

CLINICAL PAYMENT AND CODING POLICY

If a conflict arises between a Clinical Payment and Coding Policy (CPCP) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Cardiovascular Disease Risk Assessment

Policy Number: CPCPLAB020

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1) Lipid Panel – for adult patients, 18 years or older only

- a) Measurement of total cholesterol, HDL-C, LDL-C and triglycerides as part of an assessment of cardiovascular risk factors **may be reimbursable**:
 - i) Every five years in patients ages 18 to 79 years.
 - ii) Annual screening for patients of all ages at increased risk for cardiovascular disease as defined by 2013 ACC/AHA Pooled Cohort Equations to calculate 10-year risk of CVD events (see Note 1).
- b) A lipid panel **may be reimbursable** when evaluating an individual diagnosed with diseases associated with dyslipidemia limited to the following conditions:
 - i) Nephrotic Syndrome
 - ii) Hypothyroidism
 - iii) Hyperthyroidism
 - iv) Pancreatitis
 - v) Diabetes
 - vi) Chronic Kidney Disease
 - vii) Cushing Syndrome
 - viii) Pregnancy
 - ix) Cholestatic Liver Disease
 - x) Lipid metabolism disorders, such as Gaucher disease in adults
- c) Before beginning statin therapy, a lipid panel **may be reimbursable** for establishing baseline levels for monitoring therapy.
- d) For individuals receiving statin therapy, lipid panel testing **may be reimbursable** up to every four to twelve weeks after initiation or change of therapy. Subsequently, annual lipid panel testing is considered medically necessary for individuals receiving statin therapy.
- e) Lipid panel testing **may be reimbursable** for individuals on a long-term drug therapy that requires lipid monitoring, including but not limited to, Accutane and anti-psychotics.
- f) A lipid panel **may be reimbursable** when evaluating and managing an individual diagnosed with HIV and receiving antiretroviral therapy (ART):
 - i) Prior to initiating ART (baseline)
 - ii) Within one to three months after starting or modifying ART every 6 to 12 months thereafter

2) Apolipoprotein B (Apo B)

Measurement of apolipoprotein B (apoB) **may be reimbursable** for individuals with one of the following:

- a) Hypertriglyceridemia
- b) Diabetes mellitus
- c) Obesity or metabolic syndrome
- d) Other dyslipidemias (such as very low LDL-C)

3) Lipoprotein (a)

Measurement of lipoprotein a (Lp(a)) **is not reimbursable** as an adjunct to low-density lipoproteins (LDL) cholesterol in the risk assessment and management of cardiovascular disease.

4) High-sensitivity C-Reactive Protein (hs-CRP)

- a) Testing for high-sensitivity C-reactive protein (hs-CRP) **may be reimbursable** if, after quantitative risk assessment using ACC/AHA Pooled Cohort Equations to calculate 10-year risk of CVD events (see Note 1), a risk-based treatment decision is uncertain.
- b) Testing for hs-CRP **is not reimbursable** for all other indications, including
 - i) Use as a screening test for the general population
 - ii) For monitoring response to therapy

5) High-sensitivity Cardiac Troponin

Measurement of High-sensitivity cardiac troponin T (hs-cTnT) **is not reimbursable** for cardiovascular risk assessment and stratification in the outpatient setting.

6) Homocysteine

Homocysteine testing for cardiovascular disease risk assessment screening, evaluation and management **is not reimbursable**. Homocysteine testing for other indications than CVD is addressed in CPCPLAB67 Testing of Homocysteine Metabolism-Related Conditions and CPCPLAB10 Vitamin B12 and Methylmalonic Acid Testing.

7) Novel Cardiovascular Biomarkers

Measurement of novel lipid and non-lipid biomarkers (e.g., apolipoprotein AI, apolipoprotein E, B-type natriuretic peptide, cystatin C, fibrinogen, leptin, LDL subclass, HDL subclass) **is not reimbursable** as an adjunct to LDL cholesterol in the risk assessment of cardiovascular disease.

8) Cardiovascular Risk Panels

Cardiovascular risk panels, consisting of multiple individual biomarkers intended to assess cardiac risk (other than simple lipid panels, see Policy Guidelines below), **are not reimbursable**.

9) Serum Intermediate Density Lipoprotein

Measurement of serum intermediate density lipoproteins **is not reimbursable** as an indicator of cardiovascular disease risk.

10) Lipoprotein-associated Phospholipase A2

Measurement of lipoprotein-associated phospholipase A2 (Lp-PLA2) **is not reimbursable** as an indicator of risk of cardiovascular disease.

11) Secretory type II Phospholipase A2 (sPLA2-IIA)

Measurement of secretory type II phospholipase A2 (SPLA2-IIA) **is not reimbursable** in the assessment of cardiovascular risk for all indications.

12) Long-chain Omega-3 Fatty Acid

Measurement of long-chain omega-3 fatty acids in red blood cell membranes, including but not limited to its use as a cardiac risk factor **is not reimbursable**.

13) All other tests for assessing CHD risk are not reimbursable.

Note 1:

2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk (Goff et al., 2014): Risk factors include gender, age, race, smoking, hypertension, diabetes, total cholesterol, high and low-density lipoprotein cholesterol, and calculators are available at: “A web-based application enabling estimation of 10-year and lifetime risk of ASCVD is available at <http://my.americanheart.org/cvriskcalculator> and <http://www.cardiosource.org/en/Science-And-Quality/Practice-Guidelines-and-Quality-Standards/2013-Prevention-Guideline-Tools.aspx>.”

Policy Guidelines:

A simple lipid panel is generally composed of the following lipid markers:

- Total cholesterol
- LDL cholesterol
- HDL cholesterol
- Triglycerides

Certain calculated ratios, such as the total/HDL cholesterol may also be reported as part of a simple lipid panel.

Other types of lipid testing, i.e., apolipoproteins, lipid particle number or particle size, lipoprotein (a), etc., are not considered to be components of a simple lipid profile.

Procedure Codes

Codes
80061, 81599, 82172, 82465, 82610, 83090, 83695, 83698, 83700, 83701, 83704, 83718, 83719, 83721, 83722, 83880, 84478, 84484, 84512, 84999, 85384, 85415, 86141, 0423T, 0052U

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Policy Update History:

5/1/2022	New policy
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