

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

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Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
National Government Services, Inc.	MAC - Part A	06101 - MAC A	J - 06	Illinois
National Government Services, Inc.	MAC - Part B	06102 - MAC B	J - 06	Illinois
National Government Services, Inc.	MAC - Part A	06201 - MAC A	J - 06	Minnesota
National Government Services, Inc.	MAC - Part B	06202 - MAC B	J - 06	Minnesota
National Government Services, Inc.	MAC - Part A	06301 - MAC A	J - 06	Wisconsin
National Government Services, Inc.	MAC - Part B	06302 - MAC B	J - 06	Wisconsin
National Government Services, Inc.	A and B and HHH MAC	13101 - MAC A	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13102 - MAC B	J - K	Connecticut
National Government Services, Inc.	A and B and HHH MAC	13201 - MAC A	J - K	New York - Entire State
National Government Services, Inc.	A and B and HHH MAC	13202 - MAC B	J - K	New York - Downstate
National Government Services, Inc.	A and B and HHH MAC	13282 - MAC B	J - K	New York - Upstate
National Government Services, Inc.	A and B and HHH MAC	13292 - MAC B	J - K	New York - Queens
National Government Services, Inc.	A and B and HHH MAC	14111 - MAC A	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14112 - MAC B	J - K	Maine
National Government Services, Inc.	A and B and HHH MAC	14211 - MAC A	J - K	Massachusetts
National Government Services, Inc.	A and B and HHH MAC	14212 - MAC B	J - K	Massachusetts

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Inc.	MAC			
National Government Services, Inc.	A and B and HHH MAC	14311 - MAC A	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14312 - MAC B	J - K	New Hampshire
National Government Services, Inc.	A and B and HHH MAC	14411 - MAC A	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14412 - MAC B	J - K	Rhode Island
National Government Services, Inc.	A and B and HHH MAC	14511 - MAC A	J - K	Vermont
National Government Services, Inc.	A and B and HHH MAC	14512 - MAC B	J - K	Vermont

LCD Information

Document Information

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L33573

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

B-type Natriuretic Peptide (BNP) Testing

Revision Effective Date

For services performed on or after 11/07/2019

Proposed LCD in Comment Period

N/A

Revision Ending Date

N/A

Source Proposed LCD

N/A

Retirement Date

N/A

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Notice Period Start Date

N/A

Notice Period End Date

N/A

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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 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 an NCD. See Section 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):

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:

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.

Evidence has accumulated to support use of BNP measurements for prognostic purposes in individuals with heart failure and a low ejection fraction and to improve dosing in guideline-directed medical therapy (GDMT) (Yancy et al., 2013). Berger et al. (2002) studied use of BNP levels to predict sudden death in heart failure patients and suggested BNP levels could be used to determine which patients might benefit from an implantable cardioverter-defibrillator (ICD). Other authors have shown a relationship between BNP levels and CHF morbidity and mortality (Anand et al., 2003; Taub et al., 2009; Maeda et al., 2000; and Neuhold et al., 2008). Januzzi et al, 2011; Jourdain et al., 2007; Berger et al., 2010; and Lainchbury et al., 2010 studied the use of BNP to guide therapy in CHF. Porapakkam et al, 2010 and Felker et al, 2009 performed meta-analyses showing the benefit of using BNP levels in the management of CHF patients.

Palladini et al. (2003) studied 152 consecutive patients seen at the time of amyloidosis diagnosis and obtained NT-proBNP levels. Heart involvement was estimated using clinical signs, electrocardiography, and echocardiography. NT-proBNP was the most sensitive index of myocardial dysfunction and the best predicted prognosis in patients with light-chain amyloidosis. Dispenzieri et al. (2004) retrospectively studied 242 patients with newly-diagnosed primary systemic amyloidosis in whom echocardiograms and NT-pro levels were obtained and used to divide the patients into three stages to promote cross comparisons of therapeutic outcomes, The National Comprehensive Cancer Network (NCCN) clinical practice guidelines, "Systemic Light Chain Amyloidosis," list recommend a BNP level be obtained in the initial diagnostic work-up. Palladini et al. (2010) again evaluated the use of BNP levels to predict prognosis. Levels of NT-proBNP, high-sensitivity (hs) cTnT, and troponin were obtained at initial diagnosis and six months later were obtained in 171 consecutive patients. The high-sensitivity and NT-proBNP were independent prognostic determinants. The author recommended BNP levels be used to follow response to therapy. 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.
- To establish prognosis or disease severity in chronic CHF when needed to guide therapy
- To achieve optimal dosing of guideline-directed medical therapy (GDMT) in select clinically euvolemic patients followed in a well-structured heart failure (HF) disease management program
- To guide therapeutic decision-making in individuals who have amyloidosis

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 circulating BNP concentration and require alterations of the interpretation of BNP results.

