CLINICAL MEDICAL POLICY	
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Responsible Department(s):	Medical Management
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Products:	Highmark Wholecare℠ Medicaid
Application:	All participating hospitals and providers
Page Number(s):	1 of 13

Policy History

Date	Action
12/01/2025	Provider Effective date
09/25/2025	PARP Approval
08/20/2025	QI/UM Committee review
08/20/2025	Policy initially developed

Disclaimer

Highmark Wholecare℠ medical policy is intended to serve only as a general reference resource regarding coverage for the services described. This policy does not constitute medical advice and is not intended to govern or otherwise influence medical decisions.

Policy Statement

Highmark Wholecare℠ may provide coverage under the laboratory testing benefits of the Company's Medicaid products for medically necessary cardiovascular disease laboratory testing.

This policy is designed to address medical necessity guidelines that are appropriate for the majority of individuals with a particular disease, illness or condition. Each person's unique clinical circumstances warrant individual consideration, based upon review of applicable medical records.

(Current applicable Pennsylvania HealthChoices Agreement Section V. Program Requirements, B. Prior Authorization of Services, 1. General Prior Authorization Requirements.)

Definitions

Prior Authorization Review Panel (PARP) – A panel of representatives from within the PA Department of Human Services who have been assigned organizational responsibility for the review, approval and denial of all PH-MCO Prior Authorization policies and procedures.

Atherosclerotic cardiovascular disease (ASCVD) - a disease caused by plaque buildup in arterial walls and can include the following conditions:

- Coronary heart disease (CHD) (e.g., myocardial infarction, angina, and coronary artery stenosis)
- Cerebrovascular disease (e.g., transient ischemic attack, ischemic stroke, and carotid artery stenosis)
- Peripheral artery disease (e.g., claudication)
- Aortic atherosclerotic disease (e.g., abdominal aortic aneurysm, descending thoracic aneurysm)

Apolipoprotein B (ApoB) - a blood test that can assess the risk for cardiovascular (heart and blood vessel) disease. To do this, it measures the amount of Apo B, which carries substances in the blood that help make plaque, a waxy fat that can block the arteries.

Apolipoprotein A (ApoA) - the major protein component of high-density lipoproteins (HDL) is a multifunctional protein, involved in cholesterol traffic and inflammatory and immune response regulation.

Galectin-3 and ST2 - a beta-galactoside binding protein that is a marker of fibrosis in multiple organs. ST2 is in the interleukin 1 receptor family and it is released by cardiac myocytes when they are stretched. These are occasionally useful for heart failure (HF) prognostics, where they are used in addition to or in replacement of B-type natriuretic peptides.

Troponin – a test that looks for the protein troponin (there are two forms related to the heart, troponin I and troponin T) in the blood. Normally, troponin stays inside the heart muscle's cells, but damage to those cells — like the kind of damage from a heart attack — causes troponin to leak into the blood. Higher levels of troponin in the blood also mean more heart damage, which can help healthcare providers determine the severity of a heart attack.

Cystatin - a less common marker of renal function. It can be used along with, or as a replacement for, creatinine, which is the primary indicator of kidney health. A decrease in Cystatin C is associated with deteriorating renal status and renal failure.

Myoglobin test - a test to help diagnose traumatic muscle injury or conditions associated with muscle damage. It can be measured in serum or urine. Elevated serum or urine myoglobin is associated with injury to the kidney. Myoglobin is considered an obsolete test for myocardial infarction, having been replaced by troponin.

C-Peptide test – a test that measures the amount of C-peptide in the blood or urine. It can help healthcare providers determine what type of diabetes a person has: Type 1 or Type 2. It also can reveal how well

diabetes treatments are working. Another use for C-peptide is to determine if the pancreas is making insulin.

Creatinine kinase (CK) test - test which measures creatine kinase, an enzyme found primarily in striated muscle and heart tissue, and may be useful in assessing muscle damage.

