Wellpoint

Clinical UM Guideline

Subject:	Standard Lipid Panel Testing		
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Description

This document addresses the medical necessity criteria for standard lipid panel testing. A standard lipid panel includes total cholesterol, high-density lipoprotein cholesterol (HDL-C), triglycerides, and calculated low-density lipoprotein cholesterol (LDL-C). Direct LDL-C measurement may be performed in specific clinical circumstances addressed in this document.

Note: This document does not address advanced lipoprotein testing (for example, apolipoprotein B, lipoprotein(a), LDL particle number, lipoprotein subfractionation). For related information, please see the following:

- **LAB.00031 Advanced Lipoprotein Testing** for additional information.

Note: For a high-level overview of this document, please see "Summary for Members and Families" below.

Clinical Indications

Medically Necessary:

I. Diagnostic and Therapeutic Management Testing

Standard lipid panel testing is considered **medically necessary** for diagnostic or therapeutic management purposes when any of the following criteria (A through E) are met:

A. The individual has *one or more* of the following conditions:
   1. Diabetes mellitus; **or**
   2. Chronic kidney disease; **or**
   3. Hypertension; **or**
   4. Metabolic syndrome; **or**
   5. Chronic inflammatory disease (for example, rheumatoid arthritis, systemic lupus erythematosus, psoriasis, inflammatory bowel disease);

   or

B. The individual has an abnormal prior lipid test result requiring follow-up; **or**

C. There is clinical suspicion of dyslipidemia based on signs, symptoms, or physical findings (for example, xanthomas, xanthelasma, lipemia retinalis, eruptive xanthomas); **or**

D. The individual has a diagnosis of dyslipidemia, familial hypercholesterolemia, or other lipid disorder; **or**

E. The individual has a history of pancreatitis or triglycerides greater than or equal to 500 mg/dL requiring monitoring; **or**

F. The individual has established atherosclerotic cardiovascular disease, including coronary artery disease, history of myocardial infarction, cerebrovascular disease (stroke or transient ischemic attack), or peripheral arterial disease.

Frequency Limitations for Section I:

A. For diagnostic evaluation: Up to 2 tests within a 3-month period, with tests performed at least 2 weeks apart.
B. For lipid-lowering therapy management: Testing every 4 weeks following therapy initiation or dose adjustment until target achieved, then every 12 weeks for stable therapy monitoring.
C. For severe hypertriglyceridemia (triglycerides greater than or equal to 500 mg/dL or history of triglyceride-induced pancreatitis): Testing every 2 weeks during active management.
D. For pregnancy-related testing in high-risk individuals: Testing each trimester with additional testing when triglycerides exceed 250 mg/dL in the third trimester; postpartum reassessment at 6 to 12 weeks.

II. Screening Testing

Standard lipid panel testing for screening purposes (that is, in asymptomatic individuals without a diagnosis of dyslipidemia, signs, symptoms, or abnormal prior results) is considered **medically necessary** when performed according to the following intervals:

A. Universal Pediatric Screening:
   1. Once between ages 9 and 12 years old; **and**
   2. Once between ages 17 and 21 years;
      or
B. Selective Pediatric Screening (ages 2 through 8 years or 12 through 16 years):
   Testing is considered **medically necessary** for children and adolescents outside universal screening ages when one or more of the following are present:
   1. Family history of premature cardiovascular disease, defined as cardiovascular event in male first-degree relative before age 55 or female first-degree relative before age 65; **or**
   2. Family history of dyslipidemia or known familial hypercholesterolemia; **or**
   3. Overweight or obesity defined as body mass index greater than or equal to the 85th percentile for age and sex; **or**
   4. High-risk medical condition, including but not limited to diabetes, hypertension, chronic kidney disease, Kawasaki disease with coronary aneurysms, chronic inflammatory disease, HIV infection, or nephrotic syndrome;
      or
C. Adult Screening (ages 20 through 64 years):
   1. Lipid testing is considered medically necessary once every 5 years for individuals without risk factors.

III. Direct LDL-C Testing

Direct LDL-C measurement (in lieu of calculated LDL-C) is considered **medically necessary** when any of the following criteria are met:

A. Triglycerides greater than 400 mg/dL; **or**
B. Triglycerides greater than 250 mg/dL in an individual at high risk for atherosclerotic cardiovascular disease (ASCVD) when accurate LDL-C measurement is required for treatment decisions; **or**
C. Calculated low-density lipoprotein cholesterol is less than 70 mg/dL and verification of very low low-density lipoprotein cholesterol is required for treatment decisions; **or**
D. Type III Hyperlipoproteinemia (familial dysbetalipoproteinemia) is suspected or confirmed; **or**
E. The individual has diabetes mellitus with triglycerides greater than 250 mg/dL.

