Cardiovascular Disease Risk Assessment

BlueCross BlueShield of Oklahoma
Policy number: CPCPLAB020
Plan Effective Date: November 7, 2025

DIAGNOSTIC LABORATORY OF OKLAHOMA

CPT® Codes: 80061, 81599, 82172, 82465, 82610, 83090, 83695, 83698, 83700, 83701, 83704, 83718, 83719, 83721, 83722, 83880, 84478, 84484, 84512, 84999, 85384, 85415, 86140, 86141, 0052U, 0308U, 0309U, 0377U, 0415U, 0541U, 0019M

Reimbursement Information

Testing & Frequency	Eligible Coverage
Lipid panel testing – for any of the following conditions: a. To screen for cardiovascular disease (CVD) risk; i. Every 4 years for individuals ages 18 to 79 years (see note 1). ii. 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]) b. Annually for individuals at an increased risk of dyslipidemia due to any of the following conditions: i. Obesity or metabolic syndrome; ii. Nephrotic syndrome; iii. Hypothyroidism; iv. Hyperthyroidism; v. Pancreatitis; vi. Diabetes; vii. Chronic kidney disease; viii. Cushing Syndrome; ix. Pregnancy; x. Cholestatic liver disease; xi. Lipid metabolism disorders, such as Gaucher disease in adults c. For individuals who are about to begin or who are currently receiving statin therapy at the following intervals: i.To establish baseline levels before initiating statin therapy; ii. Every 4 to 12 weeks after initiation or change of therapy; iii. Annually when no medication changes have occurred d. Annually for individuals on a long-term drug therapy that requires lipid monitoring (eg, Accutane, anti-psychotics). e. For HIV positive individuals who are about to begin or who are currently receiving antiretroviral therapy (ART) at the following intervals: i. To establish baseline levels before initiating ART; ii. Every 1 to 3 months after initiation or change of therapy; iii. Every 6 to 12 months when no medication changes have occurred	May be reimbursable
Apolipoprotein B – for any of the following situations: a. For individuals with hypertriglyceridemia b. For individuals with diabetes mellitus c. For individuals with obesity or metabolic syndrome d. For individuals with other dyslipidemias (such as very low LDL-C) e. For individuals who are on lipid therapy f. For individuals who are suspected of having familial Dysbetalipoproteinemia or familial combined hyperlipidemia	May be reimbursable
Lipoprotein(a) - An adjunct to low-density lipoproteins (LDL) cholesterol in the risk assessment and management of cardiovascular disease	Is not reimbursable
High-sensitivity CRP – 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 1]), testing for C-reactive protein with the high-sensitivity method (hsCRP) may be reimbursable at the following frequency: a. For initial screening, two measurements at least 2 weeks apart b. If the initial screen was abnormal, follow-up screening is allowed up to once per year	May be reimbursable
All other CRP testing not described above	Is not reimbursable
High-sensitivity cardiac troponin (hs-TnT) - For CVD risk assessment and stratification in the outpatient setting	Is not reimbursable
Homocysteine - testing for CVD risk assessment, evaluation, and management	Is not reimbursable
Novel lipid & non-lipid biomarkers (Apo A-I, Apo E, BNP, cystatin C, fibrinogen, leptin, subclasses) - For CVD risk assessment	Is not reimbursable
Simple lipid panels (see Note 1) consisting of multiple individuals' biomarkers - to assess CVD	Is not reimbursable

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Serum intermediate density lipoproteins for CVD risk assessment	Is not reimbursable
All other tests for assessing CVD risk	Is not reimbursable
Secretory type II phospholipase A2 (SPLA2-IIA) - For measurement of cardiovascular risk for all indications	Is not reimbursable
Lipoprotein-associated phospholipase A2 (Lp-PLA2) for CVD risk assessment	Is not reimbursable

Notes

Note 1: A simple lipid panel is generally composed of the following lipid markers: Total cholesterol • LDL cholesterol • HDL 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, ie, apolipoproteins, lipid particle number or particle size, lipoprotein (a), etc, are not considered to be components of a simple lipid profile.

Note 2: 2013 ACC/AHA Guideline on the Assessment of Cardiovascular Risk (Goff et al, 2014): 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#!/calulate/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 ASCVD (males, age <55y: females, age <65y) • 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 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 m2 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 (≥175 mg/dL) • Elevated high-sensitivity C-reactive protein (≥2.0 mg/L) • Elevated Lp(a): A relative indication for its measurement is family history of premature ASCVD. An Lp(a) ≥50 mg/dL or ≥125 nmol/L constitutes a risk-enhancing factor especially at higher levels of Lp(a) • Elevated apoB ≥130 mg/dL: A relative indication for its measurement would be triglyceride ≥200 mg/dL. A level ≥130 mg/dL corresponds to an LDL-C ≥160 mg/dL and constitutes a risk-enhancing factor • ABI <0.

To view the complete policy, please refer to the CareSource website referenced below:
https://www.bcbsok.com/docs/provider/ok/standards/cpcp/avalon/cpcplab020-11-7-2025.pdf

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