



## MEDICAL POLICY STATEMENT

Original Effective Date	Next Annual Review Date	Last Review / Revision Date
11/17/2015	11/17/2016	11/17/2015
Policy Name	Policy Number	
Lipid Testing in Assessing Cardiovascular (CV) Risk	MM-0012	

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developments in the understanding of appropriate cardiac screening tests. For example the American College of Preventive Medicine (ACPM) in a publication dated 2011 recommends the use of a CHD risk assessment tool such as the Framingham Risk Score, while the most recent guidelines from the ACC/AHA (2013) recommend a more robust risk calculator. In line with the ACC/AHA guidelines CareSource considers lipid testing as a medically necessary component for certain groups of patients to assess their risk of development of CVD.

Lipid testing is utilized to indicate the chances of having cardiovascular disease (CVD) and/or of having a coronary event. The most common blood tests (often referred to as a basic or standard lipid panel) to determine cardiac risk are high-density lipoprotein (HDL), low-density lipoprotein (LDL), total cholesterol, and triglycerides. Additional lab tests that



have been studied for cardiovascular risk which may be unrelated to this policy



- LDL subclass testing - Suggested as part of an overall risk assessment for CVD, this test measures the cholesterol content of lipoprotein particles in the blood and determines the LDL particle size and/or density pattern.
- Long-chain omega-3 fatty acids testing - A family of unsaturated fatty acids that have in common a carbon-carbon double bond in the third bond from the methyl end of the fatty acid. Omega-3 fatty acids cannot be manufactured by the body and are obtained from foods such as fish (e.g., salmon, halibut), certain plants, and nut oils. Suggested as a cardiac risk factor for subclinical atherosclerosis.
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that requires further evaluation.

Also the ACC/AHA panel recommends that treatment decisions in selected individuals who are not included in the four categories of statin benefit can also be informed by other factors, including biochemical and non-invasive testing such as coronary artery calcium score. The panel did not endorse the use of apolipoprotein B, LDL particle measurements, or other lipid measurements, however it did suggest the measurement of high-sensitivity C-reactive protein (hs-CRP) in patients with an intermediate risk of development of CVD, with a cutoff of >2 mg/L denoting greater risk. These patients may also benefit from statin therapy.

Triglyceride testing is required for the calculation of the LDL-C component of the lipid profile.

CareSource members may be eligible under the Plan for standard lipid panel testing, which includes



#### AUTHORIZATION PERIOD

#### E. REVIEW/REVISION HISTORY

Date Issued: 11/17/2015  
Date Reviewed: 11/17/2015  
Date Revised:

#### F. REFERENCES

1. Lipoprotein-Associated Phospholipase Testing for Coronary Heart Disease Risk Assessment in Healthy or Asymptomatic Adults. (2010, January 1). Retrieved from <https://www.hayesinc.com/subscribers/subscriberArticlePDF.pdf?articleId=11917>
2. Galectin-3 In Vitro Diagnostic Assay (BG Medicine Inc.) for the Management of Patients with Chronic Heart Failure. (2010, January 1). Retrieved from <https://www.hayesinc.com/subscribers/subscriberArticlePDF.pdf?articleId=15848>
3. Contois, J., McConnell, J., Sethi, A., Csako, G., Devaraj, S., Hoefner, D., & Warnick, G. (2009, March 1). Apolipoprotein B and Cardiovascular Disease Risk: Position Statement from the AACC Lipoproteins and Vascular Diseases Division Working Group on Best Practices. Retrieved October 23, 2014, from <http://www.clinchem.org/content/55/3/407.long>
4. Am J Prev Med. 2011 Mar;40(3):381.e1-10.
5. Journal of the American College of Cardiology, Volume 63, Issue 25, Part B, 1 July 2014, Pages 2889-2934

The medical Policy Statement detailed above has received due consideration as defined in the Medical Policy Statement Policy and is approved.

Independent medical review – 2/2015