



REIMBURSEMENT POLICY STATEMENT OHIO MEDICAID

Original Issue Date		Next Annual Review		Effective Date	
04/04/2017		04/04/2018		12/01/2017	
Policy Name				Policy Number	
Lipid Testing Assessing Cardiovascular Risk				PY-0255	
Policy Type					
Medical	Administrative	Pharmacy	REIMBURSEMENT		

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

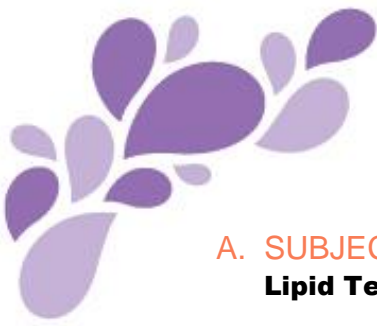
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

Contents of Policy

<u>REIMBURSEMENT POLICY STATEMENT</u>	1
<u>TABLE OF CONTENTS</u>	1
<u>A. SUBJECT</u>	2
<u>B. BACKGROUND</u>	2
<u>C. DEFINITIONS</u>	2
<u>D. POLICY</u>	3
<u>E. CONDITIONS OF COVERAGE</u>	4
<u>F. RELATED POLICIES/RULES</u>	5
<u>G. REVIEW/REVISION HISTORY</u>	5
<u>H. REFERENCES</u>	5



A. SUBJECT

Lipid Testing Assessing Cardiovascular Risk

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code in this policy does not imply any right to reimbursement or guarantee claims payment.

Cardiovascular disease (CVD) is one of the leading causes of morbidity and mortality in the United States. Vascular disease is the major contributor to CVD events. High levels of cholesterol in the blood, increase a person's risk of developing CVD. Total cholesterol levels include all the cholesterol found in various lipoproteins. Lipoproteins vary in size and density and include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoproteins (LDL) and high density lipoproteins (HDL), are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Lipid testing is used to indicate the chances of having cardiovascular disease (CVD) and/or of having a coronary event.

C. DEFINITIONS

- **Medically necessary** – health products, supplies or services that are necessary for the diagnosis or treatment of disease, illness, or injury and meet accepted guidelines of medical practice.
- **Cholesterol** - White, crystalline substance found in animal tissues and various foods that is normally synthesized by the liver and is important as a constituent of cell membrane and a precursor to steroid hormones; its level in the bloodstream can influence the pathogenesis of certain conditions, such as the development of atherosclerotic plaque and coronary artery disease.
- **Coronary Heart Disease (CHD)** - Any heart disorder caused by disease of the coronary arteries.
- **High Density Lipoprotein (HDL)** - A lipoprotein that transports cholesterol in the blood; composed of a high proportion of protein and relatively little cholesterol. High levels are thought to be associated with decreased risk of CHD and atherosclerosis.
- **High-sensitivity C-reactive protein (hs-CRP)**- A protein produced in the liver that is a marker of inflammation.
- **Immunoassay** - Any laboratory method for detecting a substance by using an antibody reactive with it.
- **Lipid** - Oily organic compound insoluble in water but soluble in organic solvents; essential structural component of living cells (along with proteins and carbohydrates).
- **Low Density Lipoprotein (LDL)** - A lipoprotein that transports cholesterol in the blood; composed of a moderate amount of protein and a large amount of cholesterol. High levels are thought to be associated with increased risk of CHD and atherosclerosis.
- **Peripheral Arterial Disease (PAD)** - A narrowing of the vessels that carry blood to the legs, arms, abdomen or kidneys; also known as peripheral vascular disease (PVD).



- **Plaque** - Deposit of fatty material on the inner lining of an arterial wall; characteristic of atherosclerosis.
- **Triglyceride** – Naturally occurring ester (compound) of three fatty acids and glycerol that is the chief constituent of fats and oils.
- **Unsaturated** - Capable of taking up, or of uniting with, certain other elements or compounds, without the elimination of any side.

