Local Coverage Determination (LCD):
Pathology and Laboratory: B-type Natriuretic Peptide (BNP) Testing (L30046)

LCD Information

Document Information

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<th>LCD ID Number</th>
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<th>Primary Geographic Jurisdiction</th>
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<th>AMA CPT/ADA CDT Copyright Statement</th>
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- Title XVIII, Social Security Act, section 1833(e). This section prohibits payment if supporting documentation is not provided to Medicare.

- Title XVIII, Social Security Act, section 1862(a)(1)(A). This section 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.

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

- Medicare Program Integrity Manual (Pub 100-08), Chapter 13, Local Coverage Determinations.
**Coverage Indications Limitations 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, for the purposes of coverage, is considered a 'point-of-service test (performed and immediately used in the disposition of patient care).

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

1. Establishing the diagnosis of CHF in acutely ill patients presenting with dyspnea.
2. 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. Since this situation is an inpatient service, it is not addressed in this LCD.

**Limitations**

1. Serum BNP will be considered noncovered in the following:
   
   A. Monitoring the efficiency of treatment for CHF
   B. Tailoring the therapy for heart failure

   Since BNP is a point of service test, the primary outpatient site of service expected to perform a serum BNP is the emergency room or a physician’s office.

**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.

99999 Not Applicable
CPT/HCPCS Codes
83880 Assay of natriuretic peptide

ICD-9 Codes that Support Medical Necessity
The correct use of an ICD-9-CM code listed in the “ICD-9 Codes that Support Medical Necessity” section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-9 codes must be coded to the highest level of specificity. Consult the ‘Official ICD-9-CM Guidelines for Coding and Reporting’ in the current ICD-9-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

402.01 MALIGNANT HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.11 BENIGN HYPERTENSIVE HEART DISEASE WITH HEART FAILURE
402.91 HYPERTENSIVE HEART DISEASE WITH CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
404.01 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
404.03 HYPERTENSIVE HEART AND CHRONIC KIDNEY DISEASE, MALIGNANT, WITH HEART FAILURE AND WITH CHRONIC KIDNEY DISEASE STAGE I THROUGH STAGE IV, OR UNSPECIFIED
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 WITH 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 WITH CHRONIC KIDNEY DISEASE STAGE V OR END STAGE RENAL DISEASE
410.00 - 410.92 ACUTE MYOCARDIAL INFARCTION OF ANTEROLATERAL WALL EPISODE OF CARE
410.00 - 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
428.40 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 TACHYPINEA
786.07 WHEEZING
786.09 RESPIRATORY ABNORMALITY OTHER
NA

ICD-9 Codes that DO NOT Support Medical Necessity
Any ICD-9-CM code that is not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

XX000* Not Applicable

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

Diagnoses that DO NOT Support Medical Necessity
Any diagnoses that are not listed in the “ICD-9 Codes that Support Medical Necessity” section of this LCD.

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**General Information**

Documentation Requirements

1. All coverage criteria must be clearly documented in the patient’s medical record and made available to Medicare upon request.

2. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Appendices NA

Utilization Guidelines NA

Sources of Information and Basis for Decision

- Consultation with Cahaba GBA Part A, Part B, representatives to the Intermediary Advisory Committee, the Carrier Advisory Committee and other Medicare Contractors.


- Knudsen CW, et.al. (2004). Diagnostic 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.


- 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.

• 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.

Advisory Committee Meeting Notes

Start Date of Comment Period End Date of Comment Period

Start Date of Notice Period
Revision History Number 5
Revision History Explanation Revision 5

October 28, 2011:

Added to 'Documentation Requirements': Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3. (Change Request 6698).

No change in effective date or coverage.

Revision 4

Effective Date: August 15, 2011

Annual LCD Review: Template language in the 'ICD-9 Codes that Support Medical Necessity' section was clarified regarding correct coding guidelines (What’s New April 8, 2011/Newsline May 2011); Typographical correction made to LCD Title. (Note: These changes were inadvertently approved 8/16/2011 and applied to the previous version of this LCD.)

Revision 3

What's New Posted Date: August 2010
Effective Date: September 1, 2010

As the next step in the consolidation of J10 MAC LCDs, the Part A and Part B LCDs on the same topic will be consolidated into a single document effective September 1, 2010. These LCDs are identical in content; therefore, consolidation will not alter the content or coverage of the LCDs.

Retired Part A LCD L30012 will be incorporated into this Part B LCD effective September 1, 2010. For dates of service prior to September 1, 2010, please refer to the retired Part A LCD which can be accessed through 'Related Documents' found below.

Revision 2

Start Date of Notice Period: July 14, 2009
Effective Date: August 29, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10302 – Tennessee Part B.

Revision 1

Start Date of Notice Period: June 17, 2009
Effective Date: August 1, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10202 – Georgia Part B.

Original

Start Date of Notice Period: March 20, 2009
Effective Date: May 4, 2009

As part of the J10 MAC transition, LCD effective for contractor number 10102 – Alabama Part B.
11/25/2012 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
83880 descriptor was changed in Group 1
(LCD approved 12/5/2012 for this update).

Reason for Change HCPCS/ICD9 Descriptor Change

Related Documents
This LCD has no Related Documents.

LCD Attachments