

Cardio IQ®



Uncover Hidden Risk

for Heart Attack and Stroke

Cardio IQ NT-proBNP-91739(X)

Identifying patients at risk for heart failure (HF)

The Cardio IQ
NT-proBNP biomarker
provides insight
beyond the diagnosis¹
of heart failure

Cardio IQ NT-proBNP is a powerful, independent* and more precise **predictor of the risk** for HF or cardiovascular death in patients with CHD²

 Multiple large studies prove patients who have stable and unstable coronary heart disease, plus elevated NT-proBNP, have increased risk of heart failure, mortality, stroke, and cardiovascular events³⁻⁶





Cardiovascular patients who may benefit from earlier identification of risk:

· Low-risk, stable CHD patients with normal left ventricular function



Individualized risk information provided by gender-based cut points:

Heart Failure Risk Associated with NT-proBNP in Patients with Coronary Heart Disease³

Risk Category ^a	Men (pg/mL)	Women (pg/mL)
Optimal	<253	<372
High risk	≥253	≥372

^a Risk of heart failure, stroke, and cardiovascular-associated mortality

Cardio IQ NT-proBNP Result Interpretation³



Test Name	Test Code	CPT Code*
Cardio IQ NT-ProBNP	91739(X)	83880

^{*}The CPT codes provided are based on AMA Guidelines and are for informational purposed only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.



For more information, including other cardiometabolic testing, contact your Quest Diagnostics representative or visit us at QuestDiagnostics.com/Education and 4myheart.com

References

- 1. Yancy CW, Jessup M, Bozkurt B, et al. 2013 ACCF/AHA guideline for the management of heart failure: a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. Circulation. 2013;128:e240-e319. doi:10.1161/CIR.0b013e31829e8776.
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- 3. Omland T, Sabatine MS, Jablonski KA, et al. Prognostic value of B-type natriuretic peptides in patients with stable coronary artery disease: the PEACE Trial. J Am Coll Cardiol. 2007;50:205-214.
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