Medical Policy

An Independent Licensee of the
Blue Cross and Blue Shield Association.

Title: Homocysteine Testing

Professional
Original Effective Date: March 1, 2004
Revision Date(s):
Current Effective Date: April 1, 2004

Institutional
Original Effective Date: February 1, 2005
Revision Date(s):
Current Effective Date: August 1, 2005

DESCRIPTION

Severe inherited forms of hyperhomocysteinemia are rarely encountered in daily practice. Modest elevations are common and found in about 5% of the population. Homocysteine levels have been found to be a consistent predictor of risk for both DVT and pulmonary embolism. There is also an association with increased cardiovascular disease and death. Homocysteine levels can be reduced with folic acid and B vitamins, specifically B6 and B12. The United States food supply has been fortified with folate since 1998. Thus, the absolute number of individuals with detectable abnormalities of homocysteine is small. There is no evidence that reducing homocysteine levels will reduce the risk of venus thrombosis or cardiovascular risk. Routine screening for homocysteine is not recommenced by either the American College of Cardiology or the American Heart Association. The apparent absence of an adverse effect of therapy makes it reasonable to administer folic acid with B vitamins in selected high-risk patients. The homozygous mutation for methylene tetrahydrofolate reductase (MTHFR) is associated with hyperhomocysteinemia. However, there is no value in testing for this genetic variant over a fasting plasma homocysteine level. Testing for homocystine (83090) is not medically necessary in most cases.

POLICY

All claims will be denied not medically necessary except for diagnoses of homocystinuria (270.4) and vitamin B 12 deficiency (266.2). A denied claim may be appealed to Medical Review.

CODING

REVENUE CODE
030X

CPT
83090 Homocystine

DIAGNOSIS

These diagnoses are otherwise subject to medical policy as stated above

266.2 Other B-complex deficiencies

270.4 Disturbance of sulphur-bearing amino-acid metabolism

REVISIONS

August 1, 2005	This guideline was originally p9osted to the BCBSKS Web site in February 2005 under the category "Not Medically Necessary Services". On August 1, 2005, we converted the existing guideline into the medical policy format. The content remains unchanged.

REFERENCES

Determined by the Medical Director on March 1, 2004.