Procedures

1. **Traditional Biomarkers for ASCVD**
   Lipid panel (80061), Cholesterol, Serum or Whole Blood (82465), HDL (83718), LDL (83721), and Triglycerides (84478) are considered medically necessary under ANY of the following conditions:
   - ASCVD risk assessment in all children, regardless of general health or the presence or absence of CVD risk factors, between 9 and 11 years of age, with repeat lipid screening every five (5) years thereafter if normal; OR
   - ASCVD risk assessment in children 2 – 18 years of age who have ANY of the following cardiovascular risk factors:
     - One or both biological parents are known to have hypercholesterolemia or are receiving lipid-lowering medications; OR
     - Have a family history of premature ASCVD in an expanded first-degree pedigree in men <55 or women <65 years of age; OR
     - Have an unknown family history of ASCVD (e.g., children who were adopted); OR
   - ASCVD risk assessment in asymptomatic individuals 20 years of age or older who do not have ASCVD up to once every four (4) years; OR
   - ASCVD risk assessment in individuals who have ANY ONE or more of the following ASCVD risk factors, but who do not have ASCVD once per year:
     - Risk for familial hypercholesterolemia, or related inherited disorders predisposing to ASCVD; OR
     - Major ASCVD risk factors including ANY of the following:
       - Diabetes; OR
       - Hypertension; OR
       - Cigarette smoking; OR
       - Chronic kidney disease; OR
     - Minor or additional ASCVD risk factors such as:
       - Obesity; OR
       - Pregnancy associated conditions; OR
       - Hypothyroidism; OR
       - HIV infection; OR
       - Autoimmune inflammatory disorders; OR
       - Obstructive liver disease; OR
       - Use of prescription drugs associated with cardiotoxicity (e.g., anabolic steroids, cyclosporine, amiodarone); OR
   - Diagnostic evaluation or monitoring up to six (6) times per year in individuals with a history of ANY ONE of the following:
     - Stable or unstable angina; OR
     - Myocardial infarction; OR
     - Non-hemorrhagic stroke; OR
     - Transient ischemic attacks; OR

- Aortic aneurysm; OR
- Peripheral vascular disease effecting limbs, kidneys, skin or other organs; OR

- Risk assessment, diagnostic evaluation, or monitoring of individuals up to six (6) times per year with a history of dyslipidemia including increased Total-C, increased Non-HDL-C; or increased LDL-C.

Note: One unit of each traditional biomarker for ASCVD addressed in this section is medically necessary up to one (1) time per 48-month period for all other indications.

2. **Non-traditional Biomarkers for ASCVD**

HsCRP (86141), Lp(a) (83695), and/or Lp-PLA2 (83698) are considered medically necessary for more accurate ASCVD risk stratification in individuals when their ASCVD risk assessment, using the lipid panel described in section #1 for Traditional Biomarkers for ASCVD, shows the individual has intermediate ASCVD risk, and ANY of the following:

- ASCVD risk assessment is being performed in asymptomatic individuals age 20 years or older who do not have ASCVD; allowable up to once every (4) years; OR
- ASCVD risk assessment in individuals who have ANY of the following ASCVD risk factors but who do not have ASCVD; allowable once per year:
  - Risk for familial hypercholesterolemia, or related inherited disorders predisposing to ASCVD; OR
  - Major ASCVD risk factors including ANY of the following:
    - Diabetes; OR
    - Hypertension; OR
    - Cigarette smoking; OR
    - Chronic kidney disease; OR
  - Minor or additional ASCVD risk factors such as:
    - Obesity; OR
    - Pregnancy associated conditions; OR
    - Hypothyroidism; OR
    - HIV infection; OR
    - Autoimmune inflammatory disorders; OR
    - Obstructive liver disease; OR
    - Use of prescription drugs associated with cardiotoxicity (e.g., anabolic steroids, cyclosporine, amiodarone).

Lp(a) is also considered medically necessary in ANY of the following circumstances:

- Once per lifetime in the assessment of ASCVD risk; OR
- In the assessment of individuals less than 18 years of age who have ANY of the following:
  - A hemorrhagic or ischemic stroke; OR
  - Familial hypercholesterolemia; OR
  - A first-degree relative with elevated Lp(a); OR
  - A family history of premature ASCVD, or as part of cascade testing for high Lp(a) in families.

Note: Claims for CPT codes hsCRP, Lp(a), and/or Lp-PLA2 submitted with a diagnosis code from this policy's Coding Requirements will be considered medically necessary up to six (6) times per 12-month period. All other claims for hsCRP and/or Lp-PLA2 will be considered medically necessary up to one (1) time per 48 month period.

