

MEDICAL POLICY STATEMENT INDIANA MEDICAID

Policy Name		Policy Number	Date Effective
Lipid Testing in Assessing Risk for CVD		MM-0179	01/01/2021-11/30/2021
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

Medical Policy Statement prepared by CareSource and its affiliates are derived from literature based on and supported by clinical guidelines, nationally recognized utilization and technology assessment guidelines, other medical management industry standards, and published MCO clinical policy 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 Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

Medical Policy Statements prepared by CareSource and its affiliates do not ensure an authorization or payment of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced in the Medical Policy Statement. If there is a conflict between the Medical Policy Statement 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.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

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A. Subject

Lipid Testing in Assessing Risk for Cardiovascular Disease (CVD)

B. Background

Cardiovascular disease (CVD) is common in the United States. Estimating the risk of CVD identifies the likelihood that a member may have a future event related to CVD such as coronary heart disease, cerebrovascular disease, or peripheral artery disease.

Assessment of risk is considered the foundation for primary prevention. Assessing the members risk includes reviewing traditional/risk enhancing factors, lifestyle factors and members age. A CVD risk calculator is also recommended to calculate an estimated 10 year CVD risk for asymptomatic members ages 40-75.

C. Definitions

- **Lipid Testing-** HDL (High Density Lipoprotein), LDL (Low Density Lipoprotein), Total Cholesterol and Triglycerides
- **Traditional Risk Factors-** Hypertension, cigarette smoking, diabetes mellitus, premature family history of CVD chronic disease and obesity.
- **Risk-enhancing Factors-** Family history of premature ASCVD, primary hypercholesterolemia, metabolic syndrome, chronic kidney disease, chronic inflammatory conditions, history of premature menopause and history of pregnancy-associated conditions that increase later ASCVD risk, high risk race/ethnicity and lipids/biomarkers.
- **Risk Calculator-** A tool to help clinicians evaluate the 10 year and lifetime risks for CVD, It is an equation based on information such as race, gender, age, cholesterol, blood pressure, diabetes status, smoking status and use of blood pressure medication.

D. Policy

- I. CareSource considers two groups of patients when ordering lipid testing to aid in the assessment of the risk for CVD:
 - A. Individuals who have a known diagnosis that puts them at risk for elevated cholesterol or a CVD (Diagnostic Testing).
 - B. Healthy adults or children with no known chronic medical conditions.
- II. Diagnostic Testing
 - A. Some health conditions considered at risk for CVD but not limited to:
 1. Assessment of patients with known atherosclerotic cardiovascular disease
 2. Morbid obesity
 3. Evaluation of primary dyslipidemia



4. Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease.
 5. Diagnostic evaluation of diseases associated with altered lipid metabolism.
 6. Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure.
 7. Signs or symptoms of dyslipidemias, such as skin lesion.
 8. As follow-up to the initial screening 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
 9. Antipsychotic drug monitoring
 10. Severe psoriasis
- B. Prior Authorization is NOT required for lipid testing for individuals in this category
- C. Frequency of testing should be limited to the 3 times a year, more than 3 times a year there should be justification in the medical record.

III. Screening of healthy adults and children:

- A. Screening diagnosis Z codes must be the primary diagnosis.
- B. Prior authorization is NOT required for lipid testing to evaluate for CVD
- C. CareSource follows the CDC recommendations for testing frequency
 1. Once between the ages of 9 and 11 (before puberty)
 2. Once before the ages of 17 and 21 (after puberty)
 3. Every 4 to 6 years in adulthood (after age 21)
- D. Testing more frequently than the CDC recommendations could lead to a denial of the lipid testing services
- E. CareSource considers cholesterol skin testing experimental and investigational because of its effectiveness in predicting coronary heart disease risk as compared to standard methods of cholesterol testing has not been established.
- F. Breath isoprene measurements for screening members for lipid disorders or monitoring of the success therapies in persons with lipid disorders experimental and investigational because its effectiveness has not been established.

IV. Due to limited medical research the following are non-covered services (for diagnostic or screening purposes, list is not all inclusive).

- A. Comprehensive lipid panel (e.g., VAP)
- B. Fibrinogen
- C. Galectin-3
- D. HDL subclass
- E. Homocysteine
- F. LDL subclasses (e.g., NMR)
- G. Lipoprotein (a) (Lp[a])
- H. Lipoprotein remnants-intermediate density lipoproteins (IDL) and small density lipoproteins
- I. Lipoprotein-associated phospholipase A2 (Lp-PLA2 or PLAC)
- J. Long-chain omega 3 fatty acids
- K. Skin cholesterol (e.g, PREVU)



E. Conditions of Coverage

F. Related Policies/Rules

G. Review/Revision History

DATE		ACTION
Date Issued	11/17/2005	
Date Revised	09/30/2020	Update Definitions, references, Separated into screening and diagnostic
Date Effective	01/01/2021	
Date Archived	11/30/2021	This Policy is no longer active and has been archived. Please note that there could be other Policies that may have some of the same rules incorporated and CareSource reserves the right to follow CMS/State/NCCI guidelines without a formal documented Policy

H. References

1. Wilson, Peter WF. Cardiovascular disease risk assessment for primary prevention: Our Approach. 91028. Retrieved on 07/21/2020 from www.uptodate.com
2. American Heart Associations. Heart Health Screenings (2019) retrieved on 07/21/2020 from www.heart.org
3. Jarskog, LG and Yu, Rupal. Modifiable risk factors for cardiovascular disease in patients with severe mental illness. (2018) Retrieved on 07/21/2020 from www.uptodate.com
4. US Preventative task Force (2018). Final Recommendations Statement Cardiovascular Disease: Risk Assessment with Nontraditional Risk Factors. Retrieved on 07/21/2020 from www.uspreventiveservicetaskforce.org
5. American Association of Clinical Endocrinologist and American College of Endocrinology Guidelines for Management if Dyslipidemia and Prevention of Cardiovascular Disease (2017). Retrieved on 07/21/2020 from www.aace.com
6. National Coverage Determination (NCD) for Lipid Testing (190.23) (2005, March 11).

This guideline contains custom content that has been modified from the standard care guidelines and has not been reviewed or approved by MCG Health, LLC.

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

Independent medical review – 05/2019

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Date Issued 11/17/2005

OMPP Approved 10/28/2020