

Billing and Coding:

B-TYPE NATRIURETIC PEPTIDE (BNP) TESTING [POLICY L35526 / Article A56425]

CPT Code: 83880

Medicare Limited Coverage Determination (LCD)

The list of ICD codes provided below is from the CMS website.

- The complete CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS Local Coverage Determination (LCD) visit the following website:
[Article - Billing and Coding: B-type Natriuretic Peptide \(BNP\) Testing \(A56425\) \(cms.gov\)](#)
[LCD - B-type Natriuretic Peptide \(BNP\) Testing \(L35526\) \(cms.gov\)](#)
- 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

Abstract:

B-type natriuretic peptide (BNP) is a cardiac neurohormone produced mainly in the left ventricle. It is secreted in response to ventricular volume expansion and pressure overload, conditions often present in congestive heart failure (CHF). Used in conjunction with other clinical information, measurement of BNP levels (*either total or N-terminal*) is useful in rapidly establishing or excluding the diagnosis or worsening of CHF in patients with acute exacerbation of dyspnea. Also, BNP levels determined in the first few days after an acute coronary syndrome or event (ACS) may be useful in the prediction of longer-term cardiovascular risk but this risk assessment does not change the management of ACS and is non-covered by regulation.

Indications:

BNP measurements may be considered reasonable and necessary when used in combination with other medical data such as medical history, physical examination, laboratory studies, and chest x-ray.

- to diagnose or to differentiate heart failure from other potential clinical conditions **if** the patient's signs and/or symptoms are consistent with both heart failure and one or more other conditions, e.g., acute dyspnea in a patient with known or suspected pulmonary disease.
- to diagnose or differentiate worsening heart failure if use of the test replaces other diagnostic tests, such as chest film; and/or to confirm the diagnosis when other diagnostic tests are equivocal.

Limitations:

- BNP measurements must be assessed in conjunction with standard diagnostic tests, medical history and clinical findings. The efficacy of BNP measurement as a stand-alone test has not been established yet.
- BNP measurements for monitoring and management of CHF are non-covered. Treatment guided by BNP has not been shown to be superior to symptom-guided treatment in either clinical or quality-of-life outcomes.
- The efficacy but not the utility of BNP as a risk stratification tool (to assess risk of death, myocardial infarction or congestive heart failure) among patients with acute coronary syndrome (myocardial infarction with or without T-wave elevation and unstable angina) has been established. However, the assessment of BNP level has not been shown to alter patient management. The BNP is not sufficiently sensitive to either preclude or necessitate any other evaluation or treatment in this group of patients.
- Screening examinations are statutorily non-covered.

REMINDER: The ordering provider is solely responsible for assigning diagnosis (codes). 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.

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ICD-10-CM Codes that Support Medical Necessity

Group 1

(76 Codes)

Group 1 Paragraph

It is the responsibility of the provider to code to the highest level specified in the ICD-10-CM (e.g., to the third to seventh character). The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

Group 1 Codes

| Code | Description |
|--------|------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I11.0 | Hypertensive heart disease with heart failure |
| I13.0 | Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease |
| I13.2 | Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease |
| I16.0 | Hypertensive urgency |
| I16.1 | Hypertensive emergency |
| I20.0 | Unstable angina |
| I20.2 | Refractory angina pectoris |
| I21.01 | ST elevation (STEMI) myocardial infarction involving left main coronary artery |
| I21.02 | ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery |
| I21.09 | ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall |
| I21.11 | ST elevation (STEMI) myocardial infarction involving right coronary artery |
| I21.19 | ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall |
| I21.21 | ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery |
| I21.29 | ST elevation (STEMI) myocardial infarction involving other sites |
| I21.3 | ST elevation (STEMI) myocardial infarction of unspecified site |
| I21.4 | Non-ST elevation (NSTEMI) myocardial infarction |
| I21.A1 | Myocardial infarction type 2 |
| I21.A9 | Other myocardial infarction type |
| I22.0 | Subsequent ST elevation (STEMI) myocardial infarction of anterior wall |
| I22.2 | Subsequent non-ST elevation (NSTEMI) myocardial infarction |
| I22.8 | Subsequent ST elevation (STEMI) myocardial infarction of other sites |
| I22.9 | Subsequent ST elevation (STEMI) myocardial infarction of unspecified site |

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| Code | Description |
|---------|-------------------------------------------------------------------------------------------------------------|
| I25.110 | Atherosclerotic heart disease of native coronary artery with unstable angina pectoris |
| I25.112 | Atherosclerotic heart disease of native coronary artery with refractory angina pectoris |
| I25.700 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris |
| I25.702 | Atherosclerosis of coronary artery bypass graft(s), unspecified, with refractory angina pectoris |
| I25.710 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris |
| I25.712 | Atherosclerosis of autologous vein coronary artery bypass graft(s) with refractory angina pectoris |
| I25.720 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris |
| I25.722 | Atherosclerosis of autologous artery coronary artery bypass graft(s) with refractory angina pectoris |
| I25.730 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris |
| I25.732 | Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with refractory angina pectoris |
| I25.750 | Atherosclerosis of native coronary artery of transplanted heart with unstable angina |
| I25.752 | Atherosclerosis of native coronary artery of transplanted heart with refractory angina pectoris |
| I25.760 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina |
| I25.762 | Atherosclerosis of bypass graft of coronary artery of transplanted heart with refractory angina pectoris |
| I25.790 | Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris |
| I25.792 | Atherosclerosis of other coronary artery bypass graft(s) with refractory angina pectoris |
| I31.1 | Chronic constrictive pericarditis |
| I42.0 | Dilated cardiomyopathy |
| I42.5 | Other restrictive cardiomyopathy |
| I42.8 | Other cardiomyopathies |
| I50.1 | Left ventricular failure, unspecified |
| I50.21 | Acute systolic (congestive) heart failure |
| I50.22 | Chronic systolic (congestive) heart failure |
| I50.23 | Acute on chronic systolic (congestive) heart failure |
| I50.31 | Acute diastolic (congestive) heart failure |
| I50.32 | Chronic diastolic (congestive) heart failure |
| I50.33 | Acute on chronic diastolic (congestive) heart failure |
| I50.41 | Acute combined systolic (congestive) and diastolic (congestive) heart failure |
| I50.42 | Chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| I50.43 | Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure |
| I50.810 | Right heart failure, unspecified |
| I50.811 | Acute right heart failure |
| I50.812 | Chronic right heart failure |

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| Code | Description |
|---------|--------------------------------------------------------------------------------|
| I50.813 | Acute on chronic right heart failure |
| I50.814 | Right heart failure due to left heart failure |
| I50.82 | Biventricular heart failure |
| I50.83 | High output heart failure |
| I50.84 | End stage heart failure |
| I50.89 | Other heart failure |
| I50.9 | Heart failure, unspecified |
| I5A | Non-ischemic myocardial injury (non-traumatic) |
| J44.0 | Chronic obstructive pulmonary disease with (acute) lower respiratory infection |
| J44.1 | Chronic obstructive pulmonary disease with (acute) exacerbation |
| J45.901 | Unspecified asthma with (acute) exacerbation |
| J98.01 | Acute bronchospasm |
| R06.00 | Dyspnea, unspecified |
| R06.01 | Orthopnea |
| R06.02 | Shortness of breath |
| R06.03 | Acute respiratory distress |
| R06.09 | Other forms of dyspnea |
| R06.2 | Wheezing |
| R06.82 | Tachypnea, not elsewhere classified |
| R06.89 | Other abnormalities of breathing |
| R60.1 | Generalized edema |

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