


MEDICAL POLICY	Cardiac: Disease Risk Screening (Medicare Only)
Effective Date: 1/1/2022  1/1/2022	Medical Policy Number: 132
	Medical Policy Committee Approved Date: 6/18; 8/18; 12/18; 9/19; 04/2020; 8/2020; 06/2021; 11/2021
Medical Officer	Date

See Policy CPT CODE section below for any prior authorization requirements

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”).

APPLIES TO:

Medicare only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
<i>Biomarkers in Cardiovascular Risk Assessment</i>	<ul style="list-style-type: none"> LCD: L36362, MoIDX: Biomarkers in Cardiovascular Risk Assessment¹ LCA: A57055, Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment² LCA: A55095, Billing and Coding: MoIDX: ApoE Genotype³ LCA: A54976, Billing and Coding: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing⁴

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CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
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
No Prior Authorization Required	
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)
Not Covered	
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
0119U	Cardiology, ceramides by liquid chromatography–tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events
0423T	TERMED 12/31/2021 Secretory type II phospholipase A2 (sPLA2-IIA)
Unlisted Codes	
All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then it will be denied as not covered .	
81479	Unlisted molecular pathology procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed

annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

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.

REFERENCES

1. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36362). Revision Effective Date: For services performed on or after 11/01/2019. <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=36362>. Accessed 04/28/2021.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: MoIDX: Biomarkers in Cardiovascular Risk Assessment (A57055). Original Effective Date: 10/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=57055>. Accessed 04/29/2021.
3. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: MoIDX: ApoE Genotype (A55095). Revision Effective Date: 12/01/2019. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=55095>. Accessed 04/29/2021.
4. Centers for Medicare & Medicaid Services. Local Coverage Article: MoIDX: Arrhythmogenic Right Ventricular Dysplasia/Cardiomyopathy (ARVD/C) Testing Billing and Coding Guidelines (A54976). Revision Effective Date: 01/01/2020. <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=54976>. Accessed 04/28/2021.