

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.

Cardiac Biomarkers for Myocardial Infarction

Policy Number: CPCPLAB046

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. Measurement of cardiac troponin (troponin T or I) for the diagnosis of myocardial infarction (MI) **may be reimbursable** in all patients presenting with signs and symptoms of acute coronary syndrome* (please see Note 1)

2. Measurement of following cardiac biomarkers for the diagnosis and/or prognosis of MI **is not reimbursable** in patients presenting with signs and symptoms of acute coronary syndrome*:
 - a. Aspartate aminotransferase (AST/SGOT)
 - b. Cardiac creatine kinase isoenzyme MB (CKMB)
 - c. Creatine kinase (CK)
 - d. Creatine kinase Isoenzymes
 - e. Lactate Dehydrogenase (LD, LDH)
 - f. Myoglobin

3. Measurement of cardiac biomarkers in patients presenting with signs and symptoms of acute coronary syndrome* in an outpatient setting which is not capable of performing adequate clinical MI evaluation (e.g., independent lab or physician's office) **is not reimbursable**.

4. Measurement of the following cardiac biomarkers for the diagnosis and/or prognosis of MI **are not reimbursable** in patients presenting with signs and symptoms of acute coronary syndrome*:
 - a. Copeptin
 - b. Troponin C
 - c. C-reactive protein
 - d. Heart-type fatty acid binding protein (H-FABP)
 - e. Any other cardiac biomarkers not listed above

***Note 1:**

Acute Coronary Syndrome/Myocardial Infarction Common Signs and Symptoms (Reeder, 2020):

- Ischemic chest pain with radiation to an upper extremity, radiation to both arms, and pain associated with diaphoresis or with nausea and vomiting.
- Squeezing, tightness, pressure, constriction, crushing, strangling, burning, heartburn, fullness in the chest, band-like sensation, knot in the center of the chest, lump in throat, ache, heavy weight on chest and toothache (when there is radiation to the lower jaw).
- Ischemic pain often radiates to other parts of the body including the upper abdomen (epigastrium), shoulders, arms (upper and forearm), wrist, fingers, neck and throat, lower jaw and teeth (but not upper jaw), and not infrequently to the back (specifically the interscapular region).
- Shortness of breath, belching, nausea, indigestion, vomiting, diaphoresis, dizziness, lightheadedness, clamminess, and fatigue.

Atypical Signs and Symptoms (Reeder, 2020):

Dyspnea alone, weakness, nausea and/or vomiting, epigastric pain or discomfort, palpitations, syncope, or cardiac arrest.

Reimbursement Limitations:

Maximum of 4 serial troponin tests will be reimbursed (e.g., Repeat troponin measurements) in the first 24-72 hours after presentation

Procedure Codes

Codes
82550, 82552, 82553, 82554, 82725, 83615, 83625, 83874, 84450, 84484, 84512, 84588, 86140, 84999

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Policy Update History:

5/1/2022	New policy
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