3. **Apolipoprotein B, Apolipoprotein A**
   Apo B (82172) or ApoB:ApoA ratio (82172) is considered medically necessary up to six (6) times per year to monitor individuals being treated for either ASCVD or high ASCVD risk, and who are not being monitored by a lipid panel.

   When testing is otherwise medically necessary, up to two (2) units of CPT 82172 are medically necessary for the same date of service, but are not medically necessary on the same date of service with either a lipid panel (80061) or non-HDL cholesterol (calculated using Total-C, CPT 82465, and HDL-C, CPT 83718).

4. **Galectin-3 and ST2**
   Galectin-3 (82777) and/or ST2 (83006) are considered medically necessary (one unit per date of service) in individuals with heart failure when additional risk stratification is needed beyond what is provided by B-Natriuretic Peptide (83880) or N-Terminal B-Natriuretic peptide.

5. **Troponin**
   Troponin, quantitative (84484)/Troponin qualitative (84512) is considered medically necessary in ANY of the following circumstances:
   - In the evaluation and/or management of acute myocardial infarction; OR
   - In the evaluation and/or management of myocardial injury from any cause, including but not limited to:
     - Infections of the heart; OR
     - Heart failure from any cause; OR
     - Cardiotoxic drugs; OR
     - Cardiac surgery; OR
     - Blunt force injury to the heart; OR
     - Injury to other organs (e.g., pulmonary embolism, renal failure) that can affect the heart; OR
     - Shock; OR
     - Anemia; OR
     - Arrhythmias.

6. **Cystatin C**
   Cystatin C (82610) is considered medically necessary for up to one (1) unit per date of service in the evaluation of renal failure when additional information is needed beyond what can be provided by creatinine testing. Signs and symptoms of renal failure include ANY of the following:
   - Edema especially in the ankles, feet, and in the periorbital region; OR
   - Fatigue; OR
   - Loss of appetite; OR
   - Dry and itchy skin; OR
   - Confusion; OR
   - Muscle cramps; OR
   - Changes in urinary frequency; OR
   - Proteinuria; OR
   - Hematuria.

7. **Myoglobin**

Myoglobin (83874) is considered medically necessary in the evaluation of muscle damage of any cause including rhabdomyolysis. Common causes of muscle damage including rhabdomyolysis include ANY of the following:

- Blunt or crash injury as can occur in high speed accidents; OR
- Compression injury as can occur with prolonged immobility; OR
- Electrical shock; OR
- Burns; OR
- A variety of toxins, venoms, and poisons; OR
- Congenital diseases of muscle; OR
- Ischemia to muscle tissues; OR
- Seizures; OR
- Marathon running and other forms of severe exertion; OR
- Severe hypophosphatemia.

Signs and symptoms of rhabdomyolysis and other types of severe muscle damage include ANY of the following:

- Muscle pain, tenderness, weakness, stiffness and/or rigidity; OR
- Loss of mobility especially in shoulders, thighs and back; OR
- Hyperkalemia; OR
- Hypocalcemia; OR
- Red or brown urine; OR
- Acute renal failure including all the signs and symptoms associated with acute renal failure; OR
- Cardiac arrhythmia

8. **Insulin and C-peptide**

Insulin, Total (83525)/Insulin, Free (83527), C-peptide (84681), and Proinsulin (84206) are considered medically necessary in the diagnosis and management of insulinomas.

Insulin, C-peptide, and Proinsulin are considered medically necessary in distinguishing insulinoma from other causes of hypoglycemia.

Total and Free Insulin are considered medically necessary when insulin antibodies are suspected of interfering with the assay for total insulin.

Total and Free Insulin are considered medically necessary in the evaluation of individuals receiving exogenous insulin therapy who are suspected of having inefficiency of treatment due to insulin antibodies.

Note: Testing for total insulin, free insulin, proinsulin, and/or C-peptide is considered medically necessary only once per date of service. These tests should not be performed together on the same date of service. It is considered not medically necessary to perform any combination of these tests more than four (4) dates of service in total, per 12-month period.

9. **Immunoassay for Analyte Other than Infectious Agent Antibody or Infectious Agent Antigen**
   Testing applicable to cardiovascular disease has specific CPT codes. Tests billed with non-specific codes, such as CPT 83520, for cardiovascular disease indications are considered not medically necessary.

