



190.23 - Lipids Testing

Description

Lipoproteins are a class of heterogeneous particles of varying sizes and densities containing lipid and protein. These lipoproteins include cholesterol esters and free cholesterol, triglycerides, phospholipids and A, C, and E apoproteins. Total cholesterol comprises all the cholesterol found in various lipoproteins.

Factors that affect blood cholesterol levels include age, sex, body weight, diet, alcohol and tobacco use, exercise, genetic factors, family history, medications, menopausal status, the use of hormone replacement therapy, and chronic disorders such as hypothyroidism, obstructive liver disease, pancreatic disease (including diabetes), and kidney disease.

In many individuals, an elevated blood cholesterol level constitutes an increased risk of developing coronary artery disease. Blood levels of total cholesterol and various fractions of cholesterol, especially low density lipoprotein cholesterol (LDL -C) and high density lipoprotein cholesterol (HDL-C) are useful in assessing and monitoring treatment for that risk in patients with cardiovascular and related diseases. Blood levels of the above cholesterol components including triglyceride have been separated into desirable, borderline and high-risk categories by the National Heart, Lung, and Blood Institute in their report in 1993. These categories form a useful basis for evaluation and treatment of patients with hyperlipidemia. Therapy to reduce these risk parameters includes diet, exercise and medication, and fat weight loss, which is particularly powerful when combined with diet and exercise.

HCPCS Codes (Alphanumeric, CPT[®] AMA)

Code	Description
80061	Lipid panel
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 (e.g., electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle numbers and lipoprotein particle subclasses
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement, LDL cholesterol
84478	Triglycerides



ICD-9-CM Codes Covered by Medicare Program

The individual ICD-9-CM codes included in code ranges in the table below can be viewed on CMS' website under Downloads: Lab Code List. The link is: <http://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD9.html>

Code	Description
242.00-245.9	Disorders of the thyroid gland with hormonal dysfunction
249.00-249.01	Secondary diabetes mellitus without mention of complication
249.10-249.11	Secondary diabetes mellitus with ketoacidosis
249.20-249.21	Secondary diabetes mellitus with hyperosmolarity
249.30-249.31	Secondary diabetes mellitus with other coma
249.40-249.41	Secondary diabetes mellitus with renal manifestations
249.50-249.51	Secondary diabetes mellitus with ophthalmic manifestations
249.60-249.61	Secondary diabetes mellitus with neurological manifestations
249.70-249.71	Secondary diabetes mellitus with peripheral circulatory disorders
249.80-249.81	Secondary diabetes mellitus with other specified manifestations
249.90-249.91	Secondary diabetes mellitus with unspecified complication
250.00-250.93	Diabetes mellitus
255.0	Cushing's syndrome
260	Kwashiorkor
261	Nutritional marasmus
262	Other severe, protein-calorie malnutrition
263.0	Malnutrition of moderate degree
263.1	Malnutrition of mild degree
263.8	Other protein-calorie malnutrition
263.9	Unspecified protein-calorie malnutrition
270.0	Disturbances of amino-acid transport
271.1	Galactosemia
272.0	Pure hypercholesterolemia
272.1	Hypertriglyceridemia
272.2	Mixed hyperlipidemia (tuberous xanthoma)
272.3	Hyperchylomicronemia
272.4	Other and unspecified hyperlipidemia (unspecified xanthoma)
272.5	Lipoprotein deficiencies
272.6	Lipodystrophy
272.7	Lipidoses
272.8	Other disorders of lipid metabolism
272.9	Unspecified disorders of lipid metabolism
277.30	Amyloidosis, unspecified
277.31	Familial Mediterranean fever
277.39	Other amyloidosis
278.00	Obesity

