

**Contractor's Policy Number**

97-08-R1

**Contractor Name**

CareFirst of Maryland Inc., Medicare Part A

**Contractor Number**

00190

**Contractor Type**

Fiscal Intermediary

**LMRP Title**

Lipid Panel Profile and Cholesterol Testing

**AMA CPT Copyright Statement**

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**HCFA National Policy**

- Establishment of national policy supercedes all previous contractor policy statements, including Local Medical Policy coverage guidelines.
- Title XVIII of the Social Security act, section 1862 (a) (7). This section excludes routine physical examinations.
- Title XVIII of the Social Security Act, section 1862 (a) (1) (A). This section allows coverage and payment for only those services that are considered to be medically reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

**Primary Geographic Jurisdiction**

Maryland

Washington, DC

**Secondary Geographic Jurisdiction**

Alabama, Arkansas, California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Iowa, Kansas, Kentucky, Louisiana, Maine, Massachusetts, Michigan, Missouri, Nebraska, Nevada, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin, Washington state, and Wyoming

**HCFA Region**

Region III

**HCFA Consortium**

Northeast

**Original Policy Effective Date**

04/28/1997

**Original Policy Ending Date**

12/16/2000

**Revision Effective Date**

12/17/2000

**Revision Ending Date**

**LMRP Description:**

- Lipoproteins are a class of heterogeneous particles of varying sizes and densities, containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids, and A, C, and E apoproteins.
- In most individuals, elevated blood cholesterol constitutes an increased risk

of developing coronary disease. Scientific evidence has established that lowering definitely elevated blood cholesterol (specifically LDL) will reduce the risk of heart attacks due to coronary heart disease (CHD). Elevated levels of total cholesterol and low density lipoprotein cholesterol (LDL-C) are associated with increased risk as are low levels of high-density lipoprotein cholesterol (HDL-C). Total cholesterol and LDL-C levels may be decreased by several factors, including decreasing the total fat intake and exercise.

- Total cholesterol comprises all the cholesterol found in various lipoproteins.

- I. Desirable Risk: Total Cholesterol <200  
LDL Cholesterol <130
- II. Borderline Risk: Total Cholesterol 200-239  
LDL Cholesterol 130-159
- III. High Risk: Total Cholesterol >240  
LDL Cholesterol >160

- There are three groups at risk (triglyceride levels):

- I. Level of >599mgm/dl = Abnormal high
- II. Level of <250mgm/dl = Normal
- III. Level of 250-500mgm/dl = Has two times the risk  
of

CV disease

### **Indications and Limitations of Coverage and/or Medical Necessity**

- Lipid panel profile and cholesterol testing are recognized by the medical community as the standard measurement for which the majority of the patient population are being evaluated for atherosclerotic cardiovascular disease.

Other values obtained from lipid panel profile and cholesterol testing include:

- Assessment of patient risk (s) of coronary artery disease;
- Evaluation of fat metabolism; and,
- Diagnostic evaluation including, nephrotic syndrome, pancreatitis, hepatic disease, hypo and hyperthyroidism.
- These tests will be covered at a combined frequency of up to three times a year for dietary therapy and four times a year for drug therapy. The medical necessity for testing beyond this frequency must be documented in the patient's

medical record.

## **CPT/HCPCS Section & Benefit Category**

Organ or Disease Oriented Panels/Pathology and Laboratory  
Chemistry/Pathology and Laboratory

## **Type of Bill Code**

13X, 14X, 83X

## **Revenue Code**

30X

## **CPT/HCPCS Codes**

80061 Lipid Panel

**Note:** Lipid Panel must include all of the following:

- 82465 Cholesterol, serum, total
- 83718 Lipoprotein, direct measurement; high density cholesterol (HDL) cholesterol
- 84478 Triglycerides

82465 Cholesterol, serum, total

83715 Lipoprotein, blood; electrophoretic separation and quantitation

83716 high-resolution fractionation and quantitation of lipoprotein cholesterols (e.g., electrophoresis, nuclear magnetic resonance, ultracentrifugation) (Note: 83717 has been deleted)

