

## Corus CAD (Coronary Artery Disease)

<b>Policy Number</b>	COR08222012RP	<b>Approved By</b>	UnitedHealthcare Medicare Reimbursement Policy Committee	<b>Current Approval Date</b>	01/22/2014
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### IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®\*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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### Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take

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precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

### Summary

#### Overview

Corus CAD is the first and only clinically validated blood-based diagnostic test for ruling out obstructive coronary artery disease (CAD) in patients with typical and atypical presentations of stable chest pain. Corus CAD is a diagnostic gene expression test that measures 23 distinct RNA sequences associated with atherosclerosis biology and involving inflammation, cell death, and adaptive and innate immunity. The test involves a routine blood draw conveniently administered in the clinician's office and does not expose patients to risks of radiation, imaging agent intolerance or invasive catheterization. The Corus CAD test score (1 – 40 scale) helps primary care physicians and cardiologists evaluate whether a patient's chest pain symptoms are due to obstructive CAD. In this manner, using Corus CAD can avoid the additional cost and burden of the cardiovascular work-up for patients who do not have obstructive coronary artery disease. Time and attention can then be spent exploring the other potential causes of the patient's presenting symptoms.

#### Reimbursement Guidelines

Corus® CAD Gene Expression meets criteria for analytical and clinical validity, and clinical utility as a reasonable and necessary Medicare benefit. Effective January 1, 2012, UnitedHealthcare will reimburse services for Corus® CAD.

Corus CAD is intended for use in stable patients presenting with typical and atypical symptoms suggestive of obstructive coronary artery disease. Corus CAD is not intended for use in patients who are diabetic, have been diagnosed with prior myocardial infarction (MI) or have had a previous revascularization procedure, or are currently taking steroids, immunosuppressive agents or chemotherapeutic agents.

To report a Corus® CAD service, submit the following claim information:

- CPT code 84999 - Unlisted chemistry procedure.
- Select at least one typical diagnosis OR
- Patient must have at least one atypical symptom in addition to at least one risk factor.

#### CPT/HCPCS Codes

Code	Description
84999	Unlisted chemistry procedure

#### References Included (but not limited to):

##### CMS Article(s)

Numerous articles

##### CMS Benefit Policy Manual

Chapter 15; § 80 Requirements for Diagnostic X-Ray, Diagnostic Laboratory, and Other Diagnostic Tests

##### CMS Claims Processing Manual

Chapter 16; § 40 Billing for Clinical Laboratory Tests

##### UnitedHealthcare Medicare Advantage Coverage Summaries

Laboratory Tests and Services

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**UnitedHealthcare Reimbursement Policies**

Molecular Pathology/Molecular Diagnostic/Genetic Testing

**UnitedHealthcare Medical Policies**

Gene Expression Tests

**Others**

CardioDx Announces Medicare Coverage for Corus CAD Gene Expression Test for the Diagnosis of Obstructive Coronary Artery Disease (August 8, 2012)

**History**

Date	Revisions
01/22/2014	Administrative updates
02/27/2013	Annual review for MRP Committee presentation; approved
08/22/2012	Policy presented to MRP Committee and approved with no changes
08/17/2012	Policy created