

Advanced Lipid & Cardiovascular Risk Testing

For Medicare Beneficiaries, screening tests are governed by statute. Provide background information. Refer to other tipsheets.

Purpose

Advanced lipid and inflammatory marker testing may be medically necessary to further assess cardiovascular risk, lipid disorders, and treatment response when standard lipid panels are insufficient

Medicare Local Coverage Determination Policy Advanced Lipid & Cardiovascular Risk Testing

CPT Code: 82172 – Apolipoprotein, each, 82610 – Cystatin C, 83090 – Homocysteine, 83695 – Lipoprotein(a), 83698 – LP-PLA2, 83700 – Lipoprotein electrophoretic separation, 83701 – High-resolution lipoprotein fractionation, 83704 – Lipoprotein particle number (NMR), 83719 – VLDL cholesterol, 83721 – Direct LDL cholesterol, 86141 – hs-CRP

Unsupported ICD-10 Codes (most commonly used): N/A

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.

E78.00	Pure hypercholesterolemia
E78.01	Homozygous familial hypercholesterolemia
E78.011	Heterozygous familial hypercholesterolemia
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
E78.41	Elevated Lipoprotein(a)
E78.5	Hyperlipidemia, unspecified
I10	Essential hypertension
I25.10	Atherosclerotic heart disease without angina
I70.0	Atherosclerosis of aorta
I70.90	Unspecified atherosclerosis
I63.9	Cerebral infarction, unspecified
Z13.6	Cardiovascular screening

Documentation Tips:

Document abnormal lipid results, known ASCVD, familial hypercholesterolemia, elevated Lp(a), or high cardiovascular risk requiring treatment stratification.

Visit CompuNetlab.com to view current limited coverage tests, reference guides, and policy information. To view the complete policy and the full list of codes, please refer to the CMS website reference www.cms.gov

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.