83718 Lipoprotein, direct measurement; high density cholesterol (HDL Cholesterol)

83719 direct measurements, VLDL cholesterol

83721 direct measurements, LDL cholesterol

84478 Tryglycerides

## **ICD-9-CM Codes that Support Medical Necessity**

**Covered for:**

240.0	Simple goiter
240.9	Goiter, unspecified
241.0-241.1	Non-toxic goiter
241.9	Unspecified non-toxic nodular goiter
242.0-242	Thyrotoxicosis with or without goiter
242.10-242.11	
242.30-242.31	
242.40-242.41	
242.80-242.81	
242.90-242.91	
243	Congenital Hypothyroidism
244.0-244.3	Acquired hypothyroidism
244.8-244.9	
245.0-245.4	Thyroiditis
245.8-245.9	
246.0-246.3	
246.8-246.9	
250.00-250.03	Diabetes mellitus and various related codes
250.10-250.13	Diabetes with ketoacidosis
250.20-250.23	Diabetes with hyperosmolarity
250.30-250.33	Diabetes with other coma
250.40-250.43	Diabetes with ream manifestations
250.50-250.53	Diabetes with ophthalmic manifestations
250.60-250.63	Diabetes with neurological manifestations
250.70-250.73	Diabetes with peripheral circulatory diseases
250.80-250.83	Diabetes with other specified manifestations
250.90-250.93	Diabetes with unspecified complications
255.0	Cushing's syndrome
260-262	Nutritional deficiencies
263.0-263.1	Malnutrition of mild or moderate degree
263.8-263.9	Protein-calorie malnutrition
270.0	Disturbances of amino-acid transport

271.1	Hypertriglyceride
272.0-272.9	Disorders of lipid metabolism
277.3	Amyloidosis
278.01	Morbid obesity
303.90-303.92	Other and unspecified alcohol dependence
362.13	Changes in vascular appearance, vascular sheathing of retina
362.30-362.34	Retinal vascular occlusion
362.82	Crystalline deposits
388.00	Degenerative and vascular disorders of ear, unspecified
401.0-401.1	Essential hypertension
401.9	Unspecified essential hypertension
402.00-402.01	Malignant hypertensive heart disease
402.10-402.11	Benign hypertensive heart disease
402.90-402.91	Unspecified hypertensive heart disease
403.00-403.01	Malignant hypertensive renal disease
403.10-403.11	Benign hypertensive renal disease
403.90-403.91	Unspecified hypertensive heart and renal disease
404.00-404.03	Malignant hypertensive heart and renal disease
404.10-404.13	Benign hypertensive heart and renal disease
404.90-404.93	Unspecified hypertensive heart and renal disease
405.1	Malignant secondary hypertension, renovascular
405.9	Malignant secondary hypertension, other
405.11	Benign secondary hypertension, renovascular
405.19	Benign secondary hypertension, other
405.91	Unspecified secondary hypertension, renovascular
405.99	Unspecified secondary hypertension, other
410.00-410.02	Acute MI of anterolateral wall
410.10-410.12	Acute MI of other anterior wall
410.20-410.22	Acute MI of inferolateral wall
410.30-410.32	Acute MI of inferoposterior wall
410.40-410.42	Acute MI other inferior wall
410.50-410.52	Acute MI of other lateral wall
410.60-410.62	True posterior wall infarction

- 410.70-410.72 Subendocardial infarction
- 410.80-410.82 Other specified sites of acute myocardial infarction
  - 410.90-410.92 Unspecified sites of acute myocardial infarction
- 411.0-411.1 Other acute and subacute forms of ischemic heart disease
- 411.81 Acute coronary occlusion without MI
- 411.89 Other
- 412 Old myocardial infarction
- 413.0-413.1 Angina pectoris
- 413.9 Other and unspecified angina pectoris
- 414.00-414.05 Coronary atherosclerosis
- 414.10-414.11 Aneurysm heart walls, coronary vessels
- 414.8-414.9 Other specified forms of chronic ischemic heart disease
- 416.0 Pulmonary hypertension
- 427.0-427.2 Cardiac dysrhythmias
- 427.31-427.32
- 427.41-427.42
- 427.60-427.61
- 427.69
- 427.81
- 427.89
- 427.9
- 428.0-428.1 Heart failure
- 428.9
- 429.2 Cardiovascular disease, unspecified
- 431 Intracerebral hemorrhage
- 432.0-432.1 Other and unspecified intracranial hemorrhage
- 432.9
- 433.00-433.01 Occlusion and stenosis of precerebral arteries, basilar
- 433.10-433.11 Occlusion and stenosis of precerebral arteries, carotid
- 433.20-433.21 Occlusion and stenosis of precerebral arteries, vertebral
  - 433.30-433.31 Occlusion and stenosis of precerebral arteries, multiple and bilateral
  - 433.80-433.81 Occlusion and stenosis of precerebral arteries, other