Not Medically Necessary:

Standard lipid panel testing is considered **not medically necessary** for any of the following:

A. Diagnostic or therapeutic monitoring testing when criteria above are not met.
B. Screening in asymptomatic individuals performed more frequently than the intervals specified above; **or**
C. Repeat diagnostic or monitoring testing performed sooner than the frequency limits specified above without documented clinical indication; **or**
D. Direct LDL-C measurement when criteria for Direct LDL-C Testing (Section III) are not met.

Summary for Members and Families

This document outlines clinical evidence and expert guidance to determine when standard lipid panel testing is medically appropriate. The following summary does not replace the medical necessity criteria or other information in this document. The summary may not contain all of the relevant criteria or information. This summary is not medical advice. Please check with your healthcare provider for any advice about your health.

Key Information

A standard lipid panel is a blood test that checks the fats in the blood. It tells the doctor the amounts of total cholesterol, high-density lipoprotein (HDL) or "good" cholesterol, low-density lipoprotein (LDL) or "bad" cholesterol, and triglycerides, which are another kind of fat. Most of the time the laboratory figures out LDL from the other numbers using a math equation, but sometimes it finds the LDL number by directly measuring it, called direct measurement. Doctors use these results to find and treat problems that can lead to heart disease and other conditions. A lipid panel can be ordered to look for problems in healthy people who have no symptoms, to confirm a problem in people who have symptoms, or to see if treatment is working. How often you need the test depends on your age, your health, and your risk factors. People with very high triglycerides or a very high risk of heart trouble may need the direct LDL test instead of the calculated kind.

What the Studies Show

Lipid tests help doctors find and treat people who might develop heart disease. Experts recommend that children without risk factors be tested twice, once between ages 9 and 12 and again between 17 and 21. Children outside

those ages need testing if they have a strong family history of early heart disease or health problems such as obesity or diabetes. Adults who have no risk factors should be tested every 5 years. People who take cholesterol medicine or who have very high triglycerides should be tested more often so the doctor can see if the treatment is working. Pregnant people who are at high risk may also need testing. Direct LDL testing is most useful when triglycerides are very high or LDL is very low. Criteria for newer tests like apolipoprotein B are contained in a separate document.

When is Standard Lipid Panel Testing Clinically Appropriate?

A standard lipid panel is usually the right test when someone has a condition such as diabetes, kidney disease, high blood pressure, metabolic syndrome, lupus, or rheumatoid arthritis. It is also needed when a past lipid test was abnormal and the doctor wants to look again, or when the doctor sees signs of a problem with cholesterol or other blood fats. People who already have a known lipid disorder such as familial hypercholesterolemia, or who have had pancreatitis or triglycerides of 500 mg/dL or higher, also need the test.

For routine screening, children should have one test between ages 9 and 11 and another between 17 and 21. Children aged 2 to 8 or 12 to 16 should also be tested if there is early heart disease in the family, a lipid disorder that runs in the family, a body mass index at or above the 85th percentile, or a high-risk health condition such as diabetes, kidney disease, or HIV. Adults who are 20 to 64 years old and have no risk factors should be tested every 5 years. Direct LDL testing is helpful when triglycerides are over 400 mg/dL or when they are over 250 mg/dL in a person who is at high risk for heart disease and the LDL number will guide treatment.

When is this not Clinically Appropriate?

A standard lipid panel or a direct LDL test is not needed when screening is repeated sooner than recommended without a clear medical reason. It is also not needed when direct LDL testing is ordered for someone who does not meet the special conditions listed above.

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Coding

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Panel testing
When services are Medically Necessary:

CPT	
80061	Lipid panel This panel must include the following:

	Cholesterol, serum, total (82465) Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) Triglycerides (84478)

ICD-10 Diagnosis	
B25.2	Cytomegaloviral pancreatitis
B52.0	Plasmodium malariae malaria with nephropathy
E08.00-E13.9	Diabetes mellitus
E71.30-E71.39	Disorders of fatty-acid metabolism
E75.00-E75.6	Disorders of sphingolipid metabolism and other lipid storage disorders
E77.0-E78.9	Disorders of glycoprotein metabolism, lipoprotein metabolism and other lipidemias
E88.01-E88.A	Other and unspecified metabolic disorders
I10-I16.9	Hypertensive diseases
I1A.0	Resistant hypertension
I20.0-I25.9	Ischemic heart disease
I60.00-I69.998	Cerebrovascular diseases
I70.0-I79.8	Diseases of arteries, arterioles and capillaries
K58.0-K58.9	Irritable bowel syndrome
K85.00-K86.1	Acute pancreatitis, alcohol-induced and other chronic pancreatitis
L40.0-L40.9	Psoriasis
M05.00-M06.9	Rheumatoid arthritis with rheumatoid factor, other rheumatoid arthritis
M30.3	Mucocutaneous lymph node syndrome [Kawasaki]
M32.0-M32.9	Systemic lupus erythematosus (SLE)
N00.0-N19	Glomerular diseases, renal tubulo-interstitial diseases, acute kidney failure and chronic kidney disease
O10.011-O16.9	Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium
R74.01-R74.9	Abnormal serum enzyme levels
Z86.711-Z86.79	Personal history of diseases of the circulatory system

