

Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L35526)

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Please Note: Future Effective Date.

Contractor Information

Contractor Name	Contract Type	Contract Number	Jurisdiction	State(s)
Noridian Healthcare Solutions, LLC	A and B MAC	01111 - MAC A	J - E	California - Entire State
Noridian Healthcare Solutions, LLC	A and B MAC	01112 - MAC B	J - E	California - Northern
Noridian Healthcare Solutions, LLC	A and B MAC	01182 - MAC B	J - E	California - Southern American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01211 - MAC A	J - E	Guam Hawaii Northern Mariana Islands American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01212 - MAC B	J - E	Guam Hawaii Northern Mariana Islands
Noridian Healthcare Solutions, LLC	A and B MAC	01311 - MAC A	J - E	Nevada
Noridian Healthcare Solutions, LLC	A and B MAC	01312 - MAC B	J - E	Nevada American Samoa
Noridian Healthcare Solutions, LLC	A and B MAC	01911 - MAC A	J - E	California - Entire State Guam Hawaii Nevada Northern Mariana Islands

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LCD Information

Document Information

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For services performed on or
after 10/01/2015

Revision Effective Date
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LCD ID

L35526

Original ICD-9 LCD ID
[L34696](#)

LCD Title
B-type Natriuretic Peptide (BNP) Testing

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N/A

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CMS National Coverage Policy

Language quoted from the 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 a NCD. See §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):

Title XVIII of the Social Security Act, §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.

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Section 1862(a)(7) excludes routine physical examinations (screening).

Code of Federal Regulations:

42 CFR Sections 410.32(a) & 410.32(a)(3) require that clinical laboratory services be ordered *and used* promptly by the physician (or other treating practitioner acting within the scope of his or her license and Medicare requirements) who is treating the beneficiary.

42CFR411.15 excludes from coverage examinations performed for a purpose other than treatment or diagnosis of a specific illness, symptoms, complaint, or injury with specific legislative enactments as the only exceptions.

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, conditions often present in congestive heart failure (CHF). Used in conjunction with other clinical information, measurement of BNP levels (*either total or N-terminal*) is useful in rapidly establishing or excluding the diagnosis or worsening of CHF in patients with acute exacerbation of dyspnea. Also, BNP levels determined in the first few days after an acute coronary syndrome or event (ACS) may be useful in the prediction of longer-term cardiovascular risk but this risk assessment does not change the management of ACS and is non-covered by regulation.

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, and chest x-ray.

- to diagnose or to differentiate heart failure from other potential clinical conditions **if** the patient's signs and/or symptoms are consistent with both heart failure and one or more other conditions, e.g., acute dyspnea in a patient with known or suspected pulmonary disease.
- to diagnose or differentiate worsening heart failure if use of the test replaces other diagnostic tests, such as chest film; and/or to confirm the diagnosis when other diagnostic tests are equivocal.

Limitations:

- BNP measurements must be assessed in conjunction with standard diagnostic tests, medical history and clinical findings. The efficacy of BNP measurement as a stand-alone test has not been established yet.
- BNP measurements for monitoring and management of CHF are non-covered. Treatment guided by BNP has not been shown to be superior to symptom-guided treatment in either clinical or quality-of-life outcomes.
- The efficacy but not the utility of BNP 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) has been established. However, the assessment of BNP level has not been shown to alter patient management. The BNP is not sufficiently sensitive to either preclude or necessitate any other evaluation or treatment in this group of patients.
- Screening examinations are statutorily non-covered.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

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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
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.

0300
0301
0520
0521
0523
0525

N/A

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 (e.g., to the third to seventh character). 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
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I31.1	Chronic constrictive pericarditis
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I50.1	Left ventricular failure, unspecified
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.901	Unspecified asthma with (acute) exacerbation
J98.01	Acute bronchospasm
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

Not Applicable

General Information

Associated Information

Documentation supporting medical necessity should be legible, maintained in the patient's record, and must be made available to the A/B MAC upon request.

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.

Sources of Information

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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
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Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
10/01/2017	R9	08/23/2017: 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. Updated Sources of Information to be consistent in all LOB. 08/21/2017: 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. LCD is revised to add the following diagnoses effective 10/01/2017: I50.810: Right heart failure, unspecified. I50.811: Acute right heart failure I50.812: Chronic right heart failure I50.813: Acute on chronic right hear failure I50.814: Right heart failure due to left heart failure. I50.82: Biventricular heart failure I50.83: High output heart failure I50.84: End state heart failure I50.89: Other heart failure R06.03: Acute Respiratory distress	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2017	R8		<ul style="list-style-type: none"> Creation of Uniform LCDs With Other MAC Jurisdiction
10/01/2016	R7	This final LCD, effective 10/01/2016, combines JEA L34054 into the JEB LCD so that both JEA and JEB contract numbers will have the same final MCD LCD number.	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction
10/01/2016	R6	Revision date change from 09/01/2016 to 10/01/2016	<ul style="list-style-type: none"> Typographical Error
09/01/2016	R5	2016-2017 ICD 10 Update to add: I16.0 and I16.1 To Group I codes.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R4	The LCD revised to add I50.9 to the ICD-10 Codes that Support Medical Necessity section effective 10/1/2015	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R3	LCD was revised only to fix the "Sources of Information and Basis for Decision" field, #25 unended tag (<i>italic</i>).	<ul style="list-style-type: none"> Typographical Error
10/01/2015	R2	The LCD revised to remove ICD10 codes I21.01, I21.02, I21.09, I21.11, I21.19, I21.21, I21.29, I21.3, I21.4, I22.0, I22.1, I22.2, I22.8, I22.9, R06.83, R60.89. Asterisk for diagnosis codes also removed.	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
10/01/2015	R1	The LCD was revised to add the correct contract numbers in the "Associated Contract Numbers	<ul style="list-style-type: none"> Creation of Uniform LCDs Within a MAC Jurisdiction

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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 08/23/2017 with effective dates 10/01/2017 - N/A [Updated on 08/22/2017 with effective dates 10/01/2017 - N/A](#) [Updated on 11/02/2016 with effective dates 10/01/2016 - 09/30/2017](#) [Updated on 09/20/2016 with effective dates 10/01/2016 - N/A](#) [Updated on 09/20/2016 with effective dates 09/01/2016 - 09/30/2016](#) Some older versions have been archived. Please visit the [MCD Archive Site](#) to retrieve them. [Back to Top](#)

Keywords

- BNP
- 83880
- B-type natriuretic peptide
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