

Effective date: Nov. 1, 2025

Applies to:**Commercial Products**

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products

Public Plans Products

- Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
- Tufts Health Together – MassHealth Accountable Care Partnership Plans
- Tufts Health RITogether – A Rhode Island Medicaid Plan
- Tufts Health One Care – A dual-eligible product

Senior Products

- Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
- Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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 the Pediatric Preventive Screening policy.

For guidance concerning homocysteine testing for indications other than cardiovascular disease, please refer to the Testing of Homocysteine Metabolism-Related Conditions policy.

Terms such as male and female are used when necessary to refer to sex assigned at birth.

Indications and/or Limitations of Coverage

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

1. Lipid panel testing (see Note 1) **MEETS COVERAGE CRITERIA** under any of the following conditions:
 - a. To screen for cardiovascular disease (CVD) risk:
 - i. Every **54** years for individuals ages 18 to 79 years.
 - 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**]). 10-year ASCVD risk cannot be calculated for individuals 39 years of age or younger.
 - 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
 - xii. Being on long-term drug therapy that requires lipid monitoring (e.g., Accutane, anti-psychotics)
 - xiii. Family history of elevated lipids
 - xiv. Premature heart disease
 - xi-xv. History of stroke
- c. For individuals who are about to begin or who are currently receiving statin therapy (i.e., individuals with hyperlipidemia, transplant patients), at the following intervals:
 - i. To establish baseline levels before initiating statin therapy.
 - ii. Every four to twelve weeks after initiation or change of therapy.
 - iii. ~~Annually when no medication changes have occurred~~ Every three to twelve months as clinically indicated.
- ~~d. Annually for individuals on a long term drug therapy that requires lipid monitoring (e.g., Accutane, anti-psychotics).~~
- ~~e.d.~~ 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 one to three months after initiation or change of therapy.
 - iii. Every six to twelve months when no medication changes have occurred.
- 2. Measurement of apolipoprotein B (apoB) (no more than once every four weeks) **MEETS COVERAGE CRITERIA** 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 to have familial dysbetalipoproteinemia or familial combined hyperlipidemia.
- 3. Measurement of lipoprotein a (Lp(a)) once per lifetime (with measurement occurring when the individual is 18 years of age or older) **MEETS COVERAGE CRITERIA.**
 - ~~4. 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) MEETS COVERAGE CRITERIA at the following frequency:~~
 - ~~a. One test for initial screening.~~
 - ~~b. If the initial screen was abnormal, confirmatory testing no sooner than two weeks after the initial test.~~
 - ~~c.a. 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.

 - ~~5. The following testing for CRP DOES NOT MEET COVERAGE CRITERIA:~~
 - ~~a. Hs-CRP testing for all other cardiovascular disease risk assessments not described above.~~
 - ~~b. 4. Conventional CRP testing for cardiovascular disease risk assessment CRP testing (conventional measurement or high-sensitivity measurement) DOES NOT MEET COVERAGE CRITERIA.~~
 - ~~6.4.5.~~ For CVD risk assessment and stratification in the outpatient setting, measurement of high-sensitivity cardiac troponin T (hs-cTnT) **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~7.5.6.~~ For CVD risk assessment screening, evaluation, and management, homocysteine testing **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~8.6.7.~~ 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, myeloperoxidase) **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~9. Other than simple lipid panels (see Note 1), CVD risk panels consisting of multiple individual biomarkers intended to assess CVD DO NOT MEET COVERAGE CRITERIA.~~
 - ~~10.7. 8.~~ For CVD risk assessment, measurement of serum intermediate density lipoproteins **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~11. 9.~~ For CVD risk assessment, ~~M~~ measurement of lipoprotein-associated phospholipase A2 (Lp-PLA2) **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~12. 10.~~ For all situations, measurement of long-chain omega-3 fatty acids in red blood cell membranes, **DOES NOT MEET COVERAGE CRITERIA.**
 - ~~13. 11.~~ All other tests for assessing CVD risk **DO NOT MEET COVERAGE CRITERIA.**

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/

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 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 (e.g., 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 <0.9

Applicable CPT/HCPCS Procedure Codes

Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

Coding

| Code | Description |
|-------|---|
| 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) |

| Code | Description |
|------------------|---|
| 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 (e.g., electrophoresis, ultracentrifugation) |
| 83704 | Lipoprotein, blood; quantitation of lipoprotein particle number(s) (e.g., 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 |
| 83876 | Myeloperoxidase (MPO) (Effective for DOS beginning 9/1/2026) |
| 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) |
| 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 CVE® Lab/Manufacturer: Complete Omics, Inc, 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 |

| Code | Description |
|------|---|
| | Proprietary test: HDL Reverse Cholesterol Transport Panel with pCAD Score Lab/Manufacturer: Quest Diagnostics® |

Evidence-based Scientific References

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Publication History

- 07/01/2026: Annual policy review; administrative edits; removed CPT codes 0052U, 0308U, 0309U, 0415U, 0541U, effective for DOS beginning Sept. 1, 2026; added CPT code 83876, effective for DOS beginning Sept. 1, 2026
- 09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.