

LIPID TESTING [POLICY 190.23]

MEDICARE NATIONAL COVERAGE DETERMINATION (NCD)

The list of ICD codes provided below consists of *commonly utilized diagnosis codes*.

- This is not a full list of ICD codes for this test. The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS National Coverage Determination for Lipid Testing visit the following website: [National Coverage Determination \(NCD\) for Lipid Testing \(190.23\) \(cms.gov\)](#)
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

Item/Service 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.

Indications and Limitations of Coverage

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.
- 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.

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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.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY (CONTINUED)

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.

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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.

REMINDER: The ordering provider is solely responsible for assigning diagnosis (codes) for Lipid Testing. PDL does not – through this Reference Guide or otherwise – recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

CPT®	80061	Lipid panel
AMA	82465	Cholesterol, serum or whole blood, total
Code	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-10-CM Codes commonly used for the Lipid Testing *Please note: There is a frequency associated with this test.*

Please refer to page 2-3 of this document for CMS Coverage Indications, Limitations, and/or Medical Necessity.

CODE	DESCRIPTION
E03.8	Other specified hypothyroidism
E03.9	Hypothyroidism, unspecified
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease E11.65 Type 2 diabetes mellitus with hyperglycemia
E11.69	Type 2 diabetes mellitus with other specified complication
E11.8	Type 2 diabetes mellitus with unspecified complications
E11.9	Type 2 diabetes mellitus without complications
E66.9	Obesity, unspecified
E78.00	Pure hypercholesterolemia, unspecified
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.49	Other hyperlipidemia
E78.5	Hyperlipidemia, unspecified
I10	Essential (primary) hypertension
I11.9	Hypertensive heart disease without heart failure
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris R79.89 Other specified abnormal findings of blood chemistry
R79.9	Abnormal finding of blood chemistry, unspecified
Z79.899	Other long term (current) drug therapy