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

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Contractor Information

<table>
<thead>
<tr>
<th>Contractor Name</th>
<th>Contract Type</th>
<th>Contract Number</th>
<th>Jurisdiction</th>
<th>State(s)</th>
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<tr>
<td>Noridian Healthcare Solutions, LLC</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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<td>Hawaii</td>
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LCD Information

Document Information

LCD ID
L35526

Original ICD-9 LCD ID
L34696

LCD Title
B-type Natriuretic Peptide (BNP) Testing

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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, italics 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.

42 CFR 411.15 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.

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

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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:**

<table>
<thead>
<tr>
<th>ICD-10 Codes</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>I11.0</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>I31.1</td>
<td>Chronic constrictive pericarditis</td>
</tr>
<tr>
<td>I42.0</td>
<td>Dilated cardiomyopathy</td>
</tr>
<tr>
<td>I42.5</td>
<td>Other restrictive cardiomyopathy</td>
</tr>
<tr>
<td>I42.8</td>
<td>Other cardiomyopathies</td>
</tr>
<tr>
<td>I50.1</td>
<td>Left ventricular failure</td>
</tr>
<tr>
<td>I50.21</td>
<td>Acute systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.22</td>
<td>Chronic systolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.23</td>
<td>Acute on chronic systolic (congestive) heart failure</td>
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<tr>
<td>I50.31</td>
<td>Acute diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.32</td>
<td>Chronic diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.33</td>
<td>Acute on chronic diastolic (congestive) heart failure</td>
</tr>
<tr>
<td>I50.41</td>
<td>Acute combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>I50.42</td>
<td>Chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<tr>
<td>I50.43</td>
<td>Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure</td>
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<td>I50.9</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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<tr>
<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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<tr>
<td>R06.01</td>
<td>Orthopnea</td>
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<td>R06.02</td>
<td>Shortness of breath</td>
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<td>R06.09</td>
<td>Other forms of dyspnea</td>
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<td>R06.2</td>
<td>Wheezing</td>
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<tr>
<td>R06.82</td>
<td>Tachypnea, not elsewhere classified</td>
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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 and Basis for Decision

www.effectivehealthcare.ahrq.gov/reports/final.cfm


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>
<thead>
<tr>
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<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
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<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>
<td>Reconsideration Request</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>
<td>Typographical Error</td>
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<td>10/01/2015</td>
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</tr>
</thead>
</table>
• Creation of Uniform LCDs Within a MAC Jurisdiction |

**Associated Documents**

Attachments N/A

Related Local Coverage Documents N/A

Related National Coverage Documents N/A

Public Version(s) Updated on 09/29/2015 with effective dates 10/01/2015 - N/A Updated on 09/08/2015 with effective dates 10/01/2015 - N/A Updated on 07/23/2015 with effective dates 10/01/2015 - N/A Updated on 08/08/2014 with effective dates 10/01/2015 - N/A Updated on 07/31/2014 with effective dates 10/01/2015 - N/A

**Keywords**

- BNP
- 83880
- B-type natriuretic peptide

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