

Contractor's Policy Number

97-08-R2

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

09/25/2001

Revision Ending Date

09/24/2001

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

Refer to the *Current Procedural Terminology, CPT* for a complete description of the following CPT codes:

80061	Lipid Panel
82465	Cholesterol
83715	Lipoprotein
83716	Lipoprotein (Note: 83717 has been deleted)
83718	Lipoprotein (HDL Cholesterol)
83719	Lipoprotein (VLDL cholesterol)
83721	Lipoprotein (LDL cholesterol)
84478	Triglycerides

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 renal 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
 433.90-433.91 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 nonabsorption
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 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 day,
- 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 the 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. 13th 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. 13th 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. 4th 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
97-08-R2 code 82465 format and descriptors.	08/10/2001	Update of descriptor for HCPCs per <i>CPT 2001</i> . Placed in new policy CPT descriptors changed to short

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