDIOMYOPATHY
425.4	OTHER PRIMARY CARDIOMYOPATHIES
428.0 - 428.1	CONGESTIVE HEART FAILURE UNSPECIFIED - LEFT HEART FAILURE
428.20 - 428.23	UNSPECIFIED SYSTOLIC HEART FAILURE - ACUTE ON CHRONIC SYSTOLIC HEART FAILURE
428.30 - 428.33	UNSPECIFIED DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC DIASTOLIC HEART FAILURE
428.40 - 428.43	UNSPECIFIED COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE - ACUTE ON CHRONIC COMBINED SYSTOLIC AND DIASTOLIC HEART FAILURE
428.9	HEART FAILURE UNSPECIFIED
493.01 - 493.02	EXTRINSIC ASTHMA WITH STATUS ASTHMATICUS - EXTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.11 - 493.12	INTRINSIC ASTHMA WITH STATUS ASTHMATICUS - INTRINSIC ASTHMA WITH (ACUTE) EXACERBATION
493.21 - 493.22	CHRONIC OBSTRUCTIVE ASTHMA WITH STATUS ASTHMATICUS - CHRONIC OBSTRUCTIVE ASTHMA WITH (ACUTE) EXACERBATION
493.81 - 493.82	EXERCISE-INDUCED BRONCHOSPASM - COUGH VARIANT ASTHMA
493.91 - 493.92	ASTHMA UNSPECIFIED TYPE WITH STATUS ASTHMATICUS - ASTHMA UNSPECIFIED WITH (ACUTE) EXACERBATION
782.3	EDEMA
786.00	RESPIRATORY ABNORMALITY UNSPECIFIED
786.02	ORTHOPNEA
786.05	SHORTNESS OF BREATH
786.06	TACHYPNEA
786.07	WHEEZING
786.09	RESPIRATORY ABNORMALITY OTHER

786.7	ABNORMAL CHEST SOUNDS
-------	-----------------------

Diagnoses that Support Medical Necessity

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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

Diagnoses that DO NOT Support Medical Necessity

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

[Go to Top](#)

Other Information

Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.
4. Documentation must support the reasonable and necessary requirements detailed under the coverage and limitations section above.
5. Documentation must clearly indicate the impact of the test results on the treatment of the patient.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

As a diagnostic test, BNP testing is not expected to be performed more than four times in a 12 month period in the non-facility setting.

The use of BNP for monitoring CHF is not covered.