



POLICY INFORMATION			
Policy Number:	POL-PP- 263 AHS – G2150 – Biomarkers for Myocardial Infarction and Chronic Heart Failure	Original Effective Date:	07/01/2025
Version Number:	002	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Cardiac biomarkers are the biochemical markers released in blood from injured myocardial tissue in both acute and chronic conditions, such as myocardial infarction or heart failure. They become elevated in blood after a certain period and can be measured. Examples of cardiac biomarkers commonly used in the acute clinical setting include troponin and creatine kinase MB isoenzyme (CKMB). Others, such as suppression of tumorigenicity 2 (ST2), can serve in long-term as markers of cardiomyocyte stress and fibrosis for risk stratification of patients with a wide spectrum of cardiovascular diseases.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), **quantitative** measurement of cardiac troponin (troponin T or I) for the diagnosis of myocardial infarction (MI) (when tested at an outpatient facility capable of performing an adequate clinical MI evaluation) **may be reimbursed** up to four times within the first 72 hours following initial presentation.

Measurement of B-type natriuretic peptide (BNP) or N-terminal proBNP (NT-proBNP) may be reimbursed in any of the following situations:

- To diagnose heart failure in individuals presenting with dyspnea.
- To establish disease severity in individuals with chronic heart failure (up to four times per year in the outpatient setting).

For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), measurement of following cardiac biomarkers for the diagnosis and/or prognosis of MI **may not be reimbursed**:

- Aspartate aminotransferase (AST/SGOT).
- Cardiac creatine kinase isoenzyme MB (CKMB).
- Creatine kinase (CK).
- Creatine kinase isoenzymes.
- Lactate dehydrogenase (LD, LDH).
- Myoglobin.

For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), measurement of cardiac biomarkers in an outpatient setting which is not capable of performing adequate clinical MI evaluation (e.g., independent lab or physician's office) **may not be reimbursed**.

In the outpatient setting, **qualitative** measurement of cardiac troponin (troponin T or I) **may not be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

For individuals presenting with signs and symptoms of acute coronary syndrome (see Note 1), measurement of the following



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cardiac biomarkers for the diagnosis and/or prognosis of MI **may not be reimbursed.**

- Copeptin.
- Troponin C.
- C-reactive protein.
- Heart-type fatty acid binding protein (H-FABP).
- Any other cardiac biomarkers not listed above.

For all situations in the outpatient setting, analysis of ST2 and/or its isoforms (e.g., Presage ST2) **may not be reimbursed.**

NOTES:

Note 1: *Acute Coronary Syndrome/Myocardial Infarction Common Signs and Symptoms:*

- Ischemic chest pain with radiation to an upper extremity, radiation to both arms, and pain associated with diaphoresis or with nausea and vomiting.
- Squeezing, tightness, pressure, constriction, crushing, strangling, burning, heartburn, fullness in the chest, band-like sensation, knot in the center of the chest, lump in throat, ache, heavy weight on chest and toothache (when there is radiation to the lower jaw).
- Ischemic pain often radiates to other parts of the body including the upper abdomen (epigastrium), shoulders, arms (upper and forearm), wrist, fingers, neck and throat, lower jaw, and teeth (but not upper jaw), and not infrequently to the back (specifically the interscapular region).
- Shortness of breath, belching, nausea, indigestion, vomiting, diaphoresis, dizziness, lightheadedness, clamminess, and fatigue.

Atypical Signs and Symptoms:

Dyspnea alone, weakness, nausea and/or vomiting, epigastric pain or discomfort, palpitations, syncope, or cardiac arrest.

Coding

CPT	Code Description
82550	Creatine Kinase (CK), (CPK); total
82552	Creatine kinase (CK), (CPK); isoenzymes
82553	Creatine kinase (CK), (CPK); MB fraction only
82554	Creatine kinase (CK), (CPK); isoforms
82725	Fatty acids, nonesterified
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
83615	Lactate dehydrogenase (LD), (LDH);
83625	Lactate dehydrogenase (LD), (LDH); isoenzymes, separation, and quantitation
83874	Myoglobin
83880	Natriuretic peptide
84450	Transferase; aspartate amino (AST) (SGOT)
84484	Troponin, quantitative
84512	Troponin, qualitative
84588	Vasopressin (antidiuretic hormone, ADH)
84999	Unlisted chemistry procedure



86140	C-reactive protein
86141	C-reactive protein; high sensitivity (hsCRP)

References and Resources

Avalon Medical Policy AHS – G2150 – Biomarkers for Myocardial Infarction and Chronic Heart Failure
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Related Documents

Policy Number	Policy Title
AHS-G2050	Cardiovascular Disease Risk Assessment

Revision History

Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	07/01/2025	Avalon 3rd QTR updates



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