specified

433.90-433 Occlusion and stenosis of precerebral arteries,  
unspecified

434.00-434.01

434.10-434.11

434.90-434.91 Cerebral artery occlusion, unspecified

435.0-435.3

435.8-435.9

436

437.0 Other and ill-defined cerebrovascular disease, cerebral  
atherosclerosis

437.1 Other generalized ischemic cerebrovascular disease

437.5 Moyamoya disease

438 Late effects of cerebral vascular disease

440.0-440.1 Atherosclerosis

440.20-440.24

440.29

440.30-440.32

440.8-440.9

441.00-441.03 Aortic aneurysm and dissection

441.1-441.7

441.9

442.0 Other aneurysm of artery of upper extremity

442.1 Other aneurysm of renal artery

442.2 Other aneurysm of iliac artery

443.0-443.1 Other peripheral vascular disease

443.81

443.89

443.9

444.0-444.1 Arterial embolism and thrombosis

444.21-444.22

444.81

444.89

444.9	Arterial embolism and thrombosis of unspecified artery
557.1	Chronic vascular insufficiency of intestine
570	Acute and subacute necrosis of liver
571.0-571.3	Chronic liver disease and cirrhosis
571.40-571.41	
571.49	
571.5-571.6	
571.8-571.9	
572.0-572.4	Liver abscess and sequelae of chronic liver disease
572.8	
573.0-573.4	Other disorders of liver
573.8-573.9	Other specified and unspecified disorders of liver
574.0-574.1	Calculus of gallbladder with acute cholecystitis
574.10-574.11	Calculus of gallbladder with other cholecystitis
574.20-574.21	Calculus of gallbladder without mention of cholecystitis
574.30-574.31	Calculus of bile duct with acute cholecystitis
574.40-574.41	Calculus of bile duct with other cholecystitis
574.50-574.51	Calculus of bile duct without mention of cholecystitis
575.2	Obstruction of gallbladder
575.6	Cholesterolosis of gallbladder
576.2	Obstruction of bile duct
576.8	Other specified disorders of biliary tract
577.0-577.2	
577.8-577.9	
579.3	Other and unspecified postsurgical non absorption
579.8	Other specified intestinal malabsorption
581.0-581.3	
581.81	
581.89	
581.9	
584.5	Acute renal failure with lesion of tubular necrosis
585	Chronic renal failure
588.1	Nephrogenic diabetes insipidus

588.8.1 Other specified disorders resulting from impaired renal function

646.70-646.71 Liver disorders in pregnancy

646.73

648.10-648.14 Thyroid dysfunction

696.0-696.1 Psoriasis arthropathy and other psoriasis

746.85 Coronary artery anomaly

751.61 Biliary atresia

764.10-764.19 “Light-for-dates” with signs of fetal malnutrition

786.50 Chest pain, unspecified

789.1 Other symptoms involving abdomen and pelvis, hepatomegaly

790.4-790.6

793.4 Non-specific abnormal findings on radiological and other examination of body structure gastrointestinal tract

996.81 Complication peculiar to certain specified procedures, of transplant organ, kidney

V42.0 Organ or tissue replaced by transplant, kidney

V58.69 Encounter for long-term (Current) use of other medications

V67.51 Following treatment with high-risk medications, not elsewhere classified

### **ICD-9-CM Codes that do not Support Medical Necessity**

All ICD-9-CM codes not listed in the “ICD-9-CM Codes That Support Medical Necessity” section of this policy.

### **Reasons for Denial**

- All other indications not listed in the “Indications and Limitations of Coverage” section of this policy;
- Under all other conditions, lipid panel profile/cholesterol testing is considered screening and is therefore, **not covered**,
- Routine screening and prophylactic testing are not allowed for payment purposes in the Medicare program. These are non-covered services which

means that while such use may represent good medical practice, this type of testing cannot be reimbursed by Medicare,

- Apolipoprotein (82172) has been determined to be unnecessary for appropriate patient monitoring I cases of hyperlipoproteinemia, and is considered to be a screening test and, therefore, non-covered by Medicare.

**Note: LDL cholesterol = (total cholesterol – HDL cholesterol – triglycerides/5).**

- A multichannel chemistry profile will not be allowed when it is performed to measure cholesterol or triglycerides only.
- The service is for screening purposes;
- The service is not medically necessary;
- The medical record does not verify that the service described by the HCPCS code was provided, and;
- The service does not follow the guidelines of this policy.

