

# Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L33943)

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## Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15101 - MAC A	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15102 - MAC B	J - 15	Kentucky
<a href="#">CGS Administrators, LLC</a>	MAC - Part A	15201 - MAC A	J - 15	Ohio
<a href="#">CGS Administrators, LLC</a>	MAC - Part B	15202 - MAC B	J - 15	Ohio

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## LCD Information

### Document Information

LCD ID L33943	Original Effective Date For services performed on or after 10/01/2015
Original ICD-9 LCD ID <a href="#">L31827</a>	Revision Effective Date For services performed on or after 10/01/2015
LCD Title B-type Natriuretic Peptide (BNP) Testing	Revision Ending Date N/A
Proposed LCD in Comment Period N/A	Retirement Date N/A
Source Proposed LCD N/A	Notice Period Start Date N/A

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CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS), National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Code of Federal Regulations:

42 CFR Section 410.32 indicates that diagnostic tests may only be ordered by treating physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) **who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician (or other qualified non-physician provider) who is treating the beneficiary are not reasonable and necessary (see Sec. 411.15(k)(1) of this chapter).**

CMS Publications:

**CMS Publication 100-04, Medicare Claims Processing Manual, Chapter 9: 100 General Billing Requirements**

**CMS Publication.100-04, Medicare Claims Processing Manual, Transmittal No. 820, Change Request #4210, dated 2/1/2006, changes the revenue codes both RHCs and FQHCs use when billing for RHC/FQHC services.**

Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

**Abstract:**

B-type natriuretic peptide (BNP) is a cardiac neurohormone produced mainly in the left ventricle. It is secreted in response to ventricular volume expansion and pressure overload, factors often found in congestive heart failure (CHF). Used in conjunction with other clinical information, rapid measurement of BNP is useful in establishing or excluding the diagnosis and assessing the severity of CHF in patients with acute dyspnea so that appropriate and timely treatment can be initiated. This test is also used to predict 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. For the purposes of this policy, either total or N-terminal assays are acceptable. This policy documents CGS indications and limitations of coverage for BNP testing.

**Indications:**

BNP measurements may be considered reasonable and necessary when used in combination with other medical data such as medical history, physical examination, laboratory studies, chest x-ray, and electrocardiography:

- To distinguish cardiac cause of acute dyspnea from pulmonary or other non-cardiac causes. 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.
- 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 T-wave elevation and unstable angina). Obtained in the first few days after the onset of ischemic symptoms, results of BNP measurement can provide useful information.

### **Limitations:**

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 yet been established. Clinicians should be aware that certain conditions such as ischemia, infarction and renal insufficiency, may cause elevation of circulating BNP concentration and require alterations of the interpretation of BNP results.

Additional investigation is required to further define the diagnostic value of plasma BNP in monitoring the efficiency of treatment for CHF and in tailoring the therapy for heart failure. Therefore, BNP measurements for monitoring and management of CHF are not a covered service.

Although a correlation between serum BNP levels and the clinical severity of HF has been shown in broad populations, "it cannot be assumed that BNP levels can be used effectively as targets for adjustment of therapy in individual patients. [T]he BNP measurement has not been clearly shown to supplement careful clinical assessment." (Hunt SA, Abraham WT, Chin MH, et al. ACC/AHA 2005 Guideline Update for the Diagnosis and Management of Chronic Heart Failure in the Adult: A Report of the American College of Cardiology/American Heart Association Task Force on Practice Guidelines, pgs. 14-15)

### **Other Comments:**

For claims submitted to the Part A MAC: this coverage determination also applies within states outside the primary geographic jurisdiction with facilities that have nominated CGS to process their claims.

Bill type codes only apply to providers who bill these services to the Part A MAC Bill type codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

For dates of service prior to April 1, 2010, FQHC services should be reported with bill type 73X. For dates of service on or after April 1, 2010, bill type 77X should be used to report FQHC services.

Limitation of liability and refund requirements apply when denials are likely, whether based on medical necessity or other coverage reasons. The provider/supplier must notify the beneficiary in writing, prior to rendering the service, if the provider/supplier is aware that the test, item or procedure may not be covered by Medicare. The limitation of liability and refund requirements do not apply when the test, item or procedure is statutorily excluded, has no Medicare benefit category or is rendered for screening purposes.

