Lipids Testing (80061,82465,83700,83701,83704,83718,83721,84478) – NCD 190.23

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. 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.
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.
Electrophoretic or other quantitation of lipoproteins may be indicated if the patient has a primary disorder of lipoid 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:
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 (12 months must have elapsed from the previous test). 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.

Most Common Diagnoses (which meet medical necessity) *	
E03.9	Hypothyroidism
E05.90	Thyrotoxicosis
E06.3	Autoimmune thyroiditis
E08.00-E13.9	All diabetes codes
E66.01	Morbid (severe) obesity due to excess calories
E66.9	Obesity
E78.00	Hypercholesterolemia
E78.5	Hyperlipidemia
E88.819	Insulin Resistance
E88.A	Wasting Disease (Syndrome) Due to Underlying Condition
I10	Hypertension
I1A.0	Resistant Hypertension
I12.9	Hypertensive chronic kidney disease, stage 1 – 4
I25.10	Coronary artery disease
I25.2	Old myocardial infarction
I25.5	Ischemic cardiomyopathy
I50.9	Heart failure
I63.9	Cerebral infarction
I70.209	Atherosclerosis of native arteries of extremities
I70.90	Atherosclerosis
K76.0	Fatty Liver
L40.9	Psoriasis
N18.9	Chronic kidney disease
R07.9	Chest pain
R74.01	Elevation of levels of liver transaminase levels
R74.8	Abnormal levels of other serum enzymes
R79.89	Other specified findings of blood chemistry
R79.9	Abnormal finding of blood chemistry
Z13.6	Encounter for screening for cardiovascular disorders (covered for lipid panel, total cholesterol, HDL cholesterol, triglycerides)
Z79.899	Other long term (current) drug therapy

*For the full list of diagnoses that meet medical necessity see the Lipids Testing NCD 190.23 document.

The above CMS and WPS-GHA guidelines are current as of: 1/01/2024.