

LCD for B-type Natriuretic Peptide (BNP) Testing (L26603)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

05101, 05201, 05301, 05401

Contractor Type

MAC - Part A

LCD Information

LCD ID Number

L26603

LCD Title

B-type Natriuretic Peptide (BNP) Testing

Contractor's Determination Number

AMA CPT / ADA CDT Copyright Statement

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CMS National Coverage Policy

- Social Security Act, Title XVIII, section 1862(a)(7) excludes routine physical examinations.
- Social Security Act, Title XVIII, section 1862(a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.

Oversight Region

Region I

Original Determination Effective Date

For services performed on or after 02/01/2008

Original Determination Ending Date

Revision Effective Date

For services performed on or after 03/01/2008

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Indications

Congestive Heart Failure (CHF) is a complex clinical syndrome characterized by dysfunction of the left, right, or both ventricles, which results in the impairment of the heart's ability to circulate blood at the rate sufficient to maintain the metabolic needs of the peripheral tissues and various organs. B-type natriuretic peptide (BNP) is synthesized, stored, and released primarily by the ventricular myocardium in response to volume expansion and pressure overload, which are hemodynamic parameters in CHF. Used in conjunction with other clinical information, serum BNP concentrations parallel dyspnea in heart failure suggesting its usefulness as a neurohormonal index of progressive heart failure.

Serum BNP when used in conjunction with other clinical information will consider reasonable and necessary for the following:

- Establishing the diagnosis of CHF in acutely ill patients presenting with dyspnea
- Predicting 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

Limitations

Serum BNP will be considered noncovered in the following:

- Monitoring the efficiency of treatment for CHF
- Tailoring the therapy for heart failure

Therefore the primary outpatient site of service expected to perform a serum BNP is the emergency room.

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.

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.

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0301 Laboratory-chemistry

CPT/HCPCS Codes

83880 NATRIURETIC PEPTIDE

ICD-9 Codes that Support Medical Necessity

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
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

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

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

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

If documentation is requested for review, submit the following:

- Physician orders/Progress notes
- Diagnosis
- Test results
- Itemization of charges

Appendices

Utilization Guidelines

This determination should be interpreted to incorporate future changes in the ICD-9-CM or CPT/HCPCS coding systems such that its original intent and scope will not be substantively changed.

Sources of Information and Basis for Decision

The development and coverage guidelines in this LCD were based on a review of pertinent medical literature and LCDs from other Medicare contractors.

- Maisel AS, et.al. (2004). Impact of Age, Race, and Sex on the Ability of B-Type Natriuretic Peptide to Aid in the Emergency diagnosis of Heart Failure: Results from the Breathing Not Properly (BNP) multinational study. American Heart Journal, 147(6), 1078-1084. This reference consulted for evidence of the role BNP plays in the diagnosis of Heart Failure.

- Lee SW, et.al. (2003). Plasma Brain Natriuretic Peptide Concentration on Assessment of Hydration Status in Hemodialysis Patients. American Journal of Kidney Disease, 41(6), 1257-1266. This reference used for clinical study results.

- Maisel A., Mehra MR, (2005). Understanding B-Type Natriuretic Peptide and Its Role in Diagnosing and Monitoring Congestive Heart Failure. Clinical Cornerstone, 7(Suppl 1), S7-S17. This reference used to determine indications and limitations.

- Mueller C, et.al. (2004). Use of B-Type Natriuretic Peptide for the Management of Women with Dyspnea. American Journal of Cardiology, 94, 1510-1514. This reference used for clinical study results. This reference used for clinical study results.

- Tang WH, et.al. (2005). Comparative Sensitivities Between Different Plasma B-Type Natriuretic Peptide Assays in Patients with Minimally Symptomatic Heart Failure. 7(Suppl 1), S18-S24. This reference used for clinical study results.

- Harrison A, et.al. (2002). B-Type Natriuretic Peptide Predicts Future Cardiac Events in Patients Presenting to the Emergency Department with Dyspnea. Annals of Emergency Medicine, 39(2), 131-138. This reference used for clinical study results.

- McNairy M, et.al. (2002). Stability of B-Type Natriuretic peptide levels during exercise in patients with Congestive Heart Failure: Implications for Outpatient Monitoring with B-Type Natriuretic peptide. American Heart Journal, 143(3), 406-411. This reference used for information on evaluation of BNP levels with exercise.

- Knudsen CW, et.al. (2004). Dignostic Value of B-Type Natriuretic Peptide and Chest Radiographic Findings in Patients with Acute Dyspnea, American Journal of Medicine, 116, 363-368. This reference used for clinical study results.

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or contractor medical director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from other Intermediaries and other Intermediary Providers.

Start Date of Comment Period

End Date of Comment Period

Start Date of Notice Period

12/15/2007

Revision History Number

Revision History Explanation

added added Iowa and Missouri

Reason for Change

Other

Last Reviewed On Date

11/01/2007

Related Documents

This LCD has no Related Documents.

LCD Attachments

There are no attachments for this LCD.

All Versions

Updated on 04/25/2008 with effective dates 03/01/2008 - N/A