Oxidized LDL (OxLDL)

Description
OxLDL measures protein damage due to the oxidative modification of the ApoB subunit on LDL cholesterol. The oxidation of LDL cholesterol is one of the first steps in the development of atherosclerosis. Briefly, LDL-C enters the artery wall where it becomes oxidized. OxLDL is then recognized by scavenger receptors on the macrophages which engulf OxLDL, resulting in foam cell formation, vascular inflammation and the initiation of atherosclerosis.

Clinical Use
The OxLDL test may be performed on individuals at risk of metabolic syndrome.

Clinical Significance
- Individuals with high levels of OxLDL are 3.5X more likely to develop metabolic syndrome in the next 5 years.
- Increased OxLDL levels are associated with the presence of coronary artery disease.
- In healthy middle-aged men, high OxLDL levels are associated with a 4X greater risk of developing coronary heart disease.
- Levels of OxLDL increase in a step-wise fashion as the severity of CAD increases.
- OxLDL levels may be elevated in patients with kidney disease and polycystic ovary syndrome. OxLDL levels should also be interpreted with caution in patients with known autoimmune disorders and those with diseases associated with oxidative stress, such as Alzheimer's disease.

Increased OxLDL levels signify increased risk for:
- Metabolic syndrome
- Cardiovascular disease
- Acute myocardial infarction

OxLDL levels may be decreased by:
- Maintaining a healthy weight/diet
- Exercising more
- Cholesterol-lowering medications

Testing Frequency
The OxLDL test can be ordered in conjunction with standard/advanced lipid testing and/or inflammation testing.

Sample Type
The OxLDL test should be performed on a serum or EDTA plasma sample.

Commercial Insurance or Medicare Coverage
Coverage guidelines, also known as NCD (National Coverage Determination) or LCD (Local Coverage Determination) have not been established or posted by CMS (Medicare and Medicaid). We have reviewed the larger carriers (Aetna, United Healthcare, Cigna, Blues) and information has not been posted or is limited.

Understanding Medical Necessity
The following ICD-10 codes for OxLDL are listed as a convenience for the ordering physician. The ordering physician should report the diagnosis code that best describes the reason for performing the test.

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Diagnosis Code</th>
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<tbody>
<tr>
<td>Type 2 Diabetes Mellitus with Hyperglycemia</td>
<td>E11.65</td>
</tr>
<tr>
<td>Type 2 Diabetes Mellitus without Complications</td>
<td>E11.9</td>
</tr>
<tr>
<td>Other Specified Diabetes Mellitus without Complications</td>
<td>E13.9</td>
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<tr>
<td>Pure Hypercholesterolemia</td>
<td>E78.0</td>
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<tr>
<td>Mixed Hyperlipidemia</td>
<td>E78.2</td>
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<td>Other Hyperlipidemia</td>
<td>E78.4</td>
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<td>Hyperlipidemia, Unspecified</td>
<td>E78.5</td>
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<tr>
<td>Hyperuricemia without Signs of Inflammatory Arthritis and Tophaceous Disease</td>
<td>E79.0</td>
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<tr>
<td>Essential (primary) Hypertension</td>
<td>I10</td>
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<tr>
<td>Atherosclerotic Heart Disease of Native Coronary Artery without Angina Pectoris</td>
<td>I25.10</td>
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</tbody>
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RELATIVE RISK
OxLDL (U/L)

<60 Low
60 - 69 Moderate
≥70 High

Treatment Considerations

These treatment considerations are for educational purposes only. Specific treatment plans should be provided and reviewed by the treating practitioner.

✓ Assess lifestyle habits.
  • Consider diet/exercise/weight reduction efforts if appropriate.
✓ Assess LDL-C levels.
  • If not at goal, consider lipid-lowering therapy, ideally with a statin-based regimen if not contraindicated.
✓ Assess insulin sensitivity.
  • Consider an OGTT since metabolic syndrome is associated with an insulin insensitive state. This is especially prudent if other markers such as hsCRP, Lp-PLA₂ and/or MPO are elevated.

References