

Corporate Medical Policy

Genetic Testing for Lipoprotein (a) as a Decision Aid for Aspirin Treatment

File Name:	genetic_testing_for_lipoprotein_a_as_a_decision_aid_for_aspirin_treatment
Origination:	7/2011
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Next CAP Review:	10/2012
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Description of Procedure or Service

Aspirin (ASA) is a well-established treatment for patients with known coronary artery disease (CAD.) It is also prescribed as primary prevention for some patients who are at increased risk of CAD. Current recommendations for primary prevention consider the future risk of cardiovascular events weighed against the bleeding risk of ASA. U.S. Preventive Services Task Force guidelines from 2009 recommend ASA for men between the ages of 45-79 when the benefit in reducing myocardial infarction exceeds the risk of bleeding, particularly gastrointestinal hemorrhage; and for women between the ages of 55-79 years when the benefit in reducing stroke exceeds the risk of gastrointestinal bleeding. Given guidelines such as these that recommend individualizing the risk/benefit ratio of ASA therapy, additional tools that would aid in better defining the benefits of aspirin, and/or the risk of bleeding, have potential utility for clinicians who are making decisions on aspirin therapy.

LPA-Aspirin Check® is a commercially available genetic test (Berkeley HeartLab) that detects the presence of the rs3798220 allele. Patients with a positive test for rs3798220 have a higher risk for thrombosis, and therefore may derive more benefit from the anti-thrombotic properties of ASA. It has been proposed that the additional information obtained from the LAP-Aspirin Check® test may aid physicians in better estimating the benefit/risk of ASA therapy, and therefore may aid in deciding whether to prescribe ASA for individual patients.

******Note: This Medical Policy is complex and technical. For questions concerning the technical language and/or specific clinical indications for its use, please consult your physician.***

Policy

Genetic testing for lipoprotein (a) as a decision aid for aspirin treatment is considered investigational. BCBSNC does not provide coverage for investigational services or procedures.

Benefits Application

This medical policy relates only to the services or supplies described herein. Please refer to the Member's Benefit Booklet for availability of benefits. Member's benefits may vary according to benefit design; therefore member benefit language should be reviewed before applying the terms of this medical policy.

Genetic Testing for Lipoprotein (a) as a Decision Aid for Aspirin Treatment

When Genetic Testing for Lipoprotein (a) is covered

Not applicable

When Genetic Testing for Lipoprotein (a) is not covered

The use of genetic testing for the rs3798220 allele (LPA-Aspirin Check®) is considered investigational in patients who are being considered for treatment with aspirin to reduce risk of cardiovascular events.

Policy Guidelines

The LPA minor allele rs378220 is associated with higher levels of LPA and a higher risk for cardiovascular events. This allele is infrequent in the population, and is associated with a modest increase in cardiovascular risk. Testing for this allele is commercially available, but the performance characteristics are uncertain and standardization of testing has not been demonstrated. Several observational studies have established that this genetic variant is an independent risk factor for cardiovascular disease.

Billing/Coding/Physician Documentation Information

This policy may apply to the following codes. Inclusion of a code in this section does not guarantee that it will be reimbursed. For further information on reimbursement guidelines, please see Administrative Policies on the Blue Cross Blue Shield of North Carolina web site at www.bcbsnc.com. They are listed in the Category Search on the Medical Policy search page.

Applicable service codes: There is not a specific code for this test; however, a series of molecular diagnostic codes such as 83891, 83892, 83896, 83898, 83903, 83912, 84999 may be used

BCBSNC may request medical records for determination of medical necessity. When medical records are requested, letters of support and/or explanation are often useful, but are not sufficient documentation unless all specific information needed to make a medical necessity determination is included.

Scientific Background and Reference Sources

BCBSA Medical Policy Reference Manual [Electronic Version]. 2.04.70, 5/12/11

Shiffman D, Chasman DI, Ballantyne CM et al. Coronary heart disease risk, aspirin use, and apolipoprotein(a) 4399Met allele in the Atherosclerosis Risk in Communities (ARIC) study. *Thromb Haemost* 2009; 102(1):179-80. Retrieved on May 23, 2011 from <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2678922/?tool=pubmed>

Specialty Matched Consultant Advisory Panel review 10/2011

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Policy Implementation/Update Information

7/19/11 New policy implemented. The use of genetic testing for the rs3798220 allele (LPA-Aspirin Check®) is considered investigational in patients who are being considered for treatment with aspirin to reduce risk of cardiovascular events. Medical Director review 6/2011.(mco)

11/8/11 Specialty Matched Consultant Advisory Panel review 10/2011. No changes to Policy Statement. (mco)

Medical policy is not an authorization, certification, explanation of benefits or a contract. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the group contract and subscriber certificate that is in effect at the time services are rendered. This document is solely provided for informational purposes only and is based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. Medical practices and knowledge are constantly changing and BCBSNC reserves the right to review and revise its medical policies periodically.