



POLICY INFORMATION			
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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 QHP <sup>1</sup>	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA <sup>2</sup>	<input checked="" type="checkbox"/> FEP <sup>3</sup>	<input type="checkbox"/> DENTAL

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> 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

Cardiovascular risk assessment comprises the means and processes to predict the probability of developing a cardiovascular disease. These are a group of tests and health factors that have been proven to indicate a person's chance of having a cardiovascular event such as a heart attack or stroke.

Tests typically used to assess cardiovascular risk include lipid profiles or panels, biomarkers, and cardiovascular risk panels.

For guidance concerning lipid screening in individuals under 18 years of age, please refer to AHS-G2042-Pediatric Preventive Screening.

For guidance concerning homocysteine testing for indications other than cardiovascular disease, please refer to AHS-M2141-Testing of Homocysteine Metabolism-Related Conditions and AHS-G2014-Vitamin B12 and Methylmalonic Acid Testing.

### Policy

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

For individuals 18 years of age or older, lipid panel testing (see Note 1) **may be reimbursed** under **any** of the following conditions:

To screen for cardiovascular disease (CVD) risk:

- Every 4 years for individuals ages 18 to 79 years.
- Annually for individuals at increased risk for cardiovascular disease (as defined by 2013 ACC/AHA Pooled Cohort Equations (PCEs) to calculate 10-year risk of CVD events [see Note 2]).

Annually for individuals at an increased risk of dyslipidemia due to any of the following conditions:

- Obesity or metabolic syndrome
- iNephrotic syndrome
- Hypothyroidism
- Hyperthyroidism
- Pancreatitis
- Diabetes
- Chronic kidney disease
- Cushing syndrome
- Pregnancy
- Cholestatic liver disease
- Lipid metabolism disorders, such as Gaucher disease in adults

For individuals who are about to begin or who are currently receiving statin therapy, at the following intervals:

- To establish baseline levels before initiating statin therapy.
- Every four to twelve weeks after initiation or change of therapy.



- Annually when no medication changes have occurred.

Annually for individuals on a long-term drug therapy that requires lipid monitoring (e.g. Accutane, anti-psychotics)

- To establish baseline levels before initiating statin therapy.
- Every four to twelve weeks after initiation or change of therapy.
- Annually when no medication changes have occurred.

For HIV positive individuals who are about to begin or who are currently receiving antiretroviral therapy (ART), at the following intervals:

- To establish baseline levels before initiating ART.
- Every one to three months after initiation or change of therapy.
- Every six to twelve months when no medication changes have occurred.

Measurement of apolipoprotein B (apoB) **may be reimbursed** for **any** of the following situations:

- For individuals with hypertriglyceridemia.
- For individuals with diabetes mellitus.
- For individuals with obesity or metabolic syndrome.
- For individuals with other dyslipidemias (such as very low LDL-C).
- For individuals who are on lipid therapy.
- For individuals who are suspected to have familial dysbetalipoproteinemia or familial combined hyperlipidemia.

Measurement of lipoprotein a (Lp(a)) once per lifetime **may be reimbursed** (with measurement occurring when the individual is 18 years or older).

For individuals for whom a risk-based treatment decision is uncertain (after quantitative risk assessment using ACC/AHA PCEs to calculate 10-year risk of CVD events [see Note 2]), testing for C-reactive protein with the high-sensitivity method (hs-CRP) **may be reimbursed** at the following frequency:

- One test for initial screening.
- If the initial screen was abnormal, confirmatory testing no sooner than two weeks after the initial test.
- Annual screening for those with elevated hs-CRP that has been confirmed.

*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.*

The following testing for CRP **may not be reimbursed**:

- Hs-CRP testing for all other cardiovascular disease risk assessments not described above
- Conventional CRP testing for cardiovascular disease risk assessment.
- For CVD risk assessment and stratification in the outpatient setting, measurement of high-sensitivity cardiac troponin T (hs-cTnT) **may not be reimbursed**.
- For CVD risk assessment screening, evaluation, and management, homocysteine testing **may not be reimbursed**.

