

MEDICAL POLICY	Lipid Testing (All Lines of Business Except Medicare)
Effective Date: 6/1/2021  6/1/2021	Medical Policy Number: 304
	Medical Policy Committee Approved Date: 5/2021
Medical Officer	Date

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

All Lines of Business Except Medicare

POLICY CRITERIA

Note: The following policy criteria are based on the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Lipid Testing (190.23)¹ and the Medicare NCD Coding Policy Manual and Change Report (ICD-10-CM).²

Medically Necessary

- I. Lipid testing may be considered **medically necessary and covered** when performed as part of the evaluation for any of the following conditions (A.-K.):
 - A. Atherosclerotic cardiovascular disease;
 - B. Primary dyslipidemia;
 - C. Any form of disease, or any disease leading to the formation of atherosclerotic disease;
 - D. Disease associated with altered lipid metabolism (e.g. nephrotic syndrome, pancreatitis, hepatic disease, and hypo and hyperthyroidism);
 - E. Secondary dyslipidemia, including diabetes mellitus, disorders of gastrointestinal absorption, chronic renal failure;
 - F. Signs or symptoms of dyslipidemias (e.g. skin lesions);
 - G. As follow-up to the initial screen for coronary heart disease (total cholesterol + HDL cholesterol) when either of the following are met (1.-2.):
 1. Total cholesterol is determined to be high (>240 mg/dL); **or**

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- 2. Total cholesterol is determined to be borderline-high (200-240 mg/dL) and either of the following are met (a.-b.):
 - a. Patient has two or more coronary heart disease risk factors; **or**
 - b. Patient has an HDL cholesterol <35 mg/dl; **or**
 - H. To monitor long-term anti-lipid dietary or pharmacologic therapy (note: no more than 6 tests may be performed during the first year);
 - I. To monitor patients with borderline high total or low-density lipoprotein (LDL) cholesterol levels;
 - J. Severe psoriasis when all of the following are met (1.-3.)
 - 1. Symptoms have not responded to conventional therapy; **and**
 - 2. Retinoid etretinate has been prescribed; **and**
 - 3. Patients has developed either hyperlipidemia or hepatic toxicity (e.g. erythrodermia and generalized pustular type and psoriasis associated with arthritis); **or**
 - K. Non-specific chronic abnormalities of the liver (e.g. elevations of transaminase, alkaline phosphatase, abnormal imaging studies) (note: tests may not be performed more than twice every 12 months).
- Not Medically Necessary*
- II. Lipid testing is considered **not medically necessary and not covered** when criterion I. above is not met, including but not limited to either of the following (A.-B):
 - A. Routine screening and prophylactic testing for lipid disorder (e.g. asymptomatic individuals with risk factors);
 - B. Individuals with vague diagnoses (e.g. other chest pain).

POLICY GUIDELINES

- 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.

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- 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.

BILLING GUIDELINES

- The CPT/HCPCS codes below are covered when billed with one of the ICD-10 codes included in the most recent “Medicare National Coverage Determinations (NCD) Coding Policy Manual and Change Report (ICD-10-CM),” available for download at “[Lab NCDs – ICD-10.](#)”² Please see the coding policy manual for a complete list of diagnosis codes.

CPT/HCPCS CODES

All Lines of Business Except Medicare	
No Prior Authorization Required	
80061	Lipid panel This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
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, when performed
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement, LDL cholesterol
84478	Triglycerides

REVIEW OF EVIDENCE

Policy criteria are based on the Centers for Medicare & Medicaid (CMS) National Coverage Determination (NCD) for Lipid Testing (190.23)¹ and the Medicare NCD Coding Policy Manual and

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Change Report (ICD-10-CM).² As such, no evidence review or search of clinical practice guidelines was conducted.

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Centers for Medicare & Medicaid Services. National Coverage Determination (NCD) for Lipid Testing (190.23). <https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=102>. Published 2005. Accessed 3/12/2021.
2. Centers for Medicare & Medicaid Services. Lab NCDs - ICD-10. <https://www.cms.gov/Medicare/Coverage/CoverageGenInfo/LabNCDsICD10>. Published 2020. Accessed 3/12/2021.