NCD 190.23

***October 14 Changes – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report**

Code	Description
278.01	Morbid obesity
278.02	Overweight
278.03	Obesity hypoventilation syndrome
303.90-303.92	Alcoholism
362.10-362.16	Other background retinopathy and retinal vascular change
362.30-362.34	Retinal vascular occlusion
362.82	Retinal exudates and deposits
371.41	Senile corneal changes
374.51	Xanthelasma
379.22	Crystalline deposits in vitreous
388.00	Degenerative & vascular disorder of ear, unspecified
388.02	Transient ischemic deafness
401.0, 401.1, 401.9	Essential hypertension
402.00-402.91	Hypertensive heart disease
403.00-403.91	Hypertensive chronic kidney disease
404.00-404.93	Hypertensive heart and chronic kidney disease
405.01-405.99	Secondary hypertension
410.00-410.92	Acute myocardial infarction
411.0-411.1	Other acute & subacute forms of ischemic heart disease
411.81	Coronary occlusion without myocardial infarction
411.89	Other acute and subacute ischemic heart disease
412	Old myocardial infarction
413.0-413.1	Angina pectoris
413.9	Other and unspecified angina pectoris
414.00-414.03	Coronary atherosclerosis
414.04	Coronary atherosclerosis, of artery bypass graft
414.05	Coronary atherosclerosis, of unspecified graft
414.06	Coronary atherosclerosis, of coronary artery of transplanted heart
414.07	Coronary atherosclerosis, of bypass graft (artery) (vein) of transplanted heart
414.10	Aneurysm of heart (wall)
414.11	Coronary vessel aneurysm
414.12	Dissection of coronary artery
414.19	Other aneurysm of heart
414.3	Coronary atherosclerosis due to lipid rich plaque
414.4	Coronary atherosclerosis due to calcified coronary lesion
414.8	Other specified forms of chronic ischemic heart disease
414.9	Chronic ischemic heart disease, unspecified
428.0-428.9	Heart failure
429.2	Heart disease, unspecified

NCD 190.23

***October 14 Changes – Red**



**Medicare National Coverage Determinations (NCD)
Coding Policy Manual and Change Report**

Code	Description
429.9	Heart disease NOS
431	Intracerebral hemorrhage
433.00-433.91	Occlusion & stenosis of precerebral arteries
434.00-434.91	Occlusion of cerebral arteries
435.0-435.9	Transient cerebral ischemia
437.0	Cerebral atherosclerosis
437.1	Other generalized ischemic cerebrovascular disease
437.5	Moyamoya disease
438.0, 438.10-438.14, 438.19, 438.20-438.22, 438.30-438.32, 438.40- 438.42, 438.50-438.53, 438.6, 438.7, 438.81-438.85, 438.89, 438.9	Late effects of cerebrovascular disease
440.0-440.32	Atherosclerosis of aorta; of other arteries; of bypass grafts
440.4	Chronic total occlusion of the artery of the extremities
440.8-440.9	Atherosclerosis of other specified arteries; generalized and unspecified atherosclerosis
441.00-441.9	Aortic aneurysms and dissection
442.0	Upper extremity aneurysm
442.1	Renal artery aneurysm
442.2	Iliac artery aneurysm
444.01, 444.09, 444.1-444.9	Arterial embolism and thrombosis
557.1	Chronic vascular insufficiency of intestine
571.8	Other chronic non-alcoholic liver disease
571.9	Unspecified chronic liver disease without mention of alcohol
573.5	Hepatopulmonary syndrome
573.8	Other specified disorders of liver
573.9	Unspecified disorders of liver
577.0-577.9	Pancreatic disease
579.3	Other & unspecified postsurgical nonabsorption
579.8	Other specified intestinal malabsorption
581.0-581.9	Nephrotic syndrome
584.5	Acute kidney failure with lesion of tubular necrosis
585.4-585.9	Chronic kidney disease
588.0	Renal osteodystrophy
588.1	Nephrogenic diabetes insipidus
588.81	Secondary hyperparathyroidism (of renal origin)
588.89	Other specified disorders resulting from impaired renal function
588.9	Unspecified disorder resulting from impaired renal function
607.84	Impotence of organic origin, penis disorder