10. **Creatinine Kinase (CK), (CPK); MB Fraction Only**
    Creatinine kinase (CK), (CPK); MB fraction only (CK-MB) (82553) is considered obsolete and therefore not medically necessary.

11. When the cardiovascular risk disease laboratory testing is not considered medically necessary
    - hsCRP and/or Lp-PLA2 are not considered medically necessary for individuals known to have ASCVD with ANY of the following clinical history:
      - Stable or unstable angina; OR
      - Myocardial infarction; OR
      - Non-hemorrhagic stroke; OR
      - Transient ischemic attacks; OR
      - Aortic aneurysm; OR
      - Peripheral vascular disease affecting limbs, kidneys, skin or other organs; OR
      - Dyslipidemia in the form of increased Total-C, increased Non-HDL-C; or increased LDL-C.
    - Apo B or ApoB:Apo A ratio are considered not medically necessary to screen for ASCVD in asymptomatic individuals.
    - Galectin-3 or ST2 are considered not medically necessary to screen for ASCVD or ASCVD risk.
    - Troponin is considered not medically necessary to screen for ASCVD or ASCVD risk.
    - Cystatin C is considered not medically necessary to screen for ASCVD or ASCVD risk.
    - Myoglobin is considered not medically necessary to screen for ASCVD or ASCVD risk.
    - Performing total insulin, free insulin, proinsulin, and/or C-peptide testing more than once per date of service is considered not medically necessary.
    - Performing a combination of total insulin, free insulin, proinsulin and/or C-peptide on more than four (4) dates of service in a total 12-month period is considered not medically necessary.
    - Insulin and C-peptide have not demonstrated clinical utility in screening for ASCVD or ASCVD risk and in this clinical context they are considered experimental, investigational, or unproven.
    - Tests billed with non-specific codes, such as CPT 83520 *(Immunoassay for analyte other than infections agent antibody or infectious agent antigen*) are not considered medically necessary.
    - Creatinine kinase (CK), (CPK); MB fraction only (CK-MB) (82553) is considered obsolete and therefore not medically necessary.

12. Post-payment Audit Statement
    The medical record must include documentation that reflects the medical necessity criteria and is subject to audit by Highmark Wholecare℠ at any time pursuant to the terms of your provider agreement.

13. Place of Service
    The proper place of service for cardiovascular disease laboratory testing is outpatient.

14. Related Policies
    - MP-114-MD-PA Cardiac Contractility Modulation (CCM) Therapy
    - MP-136-MD-PA Cardiac Monitors
    - MP-057-MD-PA Cardiac Rehabilitation, Phase II Outpatient

Governing Bodies Approval

FDA
Tests listed in this medical policy have received FDA approval, specifically for Lp(a), apoA, apoB, and Lp-PLA2. The Lp(a) tests in indicated in the evaluation of lipid metabolism disorders and assessing ASCVD populations, when used in conjunction with clinical evaluation. The apoA test is indicated in the diagnosis and treatment of lipid disorders, liver and renal diseases and the assessment of ASCVD risk. ApoB is indicated in the diagnosis of premature coronary artery disease, hyper-B-lipopoprotein and hypo-b-lipopoproteinemia. Lp(a) measurement is used in evaluating disorders of lipid metabolism and assessing ASCVD in certain populations when used in conjunction with clinical evaluation.

CLIA-
Cardiovascular disease risk laboratory tests are offered as laboratory-developed tests under Clinical Laboratory Improvement Amendments (CLIA) licensed laboratories. Clinical laboratories may develop and validate tests in-house and market them as a laboratory service; laboratories offering such tests as a clinical service must meet general regulatory standards of CLIA and must be licensed by CLIA for high complexity testing.

