

# Medicare Medical Policy

## Cardiac: Disease Risk Screening

MEDICARE MEDICAL POLICY NUMBER: 132

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**INSTRUCTIONS FOR USE:** Company Medicare Medical Policies serve as guidance for the administration of plan benefits and do not constitute medical advice nor a guarantee of coverage. Company Medicare Medical Policies are reviewed annually to guide the coverage or non-coverage decision-making process for services or procedures in accordance with member benefit contracts (otherwise known as Evidence of Coverage or EOCs) and Centers of Medicare and Medicaid Services (CMS) policies, manuals, and other CMS rules and regulations. In the absence of a CMS coverage determination or specific regulation for a requested service, item or procedure, Company policy criteria or applicable utilization management vendor criteria may be applied. These are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

The Company reserves the right to determine the application of Medicare Medical Policies and make revisions to these policies at any time. Any conflict or variance between the EOC and Company Medical Policy will be resolved in favor of the EOC.

**SCOPE:** Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

## PRODUCT AND BENEFIT APPLICATION

Medicare Only

### MEDICARE COVERAGE CRITERIA

**IMPORTANT NOTE:** More than one Centers for Medicare and Medicaid Services (CMS) reference may apply to the same health care service, such as when more than one coverage policy is available (e.g., both an NCD and LCD exist). All references listed should be considered for coverage decision-making. The Company uses the most current version of a Medicare reference available at the time of publication; however, these websites are not maintained by the Company, so Medicare references and their corresponding hyperlinks may change at any time. If there is a conflict between the Company Medicare Medical Policy and CMS guidance, the CMS guidance will govern.

Service	Medicare Guidelines
<i>ApoE Genotype (CPT 81401)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> Local Coverage Article (LCA): Billing and Coding: MoIDX: ApoE Genotype ( <a href="#">A55095</a> )
<i>4q25-AF Risk Genotype (CPT 81479)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCA: Billing and Coding: MoIDX: 4q25-AF Risk Genotype ( <a href="#">A55091</a> )
<i>9p21 Genotype (CPT 81479)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCA: Billing and Coding: MoIDX: 9p21 Genotype Test ( <a href="#">A55093</a> )
<i>Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing (CPT 81439)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCA: Billing and Coding: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing ( <a href="#">A54976</a> )
<i>Corus® CAD test (CPT 81493; CardioDX, Redwood City, CA)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCD: MoIDX: Corus® CAD Assay ( <a href="#">L37673</a> )  <b>Note:</b> This LCD was retired as of February 15, 2022. This test no longer appears to be commercially available. However, between 2/10/2019 and 2/15/2022, this test was <b>not medically necessary</b> . (Prior to 2/10/2019, the MoIDX Program had determined this test was eligible for coverage [A51923 and A54428]).
<i>LPA-Intron 25 Genotype testing (CPT 81479)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCA: Billing and Coding: MoIDX: LPA-Intron 25 Genotype ( <a href="#">A55282</a> )
<i>LPA-Aspirin Genotype testing (CPT 81479)</i>	<b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> LCA: Billing and Coding: MoIDX: LPA-Aspirin Genotype ( <a href="#">A55280</a> )

<p><i>Biomarker Testing in Cardiovascular Risk Assessment Not Otherwise Specified</i></p>	<p><b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> Local Coverage Determination (LCD): MolDX: Biomarkers in Cardiovascular Risk Assessment (<a href="#">L36362</a>)</p> <p>These cardiovascular panel tests are considered <b>not medically necessary</b>, based on Medicare guidelines (<i>See “Policy Guidelines” below</i>):</p> <ul style="list-style-type: none"> <li>• VAP® Cholesterol Test by VAP Diagnostics Laboratory, Inc.</li> <li>• MI–HEART Ceramides, Plasma test by Mayo Clinic</li> <li>• HART CADhs®, Prevencio, Inc. (Kennewick, WA)</li> <li>• HART CVE® Prevencio, Inc. (Kennewick, WA)</li> <li>• HART KD®, Prevencio, Inc. (Kennewick, WA)</li> </ul>
<p><i>Cystatin C Measurement (CPT 82610)</i></p>	<p><b>For testing performed in the states of AK, ID, OR, WA, UT, AZ, MT, ND, SD, or WY:</b> MolDX: Cystatin C Measurement (<a href="#">L37618</a>)</p>