When services may be Medically Necessary when criteria are met:
For the procedure code listed above for all other diagnoses including but not limited to those listed below:

ICD-10 Diagnosis	
	All other diagnoses including but not limited to the following:
B20	Human immunodeficiency virus [HIV] disease
Z00.00-Z00.01	Encounter for general adult medical examination
Z00.110-Z00.129	Encounter for newborn, infant and child health examinations
Z13.220	Encounter for screening for lipoid disorders
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status
Z82.41-Z82.49	Family history of ischemic heart disease and other diseases of the circulatory system
Z83.42	Family history of familial hypercholesterolemia
Z83.430-Z83.438	Family history of other disorder of lipoprotein metabolism and other lipidemias

When services are Not Medically Necessary:
For the procedure code listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

Direct LDL-C
When services may be Medically Necessary when criteria are met:

CPT	
83721	Lipoprotein, direct measurement; LDL cholesterol

ICD-10 Diagnosis	
E08.00-E13.9	Diabetes mellitus
E78.1	Pure hyperglyceridemia
E78.2	Mixed hyperlipidemia
R74.01-R74.9	Abnormal serum enzyme levels

When services are Not Medically Necessary:
For the procedure code listed above when criteria are not met or for situations designated in the Clinical Indications section as not medically necessary.

Discussion/General Information

Summary

Standard lipid panel testing is an established diagnostic and monitoring tool supported by multidisciplinary clinical guidelines. This policy aligns testing indications and frequency with major pediatric and adult recommendations, distinguishing between screening in asymptomatic individuals and testing performed for diagnosis or therapeutic monitoring. It also defines circumstances that warrant more intensive monitoring (such as severe hypertriglyceridemia or pregnancy) and specifies when direct LDL-C measurement is appropriate, particularly when calculated LDL-C may be unreliable or inadequate for clinical decision-making.

Discussion

Screening refers to testing asymptomatic individuals to identify risk factors or undiagnosed conditions. Major guidelines, including the *2012 National Heart, Lung, and Blood Institute (NHLBI) Expert Panel on Integrated Guidelines for Cardiovascular Health and Risk Reduction in Children and Adolescents*, recommend universal pediatric lipid screening once between ages 9 and 11 years and once between ages 17 and 21 years, with selective screening for children with risk factors at ages 2 through 8 and 12 through 16 years.

NHLBI specifies age ranges for pediatric screening based on developmental considerations related to lipid metabolism and the reliability of lipid measurements (NHLBI, 2012). The 9 to 11 year window includes individuals

at least 9 years old and less than 12 years old. This age range represents a period of relative hormonal stability before puberty, when lipid levels provide the most accurate reflection of baseline cardiovascular risk. The second screening window of 17 to 21 years includes individuals at least 17 years old and less than 22 years old. Testing individuals in this age range allows for assessment after pubertal changes have stabilized. Selective screening for children ages 2 through 8 years with risk factors (such as family history of premature cardiovascular disease or familial hypercholesterolemia) enables early identification of those who may benefit from intervention.

For adults, the 2008 U.S. Preventive Services Task Force (USPSTF) recommendation supports lipid screening with frequency determined by baseline risk assessment. Generally, 5-year intervals are appropriate for low-risk individuals.

For individuals with established atherosclerotic cardiovascular disease, including coronary artery disease, prior myocardial infarction, cerebrovascular disease, or peripheral arterial disease, lipid testing is an essential component of secondary prevention. The 2018 American Heart Association (AHA)/American College of Cardiology (ACC) *Guideline on the Management of Blood Cholesterol* recommends lipid monitoring to assess response to high-intensity statin therapy and to guide treatment intensification when low-density lipoprotein cholesterol goals are not achieved (Grundy, 2019). The 2021 AHA/American Stroke Association (ASA) *Guidelines for the Prevention of Stroke in Patients with Stroke and Transient Ischemic Attack* specifically recommend lipid assessment as part of vascular risk factor evaluation and ongoing management (Kleindorfer, 2021).