CMS
The Centers for Medicare and Medicaid Services (CMS) has published the following guidance:

- National Coverage Determination (NCD) Lipid Testing 190.23
- Local Coverage Determination (LCD) MolDX: Biomarkers in Cardiovascular Risk Assessment (L36523)
- Local Coverage Article (LCA) Billing and Coding: MolDX: Biomarkers in Cardiovascular Risk Assessment (A57559)

Coding Requirements

Procedure Codes

CPT Code	Description
80061	Lipid panel; This panel must include the following: Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)
82045	Albumin; ischemia modified
82172	Apolipoprotein, each
82465	Cholesterol, serum or whole blood, total
82610	Cystatin C
82777	Galectin-3
83006	Growth stimulation expressed gene 2 (ST2, Interleukin 1 receptor like-1)
83525	Insulin; total
83527	Insulin; free
83695	Lipoprotein (a)
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)

83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83721	Lipoprotein, direct measurement; LDL cholesterol
83874	Myoglobin
84206	Proinsulin
84478	Triglycerides
84484	Troponin, quantitative
84512	Troponin, qualitative
84681	C-peptide
86141	C-reactive protein; high sensitivity (hsCRP)

Diagnosis Codes

Codes Indicating ASCVD

ICD-10 Code	Description
G45.0 - G45.9	Transient cerebral ischemic attacks and related syndromes
G46.0 - G46.8	Vascular syndromes of brain in cerebrovascular diseases
I20.0 - I20.9	Angina pectoris
I21.01 - I21.B	Acute myocardial infarction
I22.0 - I22.9	Subsequent ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction
I23.0 - I23.8	Certain current complications following ST elevation (STEMI) and non-ST elevation (NSTEMI) myocardial infarction (within the 28 day period)
I24.0 - I24.9	Other acute ischemic heart diseases
I25.10 - I25.9	Chronic ischemic heart disease
I63.00 - I63.9	Cerebral infarction
I65.01 - I65.9	Occlusion and stenosis of precerebral arteries, not resulting in cerebral infarction
I66.01 - I66.9	Occlusion and stenosis of cerebral arteries, not resulting in cerebral infarction
I67.0 - I67.9	Other cerebrovascular diseases
I68.0 - I68.8	Cerebrovascular disorders in diseases classified elsewhere
I69.00 - I69.998	Sequelae of cerebrovascular disease
I70.0 - I70.92	Atherosclerosis
I71.00 - I71.9	Aortic aneurysm and dissection
I72.0 - I72.9	Other aneurysm
I73.00 - I73.9	Other peripheral vascular diseases
I74.01 - I74.9	Arterial embolism and thrombosis
I75.011 - I75.89	Atheroembolism
I76	Septic arterial embolism
I77.0 - I77.9	Other disorders of arteries and arterioles
I78.0 - I78.9	Diseases of capillaries
I79.0 - I79.8	Disorders of arteries, arterioles and capillaries in diseases classified elsewhere

R29.700 - R29.742	National Institutes of Health Stroke Scale (NIHSS) score
Z86.73	Personal history of transient ischemic attack (TIA), and cerebral infarction without residual deficits
Z86.74	Personal history of sudden cardiac arrest
Z86.79	Personal history of other diseases of the circulatory system

Codes Indicating Dyslipidemia

ICD-10 Code	Description
E78.00 - E78.9	Disorders of lipoprotein metabolism and other lipidemias

Codes Indicating ASCVD Risk Factors Without a Diagnosis

ICD-10 Code	Descriptions
B20	Human immunodeficiency virus [HIV] disease
E03.0 - E03.9	Other hypothyroidism
E08.00 - E08.09	Diabetes mellitus due to underlying condition
E09.00 - E09.9	Drug or chemical induced diabetes mellitus
E10.10 - E10.A2	Type 1 diabetes mellitus
E11.00 - E11.9	Type 2 diabetes mellitus
E13.00 - E13.9	Other specified diabetes mellitus
E66.01 - E66.9	Overweight and obesity
F17.200 - F17.299	Nicotine dependence
I10	Essential (primary) hypertension
I11.0 - I11.9	Hypertensive heart disease
I12.0 - I12.9	Hypertensive chronic kidney disease
I13.0 - I13.2	Hypertensive heart and chronic kidney disease
I15.0 - I15.9	Secondary hypertension
I16.0 - I16.9	Hypertensive crisis
I1A.0	Resistant hypertension
N18.1 - N18.9	Chronic kidney disease (CKD)
O00.00 - O00.91	Ectopic pregnancy
O01.0 - O01.9	Hydatidiform mole
O02.0 - O02.9	Other abnormal products of conception
O03.0 - O03.9	Spontaneous abortion
O04.5 - O04.89	Complications following (induced) termination of pregnancy
O07.0 - O07.4	Failed attempted termination of pregnancy
O08.0 - O08.9	Complications following ectopic and molar pregnancy
O09.00 - O09.93	Supervision of high risk pregnancy
O13.1 - O13.9	Gestational [pregnancy-induced] hypertension without significant proteinuria
O14.00 - O14.95	Pre-eclampsia
O15.00 - O15.9	Eclampsia
O16.1 - O16.9	Unspecified maternal hypertension
O24.410 - O24.439	Gestational diabetes mellitus

