

**Enzyme Testing for Acute Pancreatitis Policy, Professional and Facility**

**IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY**

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 Community Plan reimbursement policies uses 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. 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 reference resource regarding UnitedHealthcare Community Plan’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

**Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee’s benefit coverage documents, and/or other reimbursement, medical or drug policies.**

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan 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 UnitedHealthcare Community Plan Medicaid products.**

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians, and other qualified health care professionals.

**Policy**

**Overview**

This policy describes the reimbursement methodology for services associated with pancreatic enzyme testing for acute pancreatitis when billed with designated conditions. Certain services are also subject to specific procedure code limitations.

**Reimbursement Guidelines**

NOTE: Procedure codes appearing in policy documents are included only as a general reference tool for each policy. They may not be all-inclusive.

**Serum Lipase**

UnitedHealthcare will consider reimbursement of the following serum lipase concentration procedure code for the initial determination of acute pancreatitis, no more than once per week, when billed for any of the conditions listed below:

**Procedure Code(s)**

83690				
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**Condition(s)**

- a. Mild to severe epigastric pain that begins slowly or suddenly (may spread to the back in the same patients)
- b. Nausea
- c. Vomiting
- d. Tender to palpitation of epigastrium
- e. Abdominal distention
- f. Hypoactive bowel sounds
- g. Fever
- h. Rapid pulse
- i. Tachypnea
- j. Hypoxemia
- k. Hypotension
- l. Anorexia
- m. Diarrhea
- n. Cullen sign
- o. Grey Turner sign

UnitedHealthcare will not consider reimbursement of the serum lipase procedure codes above for any other conditions.

**Serum Amylase**

UnitedHealthcare will not consider separate reimbursement of serum amylase when submitted in conjunction with lipase for the same date of service.

**Procedure Code(s)**

82150	83690				
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**Urine Amylase**

UnitedHealthcare will not consider reimbursement of urinary amylase concentration for the initial determination of acute pancreatitis for individuals presenting with signs and symptoms of acute pancreatitis.

**Procedure Code(s)**

82150					
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**Serum or Urine Trypsin/Trypsinogen/TAP**

UnitedHealthcare will not consider reimbursement of serum or urine trypsin/trypsinogen/ TAP for the assessment, prognosis, and/or determination of acute pancreatitis.

**Procedure Code(s)**

83519					
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**Biomarker Testing**

UnitedHealthcare will not consider reimbursement of the following biomarker procedure codes for the assessment, prognosis, and/or determination of acute pancreatitis.

**Procedure Code(s)**

83520	83529	84145	86140		
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State Exceptions	
<b>Arizona</b>	Arizona is exempt from this policy.
<b>Colorado</b>	Colorado is exempt from this policy.
<b>Idaho</b>	Idaho is exempt from this policy.
<b>Indiana</b>	Indiana is exempt from this policy.
<b>Kansas</b>	Kansas is exempt from this policy.
<b>Kentucky</b>	Kentucky is exempt from this policy.
<b>Maryland</b>	Maryland is exempt from this policy.
<b>Massachusetts</b>	Massachusetts is exempt from this policy.
<b>Missouri</b>	Missouri is exempt from this policy.
<b>Nebraska</b>	Nebraska is exempt from this policy.
<b>New Jersey</b>	New Jersey is exempt from this policy.
<b>New York</b>	New York is exempt from this policy.
<b>Ohio</b>	Ohio is exempt from this policy.
<b>Pennsylvania</b>	Pennsylvania is exempt from this policy.
<b>Rhode Island</b>	Rhode Island is exempt from this policy.
<b>Tennessee</b>	Tennessee is exempt from this policy.
<b>Texas</b>	Texas is exempt from this policy.
<b>Virginia</b>	Virginia is exempt from this policy.
<b>Washington</b>	Washington is exempt from this policy.

Definitions	
<b>Once per week</b>	Seven consecutive calendar days from the initial date of service

Questions and Answers	
<b>1</b>	<p><b>Q:</b> Is the once per week limitation based on individual provider per member?</p> <p><b>A:</b> The once per week limitation is applicable across all billing and/or rendering providers (including any individual provider OR any facility) for each individual member for the same date of service.</p>
<b>2</b>	<p><b>Q:</b> Is same date of service based on individual provider per member?</p> <p><b>A:</b> Same date of service is applicable across all billing and/or rendering providers (including any individual provider OR any facility) for each individual member.</p>

Resources
Individual state Medicaid regulations, manuals & fee schedules

American Medical Association, <i>Current Procedural Terminology (CPT®)</i> and associated publications and services
Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services
Centers for Medicare and Medicaid Services, Physician Fee Schedule (PFS) Relative Value Files

### History

<b>02/01/2026</b>	Policy implemented by UnitedHealthcare Community & State
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