**IMPORTANT NOTICE:** While some services or items may appear medically indicated for an individual, they may also be a direct exclusion of Medicare or the member’s benefit plan. Such excluded services or items by Medicare and member EOCs include, but are not limited to, services or procedures considered to be cosmetic, not medical in nature, or those considered not medically reasonable or necessary under *Title XVIII of the Social Security Act, §1862(a)(1)(A)*. If there is uncertainty regarding coverage of a service or item, please review the member EOC or submit a pre-service organization determination request. Note that the Medicare Advance Beneficiary Notice of Noncoverage (ABN) form **cannot** be used for Medicare Advantage members. (*Medicare Advance Written Notices of Non-coverage. MLN006266 May 2021*)

## POLICY CROSS REFERENCES

None

The full Company portfolio of Medicare Medical Policies is available online and can be [accessed here](#).

## POLICY GUIDELINES

### MEDICARE AND MEDICAL NECESSITY

Laboratories performing tests in service areas which have adopted guidelines or coverage determinations made by the Medicare Molecular Diagnostics (MolDX) Program contractor are required to submit a technology assessment (TA) to establish analytical and clinical validity (AV/CV) and clinical utility (CU). Supporting LCDs regarding TA reviews include, but are not limited to, the following:

- Laboratories in CA & NV: LCD for MolDX: Molecular Diagnostic Tests (MDT) ([L35160](#))
- Laboratories in AK, ID, OR, WA, UT, AZ, MT, ND, SD, & WY: LCD for MolDX: Molecular Diagnostic Tests (MDT) ([L36256](#))
- Laboratories in NC, SC, GA, TN, AL, VA, & WV: LCD for MolDX: Molecular Diagnostic Tests (MDT) ([L35025](#))

Coverage or non-coverage determinations made by MolDX are maintained in the DEX™ Diagnostics Exchange registry catalog and are available for public viewing. If a test does not have a coverage determination by the MolDX Program, then AV/CV and CU have **not** been established and the test is

considered not medically reasonable and necessary under SSA §1862(a)(1)(A) until a MoIDX review is complete and coverage is indicated by MoIDX or Noridian. Therefore, tests identified in this policy as not meeting this requirement are not medically reasonable or necessary for Medicare under SSA §1862(a)(1)(A)

## REGULATORY STATUS

### U.S. FOOD & DRUG ADMINISTRATION (FDA)

While clearance by the Food and Drug Administration (FDA) is a prerequisite for Medicare coverage, the 510(k) premarket clearance process does not in itself establish medical necessity. Medicare payment policy is determined by the interaction of numerous requirements, including but not limited to, the availability of a Medicare benefit category and other statutory requirements, coding and pricing guidelines, as well as national and local coverage determinations and clinical evidence.

## BILLING GUIDELINES AND CODING

### GENERAL

See associated local coverage articles (LCAs) for coding and billing guidance:

- Local Coverage Article (LCA): Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment ([A57055](#))
- LCA: Billing and Coding: MoIDX: Cystatin C Measurement ([A57644](#))

### ROUTINE SCREENING AND MEDICARE

The Noridian LCD for *MoIDX: Biomarkers in Cardiovascular Risk Assessment* ([L36362](#)) reads as follows:

“NCD 190.23 covers lipid panel testing for symptomatic patients for evaluating atherosclerotic CV disease, to monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for various lipid disorders. Per NCD 190.23, “Routine screening and prophylactic testing for lipid disorders are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.”

“This policy denies coverage for all CV risk assessment panels, except the basic lipid panel, for symptomatic (with signs and symptoms) patients with suspected or documented CV disease because panel testing is not specific to a given patient’s lipid abnormality or disease. The policy indicates the medical indication(s) based on published scientific articles and consensus guidelines for individual lipid biomarkers that may be covered to characterize a given lipid abnormality or disease, to determine a treatment plan or to assist with intensification of therapy. Each individual lipid biomarkers must be specifically ordered and the reason for the test order documented in the patient’s medical record. The policy denies coverage for all non-lipid biomarkers when used for CV risk assessment including but not limited to, biochemical,

immunologic, and hematologic, and genetic biomarkers for CV risk assessment regardless of whether ordered in a panel or individually.”