Z33.1 - Z33.3	Pregnant state
Z34.00 - Z34.93	Encounter for supervision of normal pregnancy
Z36.0 - Z36.9	Encounter for antenatal screening of mother
Z3A.00 - Z3A.49	Weeks of gestation
Z82.41 - Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
Z83.42	Family history of familial hypercholesterolemia
Z83.430 -Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemias

Codes Indicating Insulin Assessment

ICD-10 Code	Description
C25.0 - C25.9	Malignant neoplasm of pancreas
C7A.00 - C7A.8	Malignant neuroendocrine tumors
C7B.00 - C7B.8	Secondary neuroendocrine tumors
D3A.00 - D3A.8	Benign neuroendocrine tumors
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
E16.1	Other hypoglycemia
E16.2	Hypoglycemia, unspecified
E16.3	Increased secretion of glucagon
E16.8	Other specified disorders of pancreatic internal secretion
E16.9	Disorder of pancreatic internal secretion, unspecified
E31.0	Autoimmune polyglandular failure
E31.20	Multiple endocrine neoplasia [MEN] syndrome, unspecified
E31.21	Multiple endocrine neoplasia [MEN] type I
E31.8	Other polyglandular dysfunction
E31.9	Polyglandular dysfunction, unspecified
E89.1	Postprocedural hypoinsulinemia
Z83.41	Family history of multiple endocrine neoplasia syndrome
Z94.83	Pancreas transplant status

Non-Covered Codes

The clinical utility of the tests listed below has not been demonstrated and therefore are considered experimental, investigational, or unproven. These procedure codes will not be reimbursed without Medical Director approval.

CPT Code	Description
82542	Column chromatography, includes mass spectrometry, if performed (eg, HPLC, LC, LC/MS, LC/MS-MS, GC, GC/MS-MS, GC/MS, HPLC/MS), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen
82553	Creatine kinase (CK), (CPK); MB fraction only
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified

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
83722	Lipoprotein, direct measurement; small dense LDL cholesterol
83876	Myeloperoxidase (MPO)
84431	Thromboxane metabolite(s), including thromboxane if performed, urine
83719	Lipoprotein, direct measurement; VLDL cholesterol
0024U	Glycosylated acute phase proteins (GlycA), nuclear magnetic resonance spectroscopy, quantitative
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
0119U	Cardiology, ceramides by liquid chromatography-tandem mass spectrometry, plasma, quantitative report with risk score for major cardiovascular events
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
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

Informational

Proprietary Tests for ASCVD Risk Assessment and Management

The following proprietary tests for ASCVD risk assessment or management are specifically noted to be experimental, investigational, or unproven based on the medical necessity guidelines listed in this policy, regardless of the codes used to bill them:

- CardioMetabolic Risk Assessment; SpectraCell Laboratories
- Boston Heart HDL Map; Boston Heart Diagnostics
- Boston Heart Fatty Acid Balance Test; Boston Heart Diagnostics
- Boston Heart Cholesterol Balance Test; Boston Heart Diagnostics
- Cardio IQ Lipid Subfractionnation by Ion Mobility; Quest Diagnostics
- Glycosylated acute phase proteins (GlycA) (0024U) Laboratory Corporation of America
- HART CADhs (0308U), HART CVE (0309U), Atlas Genomics
- Liposcale (0377U), CIMA Sciences, LLC
- MI-HEART Ceramides, Plasma (0119U)
- SOMAmer (0019M), SomaLogic
- SmartHealth Vascular Dx (0415U), Morningstar Laboratories
- True Health Diagnostics: Comprehensive Cardiovascular Disease Testing
  VAP Cholesterol Test (0052U), VAP Diagnostics Laboratory, Inc

Reimbursement

Participating facilities will be reimbursed per their Highmark Wholecare℠ contract.

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