Diagnostic and therapeutic monitoring testing is indicated when clinical conditions warrant lipid assessment. The 2025 National Lipid Association (NLA) recommendations support lipid monitoring for individuals on lipid-lowering therapy, with testing frequency adjusted based on treatment phase (initiation, titration, or stable maintenance). The 2019 ACC/AHA *Guideline on the Primary Prevention of Cardiovascular Disease* supports repeat lipid testing every 4 to 12 weeks after therapy initiation or modification.

For severe hypertriglyceridemia, guidelines from Virani and colleagues (2021) support more frequent monitoring due to pancreatitis risk. For pregnancy, the 2024 NLA Scientific Statement addresses lipid changes during gestation and supports monitoring in high-risk individuals.

Low-density lipoprotein cholesterol (LDL-C) is typically estimated using the Friedewald equation as part of a standard lipid panel; however, this calculation has recognized limitations in certain clinical settings. In these circumstances, direct LDL-C measurement is necessary to ensure accurate assessment and appropriate clinical decision-making. The 2017 American Association of Clinical Endocrinologists (AACE)/American College of Endocrinology (ACE) guidelines and the 2019 ACC/AHA guideline support direct LDL-C measurement when triglycerides exceed 400 mg/dL or when very low LDL-C levels require verification for treatment decisions. The 2024 Association for Diagnostics and Laboratory Medicine (ADLM, formerly American Association for Clinical Chemistry) guidance further supports direct low-density lipoprotein cholesterol measurement in additional clinical scenarios (ADLM, 2024). When calculated low-density lipoprotein cholesterol falls below 70 mg/dL, direct measurement provides more accurate quantification that is critical for assessing adequacy of lipid-lowering therapy in high-risk individuals. In individuals with Type III Hyperlipoproteinemia (familial dysbetalipoproteinemia), the Friedewald equation significantly underestimates low-density lipoprotein cholesterol due to accumulation of

intermediate-density lipoproteins. Additionally, individuals with diabetes mellitus who have triglycerides greater than 250 mg/dL represent a population in whom calculated low-density lipoprotein cholesterol may be unreliable yet accurate assessment is particularly important given their elevated cardiovascular risk.

Definitions

Atherosclerotic Cardiovascular Disease (ASCVD): Conditions caused by atherosclerosis, including coronary heart disease, cerebrovascular disease, and peripheral arterial disease.

Calculated LDL-C: LDL cholesterol estimated using the Friedewald equation: LDL-C = Total Cholesterol − HDL-C − (Triglycerides/5).

Direct LDL-C: LDL cholesterol measured directly using immunochemical or ultracentrifugation methods, rather than calculated.

Dyslipidemia: Abnormal lipid levels, including elevated total cholesterol, elevated LDL-C, elevated triglycerides, or low HDL-C.

Familial Hypercholesterolemia (FH): A genetic disorder causing severely elevated LDL-C from birth and premature ASCVD.

Friedewald equation: a commonly used mathematical formula for estimating low-density lipoprotein cholesterol (LDL-C) from a standard fasting lipid panel, rather than measuring LDL-C directly. It calculates LDL-C by subtracting high-density lipoprotein cholesterol (HDL-C) and an estimate of very-low-density lipoprotein cholesterol (VLDL-C) from the total cholesterol value, with VLDL-C approximated as triglycerides divided by five (when values are expressed in mg/dL):

$$\text{LDL-C} = \text{Total cholesterol} - \text{HDL-C} - (\text{Triglycerides} \div 5)$$

The equation assumes a fixed relationship between triglycerides and VLDL-C and is generally considered valid only when triglyceride levels are below 400 mg/dL and the individual is fasting. Because this relationship does not hold in certain metabolic conditions or at very low LDL-C levels, the Friedewald equation may underestimate or overestimate LDL-C in those settings, necessitating direct measurement

Nonfasting Lipid Testing: Lipid panel performed without fasting; acceptable for initial screening and many monitoring purposes per current guidelines.

Screening: Testing performed in asymptomatic individuals to detect risk factors or undiagnosed conditions.

Standard Lipid Panel: A blood test measuring total cholesterol, HDL-C, triglycerides, and LDL-C (calculated or direct).

Type III Hyperlipoproteinemia (Familial Dysbetalipoproteinemia): A genetic disorder characterized by accumulation of intermediate-density lipoproteins and remnant particles, typically presenting with elevated

cholesterol and triglycerides and associated with premature atherosclerotic cardiovascular disease. The Friedewald equation significantly underestimates low-density lipoprotein cholesterol in this condition.

References

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Document History

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