## Contractor Information

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<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
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<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
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LCD Information

Document Information

**LCD ID**
L35526

**LCD Title**
B-type Natriuretic Peptide (BNP) Testing

**Proposed LCD in Comment Period**
N/A

**Source Proposed LCD**
N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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

**Revision Effective Date**
For services performed on or after 10/01/2019

**Revision Ending Date**
N/A

**Retirement Date**
N/A

**Notice Period Start Date**
N/A

**Notice Period End Date**
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.

CMS Manual System, Pub. 100-02, Medicare Benefit Policy Manual, Chapter 6, §§20.4.4 and 20.4.5.

CMS Manual System, Pub 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, 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
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


**Bibliography**

N/A

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**Revision History Information**

<table>
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<th>REVISION HISTORY DATE</th>
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<th>REVISION HISTORY EXPLANATION</th>
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<tr>
<td>10/01/2019</td>
<td>R11</td>
<td>10/01/2019: 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. LCD was converted to the &quot;no-codes&quot; format.</td>
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<tr>
<td>10/01/2019</td>
<td>R10</td>
<td>10/01/2019: 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. The following codes were added to Group I coding: I20.0;I21.01;I21.02;I21.09;I21.11;I21.21;I21.29;I21.3;I21.4;I21.A1;I21.A9;I22.0;I22.8;I22.9;I25.110;I25.700;I25.710;I25.720;I25.730;I25.750;I25.760;I25.790;R06.89;R60.1</td>
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<tr>
<td>10/01/2017</td>
<td>R9</td>
<td>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.</td>
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<tr>
<td>10/01/2017</td>
<td>R8</td>
<td>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 the policy.</td>
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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 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 state heart failure
- I50.89: Other heart failure
- R06.03: Acute Respiratory distress

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<td>10/01/2016</td>
<td>R7</td>
<td>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.</td>
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<tr>
<td>10/01/2016</td>
<td>R6</td>
<td>Revision date change from 09/01/2016 to 10/01/2016</td>
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<tr>
<td>09/01/2016</td>
<td>R5</td>
<td>2016-2017 ICD 10 Update to add: I16.0 and I16.1 To Group I codes.</td>
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<tr>
<td>10/01/2015</td>
<td>R4</td>
<td>The LCD revised to add I50.9 to the ICD-10 Codes that Support Medical Necessity section effective 10/1/2015</td>
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<tr>
<td>10/01/2015</td>
<td>R3</td>
<td>LCD was revised only to fix the &quot;Sources of Information and Basis for Decision&quot; field, #25 unended tag (italic).</td>
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<tr>
<td>10/01/2015</td>
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<td>The LCD was revised to add the correct contract numbers in the &quot;Associated Contract Numbers&quot;</td>
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### Associated Documents

**Attachments**

N/A

**Related Local Coverage Documents**

Article(s)

A57083 - Billing and Coding: B-type Natriuretic Peptide (BNP) Testing

**Related National Coverage Documents**

N/A

**Public Version(s)**

Updated on 09/12/2019 with effective dates 10/01/2019 - N/A
Updated on 08/23/2017 with effective dates 10/01/2017 - 09/30/2019
Updated on 08/22/2017 with effective dates 10/01/2017 - N/A

Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

### Keywords

- BNP
- B-type natriuretic peptide