

# Local Coverage Article: Billing and Coding: B-type Natriuretic Peptide (BNP) Testing (A56605)

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## Contractor Information

CONTRACTOR NAME	CONTRACT TYPE	CONTRACT NUMBER	JURISDICTION	STATE(S)
Palmetto GBA	A and B MAC	10111 - MAC A	J - J	Alabama
Palmetto GBA	A and B MAC	10211 - MAC A	J - J	Georgia
Palmetto GBA	A and B MAC	10311 - MAC A	J - J	Tennessee
Palmetto GBA	A and B and HHH MAC	11201 - MAC A	J - M	South Carolina
Palmetto GBA	A and B and HHH MAC	11301 - MAC A	J - M	Virginia
Palmetto GBA	A and B and HHH MAC	11401 - MAC A	J - M	West Virginia
Palmetto GBA	A and B and HHH MAC	11501 - MAC A	J - M	North Carolina

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## Article Information

### General Information

**Article ID**

A56605

**Original Effective Date**

05/30/2019

**Article Title**

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

**Revision Effective Date**

08/03/2020

**Article Type**

Billing and Coding

**Revision Ending Date**

N/A

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

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**Retirement Date**

N/A

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## **CMS National Coverage Policy**

Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

## **Article Guidance**

### **Article Text:**

The information in this article contains billing, coding or other guidelines that complement the Local Coverage Determination (LCD) for B-type Natriuretic Peptide (BNP) Testing L34410.

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## **Coding Information**

**CPT/HCPCS Codes****Group 1 Paragraph:**

N/A

**Group 1 Codes:**

CODE	DESCRIPTION
83880	NATRIURETIC PEPTIDE

**CPT/HCPCS Modifiers**

N/A

**ICD-10 Codes that Support Medical Necessity****Group 1 Paragraph:**

The correct use of an ICD-10 code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in the related LCD.

**Group 1 Codes:**

ICD-10 CODE	DESCRIPTION
E85.81	Light chain (AL) amyloidosis
E85.82	Wild-type transthyretin-related (ATTR) amyloidosis
E85.89	Other amyloidosis
I11.0	Hypertensive heart disease with 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
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I16.9	Hypertensive crisis, unspecified
I20.0	Unstable angina
I21.01	ST elevation (STEMI) myocardial infarction involving left main coronary artery
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall

ICD-10 CODE	DESCRIPTION
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery
I21.29	ST elevation (STEMI) myocardial infarction involving other sites
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site
I21.4	Non-ST elevation (NSTEMI) myocardial infarction
I21.9	Acute myocardial infarction, unspecified
I21.A1	Myocardial infarction type 2
I21.A9	Other myocardial infarction type
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall
I22.1	Subsequent ST elevation (STEMI) myocardial infarction of inferior wall
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris
I31.1	Chronic constrictive pericarditis
I42.0	Dilated cardiomyopathy
I42.1	Obstructive hypertrophic cardiomyopathy
I42.2	Other hypertrophic cardiomyopathy
I42.5	Other restrictive cardiomyopathy

ICD-10 CODE	DESCRIPTION
I42.8	Other cardiomyopathies
I42.9	Cardiomyopathy, unspecified
I50.1	Left ventricular failure, unspecified
I50.20	Unspecified systolic (congestive) heart failure
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.30	Unspecified diastolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.40	Unspecified combined systolic (congestive) and diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
I60.2	Nontraumatic subarachnoid hemorrhage from anterior communicating artery
I63.013	Cerebral infarction due to thrombosis of bilateral vertebral arteries
I63.033	Cerebral infarction due to thrombosis of bilateral carotid arteries
I63.113	Cerebral infarction due to embolism of bilateral vertebral arteries
I63.133	Cerebral infarction due to embolism of bilateral carotid arteries
I63.213	Cerebral infarction due to unspecified occlusion or stenosis of bilateral vertebral

ICD-10 CODE	DESCRIPTION
	arteries
I63.233	Cerebral infarction due to unspecified occlusion or stenosis of bilateral carotid arteries
I63.313	Cerebral infarction due to thrombosis of bilateral middle cerebral arteries
I63.323	Cerebral infarction due to thrombosis of bilateral anterior cerebral arteries
I63.333	Cerebral infarction due to thrombosis of bilateral posterior cerebral arteries
I63.343	Cerebral infarction due to thrombosis of bilateral cerebellar arteries
I63.413	Cerebral infarction due to embolism of bilateral middle cerebral arteries
I63.423	Cerebral infarction due to embolism of bilateral anterior cerebral arteries
I63.433	Cerebral infarction due to embolism of bilateral posterior cerebral arteries
I63.443	Cerebral infarction due to embolism of bilateral cerebellar arteries
I63.513	Cerebral infarction due to unspecified occlusion or stenosis of bilateral middle cerebral arteries
I63.523	Cerebral infarction due to unspecified occlusion or stenosis of bilateral anterior cerebral arteries
I63.533	Cerebral infarction due to unspecified occlusion or stenosis of bilateral posterior cerebral arteries
I63.543	Cerebral infarction due to unspecified occlusion or stenosis of bilateral cerebellar arteries
J44.0	Chronic obstructive pulmonary disease with (acute) lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J98.01	Acute bronchospasm
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing
R60.0	Localized edema
R60.1	Generalized edema

### ICD-10 Codes that DO NOT Support Medical Necessity

N/A

### Additional ICD-10 Information

N/A

### Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

N/A

### Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory. Unless specified in the policy, services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

N/A

### Other Coding Information

N/A

## Revision History Information

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
08/03/2020	R3	Under <b>CMS National Coverage Policy</b> added verbiage to read "Title XVIII of the Social Security Act, §1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim." Under <b>ICD-10 Codes that Support Medical Necessity Group 1: Codes</b> added E85.81, E85.82, E85.89, J44.0, J44.1, and J98.01.
10/10/2019	R2	This article is being revised in order to adhere to CMS requirements per Chapter 13, Section 13.5.1 of the Program Integrity Manual. Title XVIII of the Social Security

REVISION HISTORY DATE	REVISION HISTORY NUMBER	REVISION HISTORY EXPLANATION
		Act, §1833(e) was removed from the <b>CMS National Coverage Policy</b> section of the related B-type Natriuretic Peptide (BNP) Testing L34410 LCD and placed in this article.
05/30/2019	R1	All coding located in the <b>Coding Information</b> section has been removed from the related B-type Natriuretic Peptide (BNP) Testing L34410 LCD and added to this article.

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## Associated Documents

### Related Local Coverage Document(s)

LCD(s)

L34410 - B-type Natriuretic Peptide (BNP) Testing

### Related National Coverage Document(s)

N/A

### Statutory Requirements URL(s)

N/A

### Rules and Regulations URL(s)

N/A

### CMS Manual Explanations URL(s)

N/A

### Other URL(s)

N/A

### Public Version(s)

Updated on 06/30/2020 with effective dates 08/03/2020 - N/A

Updated on 10/02/2019 with effective dates 10/10/2019 - N/A

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## Keywords

- BNP
- Brain Natriuretic Peptide