Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L33573)

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Contractor Information

Contractor Name: National Government Services, Inc.
Contract Number: 06201
Contract Type: MAC - Part A

LCD Information

Document Information

LCD ID
L33573

Original ICD-9 LCD ID
L26375

LCD Title
B-type Natriuretic Peptide (BNP) Testing

Jurisdiction
Minnesota

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For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 10/01/2015

Revision Ending Date
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Notice Period Start Date
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Notice Period End Date
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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

Printed on 10/13/2015. Page 1 of 7
100 General Billing Requirements

• 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.

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

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 local coverage determination (LCD) documents National Government Services 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.

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

Printed on 10/13/2015. Page 2 of 7
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)

The 2009 Guidelines stated, “The value of serial measurements of BNP to guide therapy for patient with HF is not well established. (Class IIb, Level of Evidence: C, page S10)

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.

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 Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the 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
Printed on 10/13/2015. Page 3 of 7
ICD-10 Codes that Support Medical Necessity

**Group 1 Paragraph:** 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.

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>I1.0</td>
<td>Hypertensive heart disease with heart failure</td>
</tr>
<tr>
<td>I13.0</td>
<td>Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease</td>
</tr>
<tr>
<td>I13.2</td>
<td>Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease</td>
</tr>
<tr>
<td>I15.0</td>
<td>Left ventricular failure</td>
</tr>
<tr>
<td>I15.20</td>
<td>Unspecified systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.21</td>
<td>Acute systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.22</td>
<td>Chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.23</td>
<td>Acute on chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.30</td>
<td>Unspecified diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.31</td>
<td>Acute diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.32</td>
<td>Chronic diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I15.33</td>
<td>Acute on chronic diastolic (congestive) heart failure</td>
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<tr>
<td>I15.40</td>
<td>Unspecified combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>I15.41</td>
<td>Acute combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>I15.42</td>
<td>Chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>I15.43</td>
<td>Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<tr>
<td>I15.9</td>
<td>Heart failure, unspecified</td>
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<tr>
<td>J44.0</td>
<td>Chronic obstructive pulmonary disease with acute lower respiratory infection</td>
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<td>J44.1</td>
<td>Chronic obstructive pulmonary disease with (acute) exacerbation</td>
</tr>
<tr>
<td>J45.901</td>
<td>Unspecified asthma with (acute) exacerbation</td>
</tr>
<tr>
<td>J98.01</td>
<td>Acute bronchospasm</td>
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<tr>
<td>R06.00</td>
<td>Dyspnea, unspecified</td>
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<td>R06.01</td>
<td>Orthopnea</td>
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<tr>
<td>R06.02</td>
<td>Shortness of breath</td>
</tr>
<tr>
<td>R06.09</td>
<td>Other forms of dyspnea</td>
</tr>
<tr>
<td>R06.2</td>
<td>Wheezing</td>
</tr>
<tr>
<td>R06.82</td>
<td>Tachypnea, not elsewhere classified</td>
</tr>
<tr>
<td>R06.89</td>
<td>Other abnormalities of breathing</td>
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<tr>
<td>R06.9</td>
<td>Unspecified abnormalities of breathing</td>
</tr>
</tbody>
</table>
General Information

Associated Information

Documentation Requirements:

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.

Appendices:

Not applicable

Utilization Guidelines:

The use of BNP for monitoring CHF is not covered.

Sources of Information and Basis for Decision

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


Printed on 10/13/2015. Page 5 of 7


Other Medicare Contractor LCDs: Florida (L14340) and New York (L13097, L13522 and L13889)


References added 02/01/2009:


References add 04/01/2013:


Printed on 10/13/2015. Page 6 of 7

Other Medicare Contractor LCDs (Noridian Administrative Services, LLC) L31193.


Revision History Information

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

<table>
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<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<td>10/01/2015</td>
<td>R1</td>
<td>LCD updated to reflect administrative changes.</td>
<td>Provider Education/Guidance</td>
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Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/17/2015 with effective dates 10/01/2015 - N/A Updated on 04/02/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A Read the LCD Disclaimer