MEDICAL POLICY STATEMENT
OHIO MEDICAID

Policy Name	Policy Number	Date Effective	
Lipid Testing in Assessing Risk for Cardiovascular Disease (CVD)	MM-0012	10/1/2019	
Policy Type			
MEDICAL	Administrative	Pharmacy	Reimbursement

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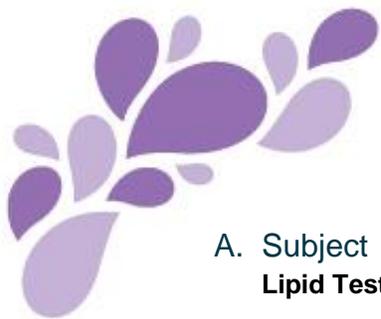
A. Subject

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 member's risk includes reviewing traditional/risk enhancing factors, lifestyle factors, and member's 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 kidney 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.
- **Lifestyle Factors -** Nutrition, diet, exercise, and physical activity.
- **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. Examples of risk calculators can be found in the 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk.

D. Policy

I. Screening diagnosis Z codes must be the primary diagnosis

II. Prior authorization is **NOT** required for lipid testing to evaluate for CVD
   A. Baseline is recommended at $\geq$ 20 years of age
   B. Low risk for CVD and no change in clinical status, testing is recommended every 4-6 years
   C. Intermediate or greater CVD or stroke risk, testing is recommended more than every 4-6 years i.e. diabetes mellitus

III. Conditions in which lipid testing may be indicated include:
   A. Assessment of patients with atherosclerotic cardiovascular disease
   B. Morbid obesity
   C. Evaluation of primary dyslipidemia
   D. Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease
   E. Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism
   F. Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure
   G. Signs or symptoms of dyslipidemias, such as skin lesion

H. 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
I. Antipsychotic Drug Monitoring
J. Members with severe mental illness
K. Severe psoriasis

IV. Due to limited medical research, the following are non-Covered Services for screening (This is not an all-inclusive list):
A. Apolipoprotein A-1 (apo A-1)
B. Apolipoprotein E (apo E)
C. Comprehensive lipid panel (e.g., VAP)
D. Fibrinogen
E. Galectin-3
F. HDL subclass
G. Homocysteine
H. LDL subclasses (e.g., NMR)
I. Lipoprotein(a) (Lp [a])
J. Lipoprotein-associated phospholipase A2 (Lp-PLA2 or PLAC)
K. Lipoprotein remnants - intermediate density lipoproteins (IDL) and small density lipoproteins)
L. Long-chain omega-3 fatty acids
M. Skin cholesterol (e.g., PREVU)

E. Conditions of Coverage

F. Related Polices/Rules

G. Review/Revision History

	DATE	ACTION
Date Issued	11/17/2015	
Date Revised	5/29/2019	
Date Effective	10/1/2019	Title change. Focused policy on assessment of risk as prevention. Updated definitions, diagnosis codes, screening recommendations, and conditions for testing. Removed monitoring and medication references.

H. References

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2. Wilson, Peter WF. Cardiovascular disease risk assessment for primary prevention: Our approach. 91028). Retrieved on 5/13/2019 from https://www.uptodate.com/contents/cardiovascular-disease-risk-assessment-for-primary-prevention-our-approach?topicRef=1484&source=see_link
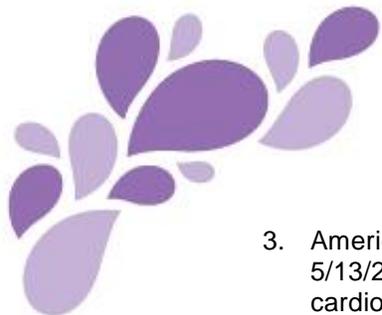
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7. US Preventative Services Task Force (2018). Final Recommendation Statement Cardiovascular Disease: Risk Assessment with Nontraditional Risk Factors. Retrieved on 5/13/2019 from https://www.uspreventiveservicestaskforce.org/Page/Document/RecommendationStatementFinal/cardiovascular-disease-screening-using-nontraditional-risk-assessment
8. American Association of Clinical Endocrinologists and American College of Endocrinology Guidelines for Management of Dyslipidemia and Prevention of Cardiovascular Disease (2017). Retrieved on 5/13/2019 from https://www.aace.com/files/lipid-guidelines.pdf
9. National Coverage Determination (NCD) for Lipid Testing (190.23).(2005, March 11)

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

Independent medical review – 5/2019