

Brain Natriuretic Peptide (BNP) Level



CPT: 83880

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

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.

Indications

1. BNP measurements are used to distinguish cardiac cause of acute dyspnea from pulmonary or other non-cardiac causes.
2. BNP is particularly useful in distinguishing decompensated congestive heart failure (CHF) from exacerbated chronic obstructive pulmonary disease (COPD) in a symptomatic patient with combined CHF and COPD.
3. BNP is a risk stratification tool used 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).
4. Routine assays of BNP can be used to assess the effectiveness of CHF therapy and for titration of heart failure therapy.

Limitations

1. Measurement of brain natriuretic peptide as part of cardiovascular risk assessment panels, consisting of various combinations of biochemical, immunologic, hematologic and molecular tests is considered a screening when performed on an asymptomatic patient and is not a Medicare benefit. Refer to the MoDX: Biomarkers in Cardiovascular Risk Assessment Local Coverage Determination L36129.
2. Routine assays of only BNP to screen for the development of left ventricular dysfunction or new onset Heart Failure in asymptomatic patients is not covered due to statutory limitations.

Utilization Guidelines

Services performed which are considered excessive frequency are not medically necessary. Frequency is considered excessive when services are performed more frequently than generally accepted by peers and the reason for additional services is not justified by documentation.

CPT code 83880 may be reasonable once a month for an individual patient. There must be supportive documentation in the medical record to demonstrate the medical necessity of more frequent testing.

Visit [MAKOMedical.com/coverageguidance](https://www.makomedical.com/coverageguidance) to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33422

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

**Note—Bolded diagnoses below have the highest utilization*

Code	Description
R06.02	Shortness of breath
I50.9	Heart failure, unspecified
R60.0	Localized edema
R06.09	Other forms of dyspnea
R06.00	Dyspnea, unspecified
I50.32	Chronic diastolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I50.30	Unspecified diastolic (congestive) heart failure
I11.0	Hypertensive heart disease with heart failure
I42.9	Cardiomyopathy, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
R06.01	Orthopnea
I50.31	Acute diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. The Alliance does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.