NCD 190.23

***October 14 Changes – Red**



Code	Description
646.70-646.71	Liver disorders in pregnancy
646.73	Liver and biliary tract disorders in pregnancy, antepartum condition or complication
648.10-648.14	Thyroid dysfunction in pregnancy and the puerperium
696.0	Psoriatic arthropathy
696.1	Other psoriasis
751.61	Biliary atresia
764.10-764.19	"Light for dates" with signs of fetal malnutrition
786.50	Chest pain, unspecified
786.51	Precordial pain
786.59	Chest pain, other
789.1	Hepatomegaly
790.4	Abnormal transaminase
790.5	Abnormal alkaline phosphatase
790.6	Other abnormal blood chemistry
793.4	Nonspecific (abnormal) findings on radiological and other examination of gastrointestinal tract
987.9	Toxic effect of unspecified gas or vapor
996.81	Complication of transplanted organ, kidney
V42.0	Transplanted organ, kidney
V42.7	Organ replacement by transplant, liver
V58.63-V58.64	Long-term (current) drug use
V58.69	Long term (current) use of other medications
V81.0-V81.2 Covered only for procedure codes 80061, 82465, 83718 & 84478.	Special screening for cardiovascular, respiratory, and genitourinary diseases

Indications

The medical community recognizes lipid testing as appropriate for evaluating atherosclerotic cardiovascular disease. Conditions in which lipid testing may be indicated include:

- Assessment of patients with atherosclerotic cardiovascular disease
- Evaluation of primary dyslipidemia
- Any form of atherosclerotic disease, or any disease leading to the formation of atherosclerotic disease
- Diagnostic evaluation of diseases associated with altered lipid metabolism, such as: nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism
- Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure
- Signs or symptoms of dyslipidemias, such as skin lesions

NCD 190.23

***October 14 Changes – Red**



- 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.

To monitor the progress of patients on anti-lipid dietary management and pharmacologic therapy for the treatment of elevated blood lipid disorders, total cholesterol, HDL cholesterol and LDL cholesterol may be used. Triglycerides may be obtained if this lipid fraction is also elevated or if the patient is put on drugs (for example, thiazide diuretics, beta blockers, estrogens, glucocorticoids, and tamoxifen) which may raise the triglyceride level.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it may be reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.

Any one component of the panel or a measured LDL may be reasonable and necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipid metabolism.

Effective January 1, 2005, the Medicare law expanded coverage to cardiovascular screening services. Several of the procedures included in this NCD may be covered for screening purposes subject to specified frequencies. See 42 CFR 410.17 and section 100, chapter 18, of the Claims Processing Manual, for a full description of this benefit.

Limitations

Lipid panel and hepatic panel testing may be used for patients with severe psoriasis which has not responded to conventional therapy and for which the retinoid etretinate has been prescribed and who have developed hyperlipidemia or hepatic toxicity. Specific examples include erythrodermia and generalized pustular type and psoriasis associated with arthritis. Routine screening and prophylactic testing for lipid disorder are not covered by Medicare. While lipid screening may be medically appropriate, Medicare by statute does not pay for it. Lipid testing in asymptomatic individuals is considered to be screening regardless of the presence of other risk factors such as family history, tobacco use, etc.

Once a diagnosis is established, one or several specific tests are usually adequate for monitoring the course of the disease. Less specific diagnoses (for example, other chest pain) alone do not support medical necessity of these tests.

When monitoring long-term anti-lipid dietary or pharmacologic therapy and when following patients with borderline high total or LDL cholesterol levels, it is reasonable to perform the lipid panel annually. A lipid panel at a yearly interval will usually be adequate while measurement of the serum total cholesterol or a measured LDL should suffice for interim visits if the patient does not have hypertriglyceridemia.



Any one component of the panel or a measured LDL may be medically necessary up to six times the first year for monitoring dietary or pharmacologic therapy. More frequent total cholesterol HDL cholesterol, LDL cholesterol and triglyceride testing may be indicated for marked elevations or for changes to anti-lipid therapy due to inadequate initial patient response to dietary or pharmacologic therapy. The LDL cholesterol or total cholesterol may be measured three times yearly after treatment goals have been achieved.

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

When evaluating non-specific chronic abnormalities of the liver (for example, elevations of transaminase, alkaline phosphatase, abnormal imaging studies, etc.), a lipid panel would generally not be indicated more than twice per year.

ICD-9-CM Codes That Do Not Support Medical Necessity

Any ICD-9-CM code not listed in either of the ICD-9-CM covered or non-covered sections.

Sources of Information

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