If a conflict arises between a Clinical Payment and Coding Policy ("CPCP") and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. BCBSOK may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act ("HIPAA") approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing ("UB") Editor, American Medical Association ("AMA"), Current Procedural Terminology ("CPT®"), CPT® Assistant, Healthcare Common Procedure Coding System ("HCPCS"), ICD-10 CM and PCS, National Drug Codes ("NDC"), Diagnosis Related Group ("DRG") guidelines, Centers for Medicare and Medicaid Services ("CMS") National Correct Coding Initiative ("NCCI") Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Pancreatic Enzyme Testing for Acute Pancreatitis

Policy Number: CPCPLAB047

Version 1.0

Enterprise Clinical Payment and Coding Policy Committee Approval Date: July 17, 2023

Plan Effective Date: November 1, 2023

Description

BCBSOK has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information:

1. For individuals presenting with signs and symptoms of acute pancreatitis (see **NOTE 1**), measurement of either serum lipase (preferred) **or** amylase concentration s **may be reimbursable.**

2. Measurement of serum lipase and/or amylase concentration **is not reimbursable** in **any** of the following situations:
    a. As part of an ongoing assessment of therapy for acute pancreatitis;
    b. To determine the prognosis of pancreatitis;
    c. To determine the severity or progression of pancreatitis;
    d. More than once per visit;
    e. For the diagnosis, prognosis, or severity of chronic pancreatitis;
    f. As part of ongoing assessment or therapy of chronic pancreatitis
    g. In asymptomatic nonpregnant individuals during general exam without abnormal findings

3. For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of serum and urine trypsin/trypsinogen/TAP (trypsinogen activation peptide) **is not reimbursable**.

4. For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of the following biomarkers **is not reimbursable**:
    a. C-Reactive Protein (CRP)
    b. Interleukin-6 (IL-6)
    c. Interleukin-8 (IL-8)
    d. Procalcitonin

5. For individuals presenting with signs and symptoms of acute pancreatitis (see **NOTE 1**), measurement of urinary amylase concentration for the initial diagnosis of acute pancreatitis **is not reimbursable.**

Note 1: Acute Pancreatitis Signs and Symptoms (Vege, 2022b):

- Persistent, severe epigastric pain (that may be in the right upper quadrant for some patients)
- Nausea
- Vomiting
- "Approximately 5 to 10 percent of patients with acute severe pancreatitis may have painless disease and have unexplained hypotension."
- Tender to palpitation of epigastrium
- Abdominal distention
- Hypoactive bowel sounds
- Fever
- Rapid pulse
- Tachypnea
- Hypoxemia
- Hypotension

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82150, 83519, 83520, 83529, 83690, 84145, 86140

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Policy Update History:

7/17/2023	Document updated with literature review. The following changes were made to Reimbursement Information: Added: 5.For individuals presenting with signs and symptoms of acute pancreatitis (see NOTE 1), measurement of urinary amylase concentration for the initial diagnosis of acute pancreatitis is not reimbursable. Other changes made for clarity. References revised.
11/1/2022	New policy