

**2019**  
**MEDICARE LOCAL COVERAGE DETERMINATION (LCD) - L35526**  
 PROCEDURE CODE: 83880

**B-TYPE NATRIURETIC PEPTIDE (BNP)**

**DLS TEST CODE AND NAME**

<b>42833</b>	<b>B-NATRIURETIC PEPTIDE</b>
<b>57748</b>	<b>NT proBNP</b>

<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
I11.0	Hypertensive heart disease with heart failure
I13.0	Hypertensive heart and chronic kidney disease with heart failure and stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
I13.2	Hypertensive heart and chronic kidney disease with heart failure and with stage 5 chronic kidney disease, or end stage renal disease
I16.0	Hypertensive urgency
I16.1	Hypertensive emergency
I20.0	Unstable angina (effective 10-1-2019)
I21.01	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery (effective 10-1-2019)
I21.02	ST elevation (STEMI) myocardial infarction involving left anterior descending coronary artery (effective 10-1-2019)
I21.09	ST elevation (STEMI) myocardial infarction involving other coronary artery of anterior wall (effective 10-1-2019)
I21.11	ST elevation (STEMI) myocardial infarction involving right coronary artery (effective 10-1-2019)
I21.19	ST elevation (STEMI) myocardial infarction involving other coronary artery of inferior wall (effective 10-1-2019)
I21.21	ST elevation (STEMI) myocardial infarction involving left circumflex coronary artery (effective 10-1-2019)
I21.29	ST elevation (STEMI) myocardial infarction involving other sites (effective 10-1-2019)
I21.3	ST elevation (STEMI) myocardial infarction of unspecified site (effective 10-1-2019)
I21.4	Non-ST elevation (NSTEMI) myocardial infarction (effective 10-1-2019)
I21.A1	Myocardial infarction type 2 (effective 10-1-2019)
I21.A9	Other myocardial infarction type (effective 10-1-2019)
I22.0	Subsequent ST elevation (STEMI) myocardial infarction of anterior wall (effective 10-1-2019)
I22.2	Subsequent non-ST elevation (NSTEMI) myocardial infarction (effective 10-1-2019)
I22.8	Subsequent ST elevation (STEMI) myocardial infarction of other sites (effective 10-1-2019)
I22.9	Subsequent ST elevation (STEMI) myocardial infarction of unspecified site (effective 10-1-2019)
I25.110	Atherosclerotic heart disease of native coronary artery with unstable angina pectoris (effective 10-1-2019)
I25.700	Atherosclerosis of coronary artery bypass graft(s), unspecified, with unstable angina pectoris (effective 10-1-2019)

**2019**  
**MEDICARE LOCAL COVERAGE DETERMINATION (LCD) - L35526**  
 PROCEDURE CODE: 83880

**B-TYPE NATRIURETIC PEPTIDE (BNP)**

**DLS TEST CODE AND NAME**

<b>42833</b>	<b>B-NATRIURETIC PEPTIDE</b>
<b>57748</b>	<b>NT proBNP</b>

<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
I25.710	Atherosclerosis of autologous vein coronary artery bypass graft(s) with unstable angina pectoris (effective 10-1-2019)
I25.720	Atherosclerosis of autologous artery coronary artery bypass graft(s) with unstable angina pectoris (effective 10-1-2019)
I25.730	Atherosclerosis of nonautologous biological coronary artery bypass graft(s) with unstable angina pectoris (effective 10-1-2019)
I25.750	Atherosclerosis of native coronary artery of transplanted heart with unstable angina (effective 10-1-2019)
I25.760	Atherosclerosis of bypass graft of coronary artery of transplanted heart with unstable angina (effective 10-1-2019)
I25.790	Atherosclerosis of other coronary artery bypass graft(s) with unstable angina pectoris (effective 10-1-2019)
I31.1	Chronic constrictive pericarditis
I42.0	Dilated cardiomyopathy
I42.5	Other restrictive cardiomyopathy
I42.8	Other cardiomyopathies
I50.1	Left ventricular failure, unspecified
I50.21	Acute systolic (congestive) heart failure
I50.22	Chronic systolic (congestive) heart failure
I50.23	Acute on chronic systolic (congestive) heart failure
I50.31	Acute diastolic (congestive) heart failure
I50.32	Chronic diastolic (congestive) heart failure
I50.33	Acute on chronic diastolic (congestive) heart failure
I50.41	Acute combined systolic (congestive) and diastolic (congestive) heart failure
I50.42	Chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.43	Acute on chronic combined systolic (congestive) and diastolic (congestive) heart failure
I50.810	Right heart failure, unspecified
I50.811	Acute right heart failure
I50.812	Chronic right heart failure
I50.813	Acute on chronic right heart failure
I50.814	Right heart failure due to left heart failure
I50.82	Biventricular heart failure
I50.83	High output heart failure
I50.84	End stage heart failure
I50.89	Other heart failure
I50.9	Heart failure, unspecified
J44.0	Chronic obstructive pulmonary disease with acute lower respiratory infection
J44.1	Chronic obstructive pulmonary disease with (acute) exacerbation
J45.901	Unspecified asthma with (acute) exacerbation
J98.01	Acute bronchospasm

**2019**  
**MEDICARE LOCAL COVERAGE DETERMINATION (LCD) - L35526**  
 PROCEDURE CODE: 83880

**B-TYPE NATRIURETIC PEPTIDE (BNP)**

**DLS TEST CODE AND NAME**

<b>42833</b>	<b>B-NATRIURETIC PEPTIDE</b>
<b>57748</b>	<b>NT proBNP</b>

<b>ICD-10 CODE</b>	<b>DESCRIPTION</b>
R06.00	Dyspnea, unspecified
R06.01	Orthopnea
R06.02	Shortness of breath
R06.03	Acute respiratory distress
R06.09	Other forms of dyspnea
R06.2	Wheezing
R06.82	Tachypnea, not elsewhere classified
R06.89	Other abnormalities of breathing (effective 10-1-2019)
R60.1	Generalized edema (effective 10-1-2019)