### Coding Guidelines

- To report this service, use the appropriate HCPCS code
- All of the coverage criteria must be met before this service can be reimbursed by Medicare,
- Diagnosis(es) must be present on any claim submitted, and must be coded to the highest level of specificity,
- The diagnosis code(s) must be representative of the patient's condition,
- Report services performed for screening with an appropriate ICD-9-CM screening diagnosis code,
- ICD-9-CM code V82.9 (special screening tests for other conditions, unspecified conditions) should be used in the absence of any signs or symptoms, to indicate screening,
- Additional special lipoprotein analyses (83715, 83717 and 83719) must be supported by supplemental documentation of medical necessity and be maintained in the patient's medical records,
- When a lipid profile (80061) is performed, separate billing of individual test components (82465, 83718 and 84478) will not be allowed on the same

say,

- After the initial definition of the cholesterol abnormality, follow-up testing during the treatment of hypercholesterolemia should be billed with code 82465; and
- Follow up testing with a lipid profile (80061) would be appropriate at less frequent intervals. (**Note:** These refer to the frequency referenced in the “Indications and Limitations” section of this policy).

For example, in-patients with borderline high cholesterol (who are not being treated or in patients who are stable on dietary and/or drug therapy) performing a lipid profile yearly would be reasonable. In patients with significantly elevated cholesterol levels (who are aggressively managed with drug therapy) a lipid profile may be reasonable every three-to-four months until the clinical condition has stabilized. More frequent use of lipid profiles or use of other lipid fraction tests to follow the course of treatment would need to be individually justified.

### **Documentation Requirements**

Documentation supporting the medical necessity should be legible, maintained in the patient’s medical record, and must be made available to Medicare upon request.

### **Other Comments**

- A family history alone does not indicate medical necessity.
- Only those services which directly relate to disease, injury, or malfunctioning body parts, are covered by Medicare.
- The addition of a HDL cholesterol to a chemistry profile to provide the basic three components of a lipid panel profile is acceptable, if performed as part of a coronary artery evaluation or ongoing monitoring of vascular disease.
- Most follow-ups may be done with a total cholesterol (82465). Triglycerides (84478) may be obtained if his lipid fraction is also elevated or if the patient is placed on drug therapy (i.e., thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level. Need for the full lipid panel profile (80061) will depend on the clinical circumstances

- Lipid panel profile (80061) and Hepatic panel (80058) testing will be reimbursed for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid estretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. (Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis). These two panels will be allowed at a frequency in keeping with medical necessity and appropriate medical practice acceptable to the Intermediary and Carrier's medical review.
- Medicare will continue to monitor the utilization of these laboratory tests through the Focused Medical Review (FMR) process.

### **Source of Information and Basis for Decision**

- TrailBlazer Health Enterprises, Inc., 9/27/1996 Provider Bulletin.
- Bierman, E. L. 1994. "Atherosclerosis and Other Forms of Arteriosclerosis". Harrison's Principles of Internal Medicine. 13<sup>th</sup> ed. McGraw-Hill, New York: 2058-2069.
- Brown S. and Goldstein J. L. 1994. "The Hyperlipoproteinemias and Other Disorders of Lipid Metabolism." Harrison's Principles of Internal Medicine. 13<sup>th</sup> ed. McGraw-Hill, New York: 1106-1116.
- Executive Summary of the National Cholesterol Education Program Expert Panel Second Report on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults, (Adult Treatment Panel 11). National Institutes of Health, National Heart, Lung, and Blood Institute. NIH publication No. 93-3095. Bethesda, MD. July 1993 and September 1993.
- Farmer, J.A. and Gotto, Jr., A.M. 1992. "Risk Factors Coronary Artery Disease". Heart Disease, A Textbook of Cardiovascular Medicine. 4<sup>th</sup> ed. W.B. Saunders, Philadelphia: 1125-1160.

### **Advisory Committee Notes**

This policy does not reflect the sole opinion of the contractor or Contractor Medical Director. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

Advisory Committee meeting date:

### **Start Date of Comment Period**

### **Start Date of Notice Period**

March 28, 1997

### **Revision History**

<u>Number</u>	<u>Date</u>	<u>Changes</u>
97-08-R1 maintain  intermediary  Bulletin)	11/17/2000	Limited coverage expanded to  consistency in policies between  and carrier. (11/17/2000 Provider

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