

B-Type Natriuretic Peptide (BNP)

CPT: 83880

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

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

Congestive Heart Failure (CHF) is characterized by a progressive activation of the neurohormonal systems that control vasoconstriction and sodium retention; the activation of these systems plays a role in its pathogenesis and progression. As the heart fails, B-Type Natriuretic Peptide (BNP), a cardiac neurohormone is secreted from the cardiac ventricles in response to ventricular volume expansion and pressure overload. Used in conjunction with other clinical information, rapid measurement of BNP is useful in establishing or excluding the diagnosis and assessment of 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. For the purposes of this policy, the total and N terminal assays are both acceptable.

Indications

B-Type Natriuretic Peptide (BNP) measurements will be considered medically reasonable and necessary to establish or exclude the diagnosis and assessment of severity of CHF in patients with acute dyspnea when used in combination with other medical data such as medical history, physical examination, laboratory studies, chest x-ray, and electrocardiography (ECG). Rapid measurement of BNP concentration in the blood appears to be a sensitive and specific test for differentiating patients with CHF from primary pulmonary causes of dyspnea in acute care settings.

Plasma BNP levels are significantly increased in CHF patients with or without concurrent lung disease compared with patients with primary lung disease.

Plasma BNP levels are significantly increased in CHF patients presenting with acute dyspnea compared with patients presenting with acute dyspnea due to other causes.

BNP levels are also useful for risk stratification (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).

BNP measurements must be analyzed in conjunction with standard diagnostic tests, the medical history, and clinical findings; its efficacy as a stand-alone test has not yet been established.

Additional investigation is required to further define the diagnostic value of plasma BNP in monitoring the efficiency of treatment for CHF and in tailoring the therapy for heart failure. Therefore, BNP measurements for monitoring and management of CHF are not a covered service.

Utilization Guidelines

Generally, it is not expected that this test would be performed more than four times in a given year. It is expected that these services would be performed as indicated by current medical literature and/or standards of practice. When services are performed in excess of established parameters, they may be subject to review for medical necessity.

Visit [QuestDiagnostics.com/MLCP](https://www.questdiagnostics.com/MLCP) 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 ►

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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
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
I50.1	Left ventricular failure
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
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.9	Heart failure, unspecified
R06.00	Dyspnea, unspecified
R06.02	Shortness of breath
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.83	Snoring
R06.89	Other abnormalities of breathing

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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. Quest Diagnostics 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.

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