Medicare Local Coverage Determination Policy

JM Palmetto - Homocysteine Level, Serum

CPT: 83090 (Homocysteine)

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Indications:

Elevated serum levels of the amino acid homocysteine are associated with increased risk of cardiovascular (CV) and cerebrovascular disease events as well as an increased risk of osteoporosis. Treatment of the elevated homocysteine level in the absence of an established causal relationship between hyperhomocysteinemia and these entities has been empiric supplementation with vitamin B-6, B-12 and folic acid. Hyperhomocysteinemia may also be present with vitamin B12 and folate deficiencies associated with anemia. In these instances the elevated homocysteine confirms the vitamin deficiency as the source of anemia.

No studies demonstrate that such vitamin supplementation, while lowering the serum homocysteine levels, also reduces the risks for CV or cerebrovascular events or osteoporosis. The Heart Outcomes Prevention Evaluation (HOPE) 2 investigators reported that "...combined daily administration...[of the vitamins] for five years had no beneficial effect on major vascular events in a high risk population with vascular disease." The Norwegian Vitamin Trial (NORVIT) investigators found that "Treatment with B vitamins did not lower the risk of recurrent cardiovascular disease after acute myocardial infarction. A harmful effect from combined B vitamin treatment was suggested." In their 2004 report, Lange H, et al, reported that B vitamin supplementation to lower homocysteine levels, after coronary stenting, may increase the risk of in-stent restenosis and the need for target vessel revascularization.

- Homocysteine levels will be covered by Medicare to confirm Vitamin B12 or folate deficiency.
- In the absence of evidence that treatment of hyperhomocysteinemia reduces CV events, this test can only be covered in patients with known vascular disease or risk thereof (based upon abnormal lipid metabolism, high blood pressure (BP) or diabetes mellitus (DM)) for the purpose of risk stratification. In this circumstance it will be covered only once per lifetime.

Limitations:

- When used to determine the risk of developing atherosclerotic CV disease, measurement of serum homocysteine levels in the absence of known vascular disease, hyperlipidemia or DM will be denied as screening.
- Serum homocysteine levels for the evaluation of treatment of hyperhomocysteinemia in patients with CV risk factors will be denied as not medically necessary.
- Serum homocysteine levels will not be covered other than for suspected B12/folate deficiency, or for risk stratification for the conditions noted in the ***ICD-10 Codes that Support Medical Necessity*** section of this Billing and Coding: Homocysteine Level, Serum A56675 article. It is covered only once in a lifetime for the initial determination for risk stratification. Subsequent determinations will be covered only if appropriate treatment does not correct the anemia or symptoms.

Utilization Guidelines

When used for atherosclerotic CV disease risk stratification, measurement of serum homocysteine is considered to be medically necessary only once in a lifetime.

Visit https://www.synergylaboratories.com/coverageguidance to view current limited coverage tests, reference guides, and policy information. To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34419

Medicare Local Coverage Determination Policy

JM Palmetto - Homocysteine Level, Serum

CPT: 83090 (Homocysteine)

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Code	Description
Group 1	**ICD-10 codes for performing tests at frequencies more than every 3 months. The following codes indicate or imply a condition of hyperglycemia and may be billed alone on the claim.**
E11.22	Type 2 diabetes mellitus with diabetic chronic kidney disease
E11.65	**Type 2 diabetes mellitus with hyperglycemia**
E11.9	**Type 2 diabetes mellitus without complications**
Group 2	**The following codes do not, in and of themselves, indicate uncontrolled diabetes and must be used in conjunction with a Group 1 code that indicates a current state of uncontrolled diabetes (hyperglycemia). Secondary (Dual) Diagnoses.**
E11.21	Type 2 diabetes mellitus with diabetic nephropathy
E11.319	Type 2 diabetes mellitus with unspecified diabetic retinopathy without macular edema
E11.40	**Type 2 diabetes mellitus with diabetic neuropathy, unspecified**
E11.51	**Type 2 diabetes mellitus with diabetic peripheral angiopathy without gangrene**
E11.69	Type 2 diabetes mellitus with other specified complication
Group 3	**ICD-10 codes related to pregnancy and can be covered no more frequently than once per month.**
O24.119	**Pre-existing type 2 diabetes mellitus, in pregnancy, unspecified trimester**

Visit https://www.synergylaboratories.com/coverageguidance to view current limited coverage tests, reference guides, and policy information. To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=34419

Last Updated: 1/12/25