

# Local Coverage Determination (LCD): B-type Natriuretic Peptide (BNP) Testing (L34038)

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Please Note: Future Effective Date.

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## Contractor Information

<b>Contractor Name</b>	<b>Contract Type</b>	<b>Contract Number</b>	<b>Jurisdiction</b>	<b>State(s)</b>
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02101 - MAC A	J - F	Alaska
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02102 - MAC B	J - F	Alaska
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02201 - MAC A	J - F	Idaho
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02202 - MAC B	J - F	Idaho
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02301 - MAC A	J - F	Oregon
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02302 - MAC B	J - F	Oregon
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02401 - MAC A	J - F	Washington
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	02402 - MAC B	J - F	Washington
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03101 - MAC A	J - F	Arizona
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03102 - MAC B	J - F	Arizona
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03201 - MAC A	J - F	Montana
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03202 - MAC B	J - F	Montana
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03301 - MAC A	J - F	North Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03302 - MAC B	J - F	North Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03401 - MAC A	J - F	South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03402 - MAC B	J - F	South Dakota
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03501 - MAC A	J - F	Utah
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03502 - MAC B	J - F	Utah
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03601 - MAC A	J - F	Wyoming
<a href="#">Noridian Healthcare Solutions, LLC</a>	A and B MAC	03602 - MAC B	J - F	Wyoming

[Back to Top](#)

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## LCD Information

### Document Information

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

Revision Effective Date

For services performed on or after 10/01/2017

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N/A

LCD ID

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N/A

L34038

Original ICD-9 LCD ID  
[L31568](#)

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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.

CMS Manual System, Pub 100-20, One Time Notification, Transmittal 477, dated April 24, 2009, Change Request 6338.

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

[Back to Top](#)

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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
- 999x Not Applicable

### 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.

- 0300 Laboratory - General Classification
- 0301 Laboratory - Chemistry
- 0520 Freestanding Clinic - General Classification
- 0521 Freestanding Clinic - Clinic Visit by Member to RHC/FQHC
- 0523 Freestanding Clinic - Family Practice Clinic
- 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

**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:**

<b>ICD-10 Codes</b>	<b>Description</b>
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

**Group 1 Codes:** N/A

ICD-10 Additional Information [Back to Top](#)

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## General Information

### Associated Information

Documentation supporting medical necessity must be legible, maintained in the patient's record, and 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

[Back to Top](#)

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## Revision History Information

<b>Revision History Date</b>	<b>Revision History Number</b>	<b>Revision History Explanation</b>	<b>Reason(s) for Change</b>
10/01/2017	R5	<p>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.</p> <p>LCD is revised to add the following diagnoses effective 10/01/2017:</p> <p>I50.810: Right heart failure, unspecified.</p> <p>I50.811: Acute right heart failure</p> <p>I50.812: Chronic right heart failure</p> <p>I50.813: Acute on chronic right hear failure</p> <p>I50.814: Right heart failure due to left heart failure.</p> <p>I50.82: Biventricular heart failure</p> <p>I50.83: High output heart failure</p> <p>I50.84: End state heart failure</p> <p>I50.89: Other heart failure</p> <p>R06.03: Acute Respiratory distress</p>	<ul style="list-style-type: none"><li>• Revisions Due To ICD-10-CM Code Changes</li></ul>
11/03/2016	R4	<p>This final LCD, effective 10/01/2016, combines JFA L34038 into the JFB LCD so that both JFA and JFB contract numbers will have the same final MCD LCD number.</p>	<ul style="list-style-type: none"><li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li></ul>
10/01/2016	R3	<p>2016-2017 ICD 10 Update to add: I16.0 and I16.1 To Group I codes.</p>	<ul style="list-style-type: none"><li>• Revisions Due To ICD-10-CM Code Changes</li></ul>
10/01/2015	R2	<p>The LCD revised to add I50.9 to the ICD-10 Codes that Support Medical Necessity section effective 10/1/2015.</p>	<ul style="list-style-type: none"><li>• Reconsideration Request</li></ul>
10/01/2015	R1	<p>The B-type Natriuretic Peptide (BNP) Testing LCD is revised to incorporate the changes made to the same LCD policy from the JE contract after the comment period ending 03/14/2014. Updates are made only in the "CMS National Coverage Policy", "Coverage Indications, Limitations and/or Medical Necessity", "Associated Information," and " Sources of Information and Basis for Decision" sections. The effective date of the updates is 07/22/2014.</p>	<ul style="list-style-type: none"><li>• Provider Education/Guidance</li><li>• Creation of Uniform LCDs Within a MAC Jurisdiction</li></ul>

[Back to Top](#)

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## Associated Documents

Attachments N/A

Related Local Coverage Documents N/A

Printed on 9/7/2017. Page 8 of 9



Related National Coverage Documents N/A

Public Version(s) Updated on 08/23/2017 with effective dates 10/01/2017 - N/A [Updated on 11/02/2016 with effective dates 11/03/2016 - 09/30/2017](#) [Updated on 09/20/2016 with effective dates 10/01/2016 - 11/02/2016](#) [Updated on 09/29/2015 with effective dates 10/01/2015 - 09/30/2016](#) [Updated on 08/06/2014 with effective dates 10/01/2015 - N/A](#) [Updated on 03/31/2014 with effective dates 10/01/2015 - N/A](#) [Back to Top](#)

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## Keywords

- B-type Natriuretic
- BNP
- 83880

Read the [LCD Disclaimer](#) [Back to Top](#)