### **Summary of Evidence**

N/A

### **Analysis of Evidence (Rationale for Determination)**

N/A

## 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.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 071x Clinic - Rural Health
- 072x Clinic - Hospital Based or Independent Renal Dialysis Center
- 073x Clinic - Freestanding
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 085x Critical Access Hospital

### 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.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

- 030X Laboratory - General Classification
- 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
- 0522 Freestanding Clinic - Home Visit by RHC/FQHC Practitioner
- 0524 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF or Skilled Swing Bed in a Covered Part A Stay
- 0525 Freestanding Clinic - Visit by RHC/FQHC Practitioner to a Member in a SNF (not in a Covered Part A Stay) or NF or ICF MR or Other Residential Facility
- 0527 Freestanding Clinic - Visiting Nurse Service(s) to a Member's Home when in a Home Health Shortage Area
- 0528 Freestanding Clinic - Visit by RHC/FQHC Practitioner to Other non-RHC/FQHC site (e.g. Scene of Accident)
- 096X Professional Fees - General Classification
- 0971 Professional Fees - Laboratory
- 0972 Professional Fees - Radiology - Diagnostic
- 0973 Professional Fees - Radiology - Therapeutic
- 0974 Professional Fees - Radiology - Nuclear
- 0975 Professional Fees - Operating Room
- 0976 Professional Fees - Respiratory Therapy
- 0977 Professional Fees - Physical Therapy
- 0978 Professional Fees - Occupational Therapy
- 0979 Professional Fees - Speech Pathology
- 0981 Professional Fees - Emergency Room Services
- 0982 Professional Fees - Outpatient Services
- 0983 Professional Fees - Clinic

- 0984 Professional Fees - Medical Social Services
- 0985 Professional Fees - EKG
- 0986 Professional Fees - EEG
- 0987 Professional Fees - Hospital Visit
- 0988 Professional Fees - Consultation
- 0989 Professional Fees - Private Duty Nurse

CPT/HCPCS Codes

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

83880 NATRIURETIC PEPTIDE

ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM. The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

**Group 1 Codes:**

ICD-10 Codes	Description
I11.0*	Hypertensive heart disease with heart failure
I13.0*	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2*	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I20.0	Unstable angina
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I31.1	Chronic constrictive pericarditis
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I50.1*	Left ventricular failure, unspecified
<a href="#">I50.20 - I50.23*</a>	Unspecified systolic (congestive) heart failure - Acute on chronic systolic (congestive) heart failure
<a href="#">I50.30 - I50.33*</a>	Unspecified diastolic (congestive) heart failure - Acute on chronic diastolic (congestive) heart failure
<a href="#">I50.40 - I50.43*</a>	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure - Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9*	Heart failure, unspecified
R06.00	Dyspnea, unspecified

ICD-10 Codes	Description
R06.01*	Orthopnea
R06.02*	Shortness of breath
R06.09	Other forms of dyspnea
R06.2*	Wheezing
R06.82*	Tachypnea, not elsewhere classified
R06.9*	Unspecified abnormalities of breathing

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:** Only ICD-10-CM codes with an asterisk(\*) support medical necessity in non hospital setting.

ICD-10 Codes that DO NOT Support Medical Necessity N/A  
 ICD-10 Additional Information [Back to Top](#)

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## General Information

### Associated Information

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

### Not Applicable

As a diagnostic test, BNP testing is not expected to be performed more than four times in a given year. See the "Indications and Limitations of Coverage" section (above) for frequency parameters for BNP testing to monitor the effectiveness of nesiritide therapy.

The use of BNP for monitoring CHF is not covered.

### Sources of Information

This bibliography presents those sources that were obtained during the development of this policy. CGS is not responsible for the continuing viability of Web site addresses listed below.

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Bibliography

N/A

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## **Revision History Information**

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
		Revision#:R5 Revision Effective date: N/A Revision Explanation: annual review no changes	
10/01/2015	R5	<i>11/28/2017-At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</i>	<ul style="list-style-type: none"> <li>Other (annual review)</li> </ul>
10/01/2015	R4	Revision#:R4 Revision Effective date: N/A Revision Explanation: annual review no changes	<ul style="list-style-type: none"> <li>Other (Annual Review)</li> </ul>
10/01/2015	R3	R3 Revision Effective: N/A Revision Explanation: Annual review no changes made.	<ul style="list-style-type: none"> <li>Other (Annual review)</li> </ul>
10/01/2015	R2	R2 Revision Effective: N/A Revision Explanation: Accepting revenue code description code changes	<ul style="list-style-type: none"> <li>Other (revenue code description changes)</li> </ul>
10/01/2015	R1	R1 Revision Effective: 10/01/2014 Revision Explanation: Removed ICD-9 refernece in first group fo payable ICD-10 codes.	<ul style="list-style-type: none"> <li>Typographical Error</li> </ul>

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## Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

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## Keywords

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