For CVD risk assessment, measurement of novel lipid and non-lipid biomarkers (e.g., apolipoprotein AI, apolipoprotein E, B-type natriuretic peptide, cystatin C, fibrinogen, leptin, LDL subclass, HDL subclass) **may not be**



**reimbursed.**

- Other than simple lipid panels (see Note 1), CVD risk panels consisting of multiple individual biomarkers intended to assess CVD **may not be reimbursed.**
- CVD risk assessment, measurement of serum intermediate density lipoproteins **may not be reimbursed**
- CVD risk assessment, measurement of lipoprotein-associated phospholipase A2 (Lp-PLA2) **may not be reimbursed.**

For all situations, measurement of long-chain omega-3 fatty acids in red blood cell membranes, **may not be reimbursed.** All other tests for assessing CVD risk **may not be reimbursed.**

**NOTES:**

**Note 1:** A simple lipid panel is generally composed of the following lipid markers:

- Total cholesterol
- HDL cholesterol
- LDL cholesterol
- Triglycerides

Certain calculated ratios, such as the total/HDL cholesterol, may also be reported as part of a simple lipid panel.

Other types of lipid testing (i.e., apolipoproteins, lipid particle number or particle size, lipoprotein [a]) are not considered to be components of a simple lipid profile.

**Note 2:** 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk:

Risk factors include gender, age, race, smoking, hypertension, diabetes, total cholesterol, high- and low-density lipoprotein cholesterol. A race- and sex-specific PCE ASCVD Risk Estimator is available at:

[https://tools.acc.org/ldl/ascvd\\_risk\\_estimator/index.html#!/calculate/estimator/.](https://tools.acc.org/ldl/ascvd_risk_estimator/index.html#!/calculate/estimator/)

The 2018 AHA/ACC/AACVPR/AAPA/ABC/ACPM/ADA/AGS/APhA/ASPC/NLA/PCNA Guideline on the Management of Blood Cholesterol affirms that “the PCE is a powerful tool to predict population risk, but it has limitations when applied to individuals.” Hence a clinician-patient risk discussion can individualize risk status based on PCE, but with the inclusion of additional risk-enhancing factors. These additional factors may include:

- A family history of premature atherosclerotic cardiovascular disease (ASCVD) (males, age <55 y; females, age <65 y)
- Primary hypercholesterolemia (LDL-C, 160–189 mg/dL [4.1–4.8 mmol/L]; non-HDL-C 190–219 mg/dL [4.9–5.6 mmol/L])
- Metabolic syndrome (increased waist circumference, elevated triglycerides [ $>150$  mg/dL], elevated blood pressure, elevated glucose, and low HDL-C [ $<40$  mg/dL in men;  $<50$  in women mg/dL] are factors; tally of 3 makes the diagnosis)
- Chronic kidney disease (eGFR 15–59 mL/min/1.73 m<sup>2</sup> with or without albuminuria; not treated with dialysis or kidney transplantation)



- Chronic inflammatory conditions such as psoriasis, RA, or HIV/AIDS
- History of premature menopause (before age 40 y) and history of pregnancy-associated conditions that increase later ASCVD risk such as preeclampsia
- High-risk race/ethnicities (eg, South Asian ancestry)
- Lipid/biomarkers: Associated with increased ASCVD risk
- Persistently elevated, primary hypertriglyceridemia ( $\geq 175$  mg/dL)
- Elevated high-sensitivity C-reactive protein ( $\geq 2.0$  mg/L)
- Elevated Lp(a): A relative indication for its measurement is family history of premature ASCVD. An Lp(a)  $\geq 50$  mg/dL or  $\geq 125$  nmol/L constitutes a risk-enhancing factor especially at higher levels of Lp(a)
- Elevated apoB  $\geq 130$  mg/dL: A relative indication for its measurement would be triglyceride  $\geq 200$  mg/dL. A level  $\geq 130$  mg/dL corresponds to an LDL-C  $\geq 160$  mg/dL and constitutes a risk-enhancing factor
- ABI  $< 0.9$

