If a conflict arises between a Clinical Payment and Coding Policy and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Biomarkers for Myocardial Infarction and Chronic Heart Failure

Policy Number: CPCPLAB046

Version 1.0

Approval Date: July 25, 2025

Plan Effective Date: November 7, 2025

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For individuals presenting with signs and symptoms of acute coronary syndrome (see **NOTE 1**), **quantitative** measurement of cardiac troponin (troponin T or I) for the diagnosis of myocardial infarction (MI) (when tested at an outpatient facility capable of performing an adequate clinical MI evaluation) **may be reimbursable** up to four times within the first 72 hours following initial presentation.

2. Measurement of B-type natriuretic peptide (BNP) **or** N-terminal proBNP (NT-proBNP) **may be reimbursable** in any of the following situations:

    a. To diagnose heart failure in individuals presenting with dyspnea.
    b. To establish disease severity in individuals with chronic heart failure (up to four times per year in the outpatient setting).

3. For individuals presenting with signs and symptoms of acute coronary syndrome (see **NOTE 1**), measurement of the following cardiac biomarkers for the diagnosis and/or prognosis of MI **is not reimbursable**:
    a. Aspartate aminotransferase (AST/SGOT);
    b. Cardiac creatine kinase isoenzyme MB (CKMB);
    c. Creatine kinase (CK);
    d. Creatine kinase isoenzymes;
    e. Lactate dehydrogenase (LD, LDH);
    f. Myoglobin.

4. For individuals presenting with signs and symptoms of acute coronary syndrome (see **NOTE 1**) measurement of cardiac biomarkers in an outpatient setting which is not capable of performing adequate clinical MI evaluation (e.g., independent lab or physician's office) **is not reimbursable**.

5. In the outpatient setting, **qualitative** measurement of cardiac troponin (troponin T or I) **is not reimbursable.**

6. For individuals presenting with signs and symptoms of acute coronary syndrome (see **NOTE 1**), measurement of the following cardiac biomarkers for the diagnosis and/or prognosis of MI **are not reimbursable**:
    a. Copeptin;
    b. Troponin C;

c. C-reactive protein;
d. Heart-type fatty acid binding protein (H-FABP;)
e. Any other cardiac biomarkers not listed above.

7. For all situations in the outpatient setting, analysis of ST2 and/or its isoforms (e.g., Presage ST2) **is not reimbursable.**

Note 1:
Acute Coronary Syndrome/Myocardial Infarction Common Signs and Symptoms (3):

- Ischemic chest pain with radiation to an upper extremity, radiation to both arms, and pain associated with diaphoresis or with nausea and vomiting.
- Squeezing, tightness, pressure, constriction, crushing, strangling, burning, heartburn, fullness in the chest, band-like sensation, knot in the center of the chest, lump in throat, ache, heavy weight on chest and toothache (when there is radiation to the lower jaw).
- Ischemic pain often radiates to other parts of the body including the upper abdomen (epigastrium), shoulders, arms (upper and forearm), wrist, fingers, neck and throat, lower jaw and teeth (but not upper jaw), and not infrequently to the back (specifically the interscapular region).
- Shortness of breath, belching, nausea, indigestion, vomiting, diaphoresis, dizziness, lightheadedness, clamminess, and fatigue.

Atypical Signs and Symptoms (3):
Dyspnea alone, weakness, nausea and/or vomiting, epigastric pain or discomfort, palpitations, syncope, or cardiac arrest.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82550, 82552, 82553, 82554, 82725, 83006, 83615, 83625, 83874, 83880, 84450, 84484, 84512, 84588, 84999, 86140, 86141

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Policy Update History:

Approval Date	Effective Date: Summary of Changes
07/25/2025	11/07/2025; Document updated with literature review. The following changes were made to Reimbursement Information. Rearranged statements, moving former #3 to now be #2. Added code 86141. References revised.
10/30/2024	01/15/2025; Document updated with literature review. Reimbursement Information unchanged. References revised.

03/01/2024	03/01/2024: Document updated with literature review. The following changes were made to Reimbursement Information: Added #3: "Measurement of B-type natriuretic peptide (BNP) or N-terminal proBNP (NT-proBNP) may be reimbursable in any of the following situations: a) To diagnose heart failure in individuals presenting with dyspnea; b) To establish disease severity in individuals with chronic heart failure (up to four times per year in the outpatient setting). Edited #5 for clarity, changing "for all situations" to "in the outpatient setting." Added code 88380. References revised.
11/01/2023	11/01/2023: Document updated with literature review. The following changes were made to Reimbursement Information: Added 4. For all situations, qualitative measurement of cardiac troponin (troponin T or I) is not reimbursable. 6. For all situations in the outpatient setting, analysis of ST2 and/or its isoforms (e.g., Presage ST2) is not reimbursable. Other changes made for clarity. Title changed from Cardiac Biomarkers for Myocardial Infarction. References revised.
11/1/2022	New policy