D. POLICY

- I. CareSource members may receive lipid testing without prior authorization. Lipid testing must be medically necessary.
- II. Conditions in which lipid testing may be indicated include:
 - A. Assessment of patients with atherosclerotic cardiovascular disease.
 - B. Evaluation of primary dyslipidemia.
 - C. Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease.
 - D. Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism.
 - E. Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure.
 - F. Signs or symptoms of dyslipidemias, such as skin lesions.
 - G. As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when total cholesterol is determined to be high (>240 mg/dL), or borderline-high (200-240 mg/dL) plus two or more coronary heart disease risk factors, or an HDL cholesterol, <35 mg/dl.
- III. Lipid testing services:
 - A. Must be medically necessary and, under accepted standards of medical practice, be considered specific and effective treatment for the patient's condition.
 - B. Monitoring long term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels:
 1. It may be reasonable and necessary to test up to six times the first year and then perform the lipid panel annually.
 2. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

Note: If no dietary or pharmacological therapy is advised, monitoring is not necessary.

 - C. Lipid testing may be used for patients with severe psoriasis which has not responded to conventional therapy and who have developed hyperlipidemia.
- IV. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the speech-language pathology service CPT code.
- V. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.
- VI. Non-Covered Services
 - A. Routine screening and prophylactic testing for lipid disorder are not covered.
 - B. Regardless of other risk factors such as family history, tobacco use, etc., lipid testing is considered to be screening, for individuals that are asymptomatic.



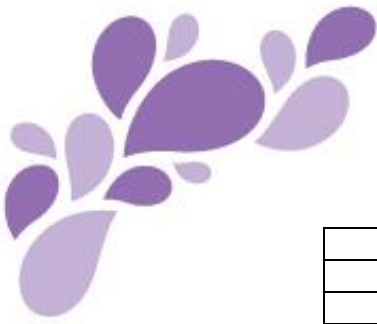
E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting Ohio Medicaid approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule <http://www.medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/LabServicesPayment.pdf>

- **The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.**

CPT Codes	Description
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
82465	Cholesterol, serum or whole blood, total
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement; LDL cholesterol
84478	Triglycerides

ICD-10	Description
E13.3292	Other specified diabetes mellitus with mild non-proliferative diabetic retinopathy without macular edema, left eye
E13.3511	Other specified diabetes mellitus with proliferative diabetic retinopathy with macular edema, right eye
E00.9	Congenital iodine-deficiency syndrome, unspecified
E89.0	Postprocedural hypothyroidism
F10.20	Alcohol dependence, uncomplicated
G45.9	Transient cerebral ischemic attack, unspecified
H93.099	Unspecified degenerative and vascular disorders of unspecified ear
I10	Essential (primary) hypertension
I70.0	Atherosclerosis of aorta
I74.9	Embolism and thrombosis of unspecified artery
K55.1	Chronic vascular disorders of intestine
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.8	Other psoriasis
M04.1	Periodic fever syndromes
N02.2	Recurrent and persistent hematuria with diffuse membranous glomerulonephritis
N52.9	Male erectile dysfunction, unspecified
O26.611	Liver and biliary tract disorders in pregnancy, first trimester
O99.285	Endocrine, nutritional and metabolic diseases complicating the puerperium
P05.00	Newborn light for gestational age, unspecified weight



P05.17	Newborn small for gestational age, 1750-1999 grams
Q44.2	Atresia of bile ducts
Q44.3	Congenital stenosis and stricture of bile ducts
R07.2	Precordial pain
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
T59.812A	Toxic effect of smoke, intentional self-harm, initial encounter
T86.10	Unspecified complication of kidney transplant
Z79.891	Long term (current) use of opiate analgesic
Z94.4	Liver transplant status

F. RELATED POLICIES/RULES

Lipid Testing in Assessing Cardiovascular (CV) Risk Medical Policy MM-0012

<https://www.caresource.com/documents/mm-0012/>

G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	04/04/2017	New policy.
Date Revised		
Date Effective	12/01/2017	

H. REFERENCES

1. Medically Necessary - HealthCare.gov Glossary | HealthCare.gov. (2017, March 14). Retrieved 3/14/17 from <https://www.healthcare.gov/glossary/medically-necessary/>
2. National Coverage Determination (NCD) for Lipid Testing (190.23). (2005, March 1). Retrieved 3/31/2017 from <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=102&ncdver=2&bc=AgEAAAAAAAAA&>

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.