**Coding**

CPT	Code Description
80061	Lipid panel
81599	Unlisted multianalyte assay with algorithmic analysis
82172	Apolipoprotein, each
82465	Cholesterol, serum or whole blood, total
82610	Cystatin C
83090	Homocysteine
83695	Lipoprotein (a)
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)
83700	Lipoprotein, blood; electrophoretic separation and quantitation
83701	Lipoprotein, blood; high resolution fractionation and quantitation of lipoproteins including lipoprotein subclasses when performed (eg, electrophoresis, ultracentrifugation)
83704	Lipoprotein, blood; quantitation of lipoprotein particle number(s) (eg, by nuclear magnetic resonance spectroscopy), includes lipoprotein particle subclass(es), when performed
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	Lipoprotein, direct measurement; VLDL cholesterol
83721	Lipoprotein, direct measurement; LDL cholesterol
83722	Lipoprotein, direct measurement; small dense LDL cholesterol
83880	Natriuretic peptide
84478	Triglycerides
84484	Troponin, quantitative
84512	Troponin, Qualitative
84999	Unlisted chemistry procedure
85384	Fibrinogen; activity
85415	Fibrinolytic factors and inhibitors; plasminogen activator
86140	C-reactive protein
86141	C-reactive protein; high sensitivity (hsCRP)



CPT	Code Description
0019M	Cardiovascular disease, plasma, analysis of protein biomarkers by aptamer based microarray and algorithm reported as 4-year likelihood of coronary event in high-risk populations Proprietary test: SOMAmer® Lab/Manufacturer: SomaLogic
0052U	Lipoprotein, blood, high resolution fractionation and quantitation of lipoproteins, including all five major lipoprotein classes and subclasses of HDL, LDL, and VLDL by vertical auto profile ultracentrifugation Proprietary test: VAP Cholesterol Test Lab/Manufacturer: VAP Diagnostics Laboratory, Inc
0308U	Cardiology (coronary artery disease [CAD]), analysis of 3 proteins (high sensitivity [hs] troponin, adiponectin, and kidney injury molecule-1 [KIM-1]), with 3 clinical parameters (age, sex, history of cardiac intervention) plasma, algorithm reported as a risk score for obstructive CAD Proprietary test: HART CADhs® Lab/Manufacturer: Complete Omics, Prevencio Inc
0309U	Cardiology (cardiovascular disease), analysis of 4 proteins (NT-proBNP, osteopontin, tissue inhibitor of metalloproteinase-1 [TIMP-1], and kidney injury molecule-1 [KIM-1] plasma, algorithm reported as a risk score for major adverse cardiac event Proprietary test: HART CADhs® Lab/Manufacturer: Complete Omics, Prevencio Inc
0377U	Cardiovascular disease, quantification of advanced serum or plasma lipoprotein profile, by nuclear magnetic resonance (NMR) spectrometry with report of a lipoprotein profile (including 23 variables) Proprietary test: Liposcale® Lab/Manufacturer: CIMA Sciences, LLC
0415U	Cardiovascular disease (acute coronary syndrome [ACS]), IL-16, FAS, FASLigand, HGF, CTACK, EOTAXIN, and MCP-3 by immunoassay combined with age, sex, family history, and personal history of diabetes, blood, algorithm reported as a 5-year (deleted risk) score for ACS Proprietary test: SmartHealth Vascular Dx™ Lab/Manufacturer: Morningstar Laboratories, LLC
0541U	Cardiovascular disease (HDL reverse cholesterol transport), cholesterol efflux capacity, LC-MS/MS, quantitative measurement of 5 distinct HDL-bound apolipoproteins (apolipoproteins A1, C1, C2, C3, and C4) serum, algorithm reported as prediction of coronary artery disease (pCAD) score Proprietary test: HDL Reverse Cholesterol Transport Panel with pCAD Score Lab/Manufacturer: Quest Diagnostics

**References and Resources**

Avalon Medical Policy AHS – G2050 – Cardiovascular Disease Risk Assessment

**Related Documents**

Policy Number	Policy Title
AHS-G2014	Vitamin B12 and Methylmalonic Acid Testing



AHS-M2141	Testing of Homocysteine Metabolism-Related Conditions
AHS-M2180	Genetic Markers for Cardiovascular Disease Risk Assessment

Revision History		
Version	Date	Summary of Revisions
001	7/01/2025	Initial version
002	7/01/2025	Avalon 3 <sup>rd</sup> QTR updates