

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

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Noridian Healthcare Solutions, LLC	A and B MAC	02101 - MAC A	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02102 - MAC B	J - F	Alaska
Noridian Healthcare Solutions, LLC	A and B MAC	02201 - MAC A	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02202 - MAC B	J - F	Idaho
Noridian Healthcare Solutions, LLC	A and B MAC	02301 - MAC A	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02302 - MAC B	J - F	Oregon
Noridian Healthcare Solutions, LLC	A and B MAC	02401 - MAC A	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	02402 - MAC B	J - F	Washington
Noridian Healthcare Solutions, LLC	A and B MAC	03101 - MAC A	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03102 - MAC B	J - F	Arizona
Noridian Healthcare Solutions, LLC	A and B MAC	03201 - MAC A	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03202 - MAC B	J - F	Montana
Noridian Healthcare Solutions, LLC	A and B MAC	03301 - MAC A	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03302 - MAC B	J - F	North Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03401 - MAC A	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03402 - MAC B	J - F	South Dakota
Noridian Healthcare Solutions, LLC	A and B MAC	03501 - MAC A	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03502 - MAC B	J - F	Utah
Noridian Healthcare Solutions, LLC	A and B MAC	03601 - MAC A	J - F	Wyoming
Noridian Healthcare Solutions, LLC	A and B MAC	03602 - MAC B	J - F	Wyoming

## LCD Information

### Document Information

**LCD ID**

L34038

**Original Effective Date**

For services performed on or after 10/01/2015

**LCD Title****Revision Effective Date**

B-type Natriuretic Peptide (BNP) Testing

For services performed on or after 10/01/2019

**Proposed LCD in Comment Period**

N/A

**Revision Ending Date**

N/A

**Source Proposed LCD**

N/A

**Retirement Date**

N/A

**AMA CPT / ADA CDT / AHA NUBC Copyright Statement**

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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 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

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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

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# Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	RE CH
10/01/2019	R7	<p>10/01/2019: 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.</p> <p>LCD was converted to the "no-codes" format.</p>	
10/01/2019	R6	<p>10/01/2019: 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.</p> <p>The following codes were added to Group I:</p> <p>I20.0;I21.01;I21.02;I21.09;I21.11;I21.19;I21.21;I21.29;I21.3;I21.4;I21.A1;I21.A9;I22.0</p> <p>I22.2;I22.8;I22.9; I25.110;I25.700;I25.710;I25.720;I25.730;I25.750;I25.760;I25.790</p> <p>R06.89;R60.1</p>	
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>	

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION	RE CH
		I50.89: Other heart failure  R06.03: Acute Respiratory distress	
11/03/2016	R4	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.	
10/01/2016	R3	2016-2017 ICD 10 Update to add: I16.0 and I16.1 To Group I codes.	
10/01/2015	R2	The LCD revised to add I50.9 to the ICD-10 Codes that Support Medical Necessity section effective 10/1/2015.	
10/01/2015	R1	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.	

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## Associated Documents

### Attachments

N/A

### Related Local Coverage Documents

Article(s)

A57084 - Billing and Coding: B-type Natriuretic Peptide (BNP) Testing

### Related National Coverage Documents

N/A

### Public Version(s)

Updated on 09/14/2019 with effective dates 10/01/2019 - N/A

Updated on 08/23/2017 with effective dates 10/01/2017 - 09/30/2019

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

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## Keywords



- B-type Natriuretic
- BNP