



POLICY INFORMATION			
Policy Number:	POL-PP-298 AHS – G2153 – Pancreatic Enzyme Testing for Acute Pancreatitis	Original Effective Date:	07/01/2025
Version Number:	002	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input checked="" type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP ¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA ²	<input checked="" type="checkbox"/> FEP ³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member’s eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member’s coverage document will govern



Description/Application

Pancreatitis is an inflammation of pancreatic tissue and can be either acute or chronic. Pancreatic enzymes, including amylase, lipase, and trypsinogen can be used to monitor the relative health of the pancreatic tissue. Damage to pancreatic tissue, including pancreatitis, can result in elevated pancreatic enzyme concentrations whereas depressed enzyme levels are associated with exocrine pancreatic insufficiency.

Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

For individuals presenting with signs and symptoms of acute pancreatitis (see Note 1), measurement of serum lipase **may be reimbursed**.

Measurement of serum lipase **may be reimbursed** in any of the following situations:

- For individuals with an established diagnosis of acute **or** chronic pancreatitis.
- More than once per visit.
- For asymptomatic individuals during a general exam without abnormal findings.

For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of serum or urine trypsin/trypsinogen/TAP (trypsinogen activation peptide) **may be reimbursed**.

The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual's illness.

When ordered for anything other than analysis of pancreatic cyst fluid, measurement of serum amylase **may not be reimbursed**.

For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of the following biomarkers **may not be reimbursed**:

- C-Reactive Protein (CRP)
- Interleukin-6 (IL-6)
- Interleukin-8 (IL-8)
- Procalcitonin

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 **may not be reimbursed**.

For all other situations or conditions not described above, measurement of serum lipase **may not be reimbursed**.

NOTES:

Note 1: Signs and symptoms of acute pancreatitis

- Mild to severe epigastric pain that begins slowly or suddenly (may spread to the back in some patients)



*PAYMENT INTEGRITY COMPLIANCE
Pancreatic Enzyme Testing for Acute
Pancreatitis*

Revision History		
Version	Date	Summary of Revisions
001	07/01/2025	Initial version
002	07/01/2025	Avalon 3 rd QTR updates