While many CPT codes in the table below are not subject to routine medical necessity review, they may be subject to post-service review audit and may be denied when LCD or NCD criteria are not met.

<b>CODES*</b>		
<b>CPT</b>	0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation ( <i>Used to report VAP® Cholesterol Test by VAP Diagnostics Laboratory, Inc.</i> )
	0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events ( <i>Used to report MI–HEART Ceramides, Plasma test by Mayo Clinic</i> )
	0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for obstructive CAD ( <i>Used to report HART CADhs® by Prevencio, Inc. [Kennewick, WA]</i> )
	0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1]), plasma, algorithm reported as a risk score for major adverse cardiac event ( <i>Used to report HART CVE® by Prevencio, Inc. [Kennewick, WA]</i> )
	0310U	Pediatrics (vasculitis, Kawasaki disease [KD]), analysis of 3 biomarkers (NTproBNP, C-reactive protein, and T-uptake), plasma, algorithm reported as a risk score for KD ( <i>Used to report HART KD® by Prevencio, Inc. [Kennewick, WA]</i> )
	<del>0423F</del>	<b>TERMED 12/31/2021</b> Secretory type II phospholipase A2 (sPLA2-IIA)
	81401	Molecular Pathology Procedure Level 2
	81439	Inherited cardiomyopathy (eg, hypertrophic cardiomyopathy, dilated cardiomyopathy, arrhythmogenic right ventricular cardiomyopathy) genomic sequence analysis panel, must include sequencing of at least 5 genes, including DSG2, MYBPC3, MYH7, PKP2, and TTN
	81479	Unlisted molecular pathology procedure
	81493	Coronary artery disease, mRNA, gene expression profiling by real-time RT-PCR of 23 genes, utilizing whole peripheral blood, algorithm reported as a risk score
	82172	Apolipoprotein, each
	82610	Cystatin C
	83090	Homocysteine
	83529	Interleukin-6 (IL-6)
	83695	Lipoprotein (a)
	83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)
	83719	Lipoprotein, direct measurement; VLDL cholesterol
	83722	Lipoprotein, direct measurement; small dense LDL cholesterol
	86141	C-reactive protein; high sensitivity (hsCRP)
<b>HCPCS</b>	None	

**\*Coding Notes:**

- The code list above is provided as a courtesy and may not be all-inclusive. Inclusion or omission of a code from this policy neither implies nor guarantees reimbursement or coverage. Some codes may not require routine review for medical necessity, but they are subject to provider contracts, as well as member benefits, eligibility and potential utilization audit.

According to Medicare, “presence of a payment amount in the MPFS and the Medicare physician fee schedule database (MPFSDB) does not imply that CMS has determined that the service may be covered by Medicare.” The issuance of a CPT or HCPCS code or the provision of a payment or fee amount by Medicare does **not** make a procedure medically reasonable or necessary or a covered benefit by Medicare. (*Medicare Claims Processing Manual, Chapter 23 - Fee Schedule Administration and Coding Requirements, §30 - Services Paid Under the Medicare Physician’s Fee Schedule, A. Physician’s Services*)

- All unlisted codes are reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is submitted for non-covered services addressed in this policy then it will be **denied as not covered**. If an unlisted code is submitted for potentially covered services addressed in this policy, to avoid post-service denial, **prior authorization is recommended**.
- See the non-covered and prior authorization lists on the Company [Medical Policy, Reimbursement Policy, Pharmacy Policy and Provider Information website](#) for additional information.
- HCPCS/CPT code(s) may be subject to National Correct Coding Initiative (NCCI) procedure-to-procedure (PTP) bundling edits and daily maximum edits known as “medically unlikely edits” (MUEs) published by the Centers for Medicare and Medicaid Services (CMS). This policy does not take precedence over NCCI edits or MUEs. Please refer to the CMS website for coding guidelines and applicable code combinations.

## REFERENCES

None

## POLICY REVISION HISTORY

DATE	REVISION SUMMARY
8/2022	Annual review (converted to new format 2/2023)