Summary of Evidence

N/A

Analysis of Evidence (Rationale for Determination)

N/A

General Information

Associated Information

N/A

Sources of Information

Food and Drug Administration (FDA) [Web site]. Center for Devices and Radiological Health (CDRH). 510(k) approvals page. K010266. <https://www.accessdata.fda.gov/scripts/cdrh/cfdocs/cfpmn/pmn.cfm?ID=K010266>. Accessed August 24, 2011.

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

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

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Practice Guidelines (Writing Committee to Update the 2001 Guidelines for the Evaluation and Management of Heart Failure). <http://www.acc.org/clinical/guidelines/failure/index.pdf>. Accessed: October 7, 2005.

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Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
11/07/2019	R6	Consistent with Change Request 10901, all coding information, National coverage provisions, and Associated Information (Documentation Requirements, Utilization Guidelines) have been removed from the LCD and placed in the related Billing and Coding Article, A56826. There has been no change in coverage with this LCD revision.	<ul style="list-style-type: none"> Revisions Due To Code Removal
01/01/2018	R5	<p>ICD-10 code I50.810 was added to the "ICD-10-CM Codes that Support Medical Necessity section" effective for dates of service on or after 10/01/2017.</p> <p><i>DATE (12/28/2017): 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.</i></p>	<ul style="list-style-type: none"> Request for Coverage by a Practitioner (Part B)
10/01/2017	R4	<p>The following ICD-10 codes and code ranges were added to the ICD-10 Codes that Support Medical Necessity section: I50.811- I50814, I50.82- I50.84, I50.89 and R06.03. ICD 10 Codes E85.81, E85.82, and E85.89 will replace the current range E85.0-E85.9, due to the annual ICD-10-CM update.</p> <p><i>DATE (10/01/2017): 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.</i></p>	<ul style="list-style-type: none"> Revisions Due To ICD-10-CM Code Changes
04/01/2017	R3	Based on a reconsideration request to update the LCD to allow coverage in concert with the ACC/AHA Heart Failure Guideline published in 2013 (Yancy et al.), updates were made to the indications: use of BNP to establish prognosis or disease severity in chronic CHF when needed to guide therapy (Class I, Level of Evidence A) and/or to achieve optimal dosing of guideline-directed medical therapy (GDMT) in select clinically euvolemic patients followed in a well-	<ul style="list-style-type: none"> Reconsideration Request

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	REASON(S) FOR CHANGE
		structured heart failure (HF) disease management program (Class IIa, Level of Evidence B). Referenced literature was secured and reviewed. Limitations supported by previous ANA/ACC heart failure guidelines (Hunt et al., 2005) were removed. References added include Anand et al. (2003); Berger et al. (2002); Berger et al. (2010); Forfia et al. (2005); Januzzi et al. (2011); Lainchbury et al. (2010); Maeda et al. (2000); Neuhold et al. (2008); and Porapakkaham et al. (2010).	
07/01/2016	R2	Based on a reconsideration request, received on 11/16/2015, an indication of coverage has been added to allow BNP to guide therapeutic decision-making in individuals who have amyloidosis. Diagnosis code range E85.0-E85.9 has been added to the ICD-10-CM diagnosis codes that support medical necessity section, effective for services rendered on or after 07/01/2016.	<ul style="list-style-type: none"> Reconsideration Request
10/01/2015	R1	LCD updated to reflect administrative changes.	<ul style="list-style-type: none"> Provider Education/Guidance

Associated Documents

Attachments

N/A

Related Local Coverage Documents

Article(s)

A56826 - Billing and Coding: B-type Natriuretic Peptide (BNP) Testing

Related National Coverage Documents

N/A

Public Version(s)

Updated on 11/01/2019 with effective dates 11/07/2019 - N/A

Updated on 12/22/2017 with effective dates 01/01/2018 - 11/06/2019

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

Keywords

N/A