Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Payment Policy:

Laboratory: Pancreatic Enzyme Testing for Acute Pancreatitis

Effective date: Nov. 1, 2025

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products
☐ Tufts Health Plan Commercial products

Public Plans Products

☐ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product)
☐ Tufts Health Together – MassHealth Accountable Care Partnership Plans
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan
☐ Tufts Health One Care – A dual-eligible product

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO) (a dual-eligible product)
☐ Tufts Medicare Preferred HMO/PPO (Medicare Advantage products)

Policy

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 the pancreatic tissue, including pancreatitis, can result in elevated pancreatic enzyme concentrations whereas depressed enzyme levels are associated with exocrine pancreatic insufficiency.

Indications and/or Limitations of Coverage

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

1. For individuals presenting with signs and symptoms of acute pancreatitis (see **Note 1**), measurement of serum lipase (no more than one test per day in the outpatient setting) **MEETS COVERAGE CRITERIA**.
2. When ordered for anything other than analysis of pancreatic cyst fluid, measurement of serum amylase **DOES NOT MEET COVERAGE CRITERIA**.
3. For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of serum or urine trypsin/trypsinogen/TAP (trypsinogen activation peptide) **DOES NOT MEET COVERAGE CRITERIA**.

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.

4. For the diagnosis, assessment, prognosis, and/or determination of severity of acute pancreatitis, measurement of the following biomarkers **DOES NOT MEET COVERAGE CRITERIA**:
   a. C-Reactive Protein (CRP)
   b. Interleukin-6 (IL-6)
   c. Interleukin-8 (IL-8)
5. For all other situations or conditions not described above, measurement of serum lipase **DOES NOT MEET COVERAGE CRITERIA**.

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)
- Nausea
- Vomiting
- Tender to palpitation of epigastrium
- Abdominal distention
- Hypoactive bowel sounds
- Fever

- Rapid pulse
- Tachypnea
- Hypoxemia
- Hypotension
- Anorexia
- Diarrhea
- Cullen sign
- Grey Turner sign

Applicable CPT/HCPCS Procedure Codes

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

Coding

Code	Description
82150	Amylase
83519	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, by radioimmunoassay (e.g., RIA)
83520	Immunoassay for analyte other than infectious agent antibody or infectious agent antigen; quantitative, not otherwise specified
83529	Interleukin-6 (IL-6)
83690	Lipase
86140	C-reactive protein
86141	C-reactive protein; high sensitivity (hsCRP) (Effective for DOS beginning 9/1/2026)

Evidence-based Scientific References

1. Banks PA, Bollen TL, Dervenis C, et al. Classification of acute pancreatitis—2012: revision of the Atlanta classification and definitions by international consensus. Gut. 2013-01-01 00:00:00 2013;62:102-111. doi:10.1136/gutjnl-2012-302779
2. Stevens T, Conwell DL. Exocrine pancreatic insufficiency. Updated November 6, 2025. https://www.uptodate.com/contents/exocrine-pancreatic-insufficiency
3. NIDDK. Symptoms & Causes of Pancreatitis. Updated November, 2017. https://www.niddk.nih.gov/health-information/digestive-diseases/pancreatitis/symptoms-causes
4. Chandra. CFWATS. Acute Pancreatitis. StatPearls Publishing. Updated August 2, 2025. https://www.ncbi.nlm.nih.gov/books/NBK482468/
5. informedhealth.org. Acute pancreatitis: Learn More – How is acute pancreatitis treated? Updated November 5, 2025. https://www.informedhealth.org/acute-pancreatitis.html
6. Bradley E. A clinically based classification system for acute pancreatitis: Summary of the international symposium on acute pancreatitis, atlanta, ga, september 11 through 13, 1992. Archives of Surgery. 1993;128(5):586-590. doi:10.1001/archsurg.1993.01420170122019
7. IAP/APA Working Group. IAP/APA evidence-based guidelines for the management of acute pancreatitis. Pancreatology. 2013;13(4):e1-e15. doi:10.1016/j.pan.2013.07.063
8. Banks P, Freeman M. Practice Guidelines in Acute Pancreatitis. Practice Guideline. The American Journal Of Gastroenterology. 2006;101:2379. doi:10.1111/j.1572-0241.2006.00856.x
9. Tenner S, Baillie J, DeWitt J, Vege SS. American College of Gastroenterology guideline: management of acute pancreatitis. Am J Gastroenterol. Sep 2013;108(9):1400-15; 1416. doi:10.1038/ajg.2013.218
10. Bollen TL, Hazewinkel M, Smithuis R. Acute Pancreatitis 2012 Revised Atlanta Classification of Acute Pancreatitis. https://radiologyassistant.nl/abdomen/pancreas/acute-pancreatitis
11. Freedman SD, Forsmark CE. Chronic pancreatitis: Clinical manifestations and diagnosis in adults. Updated March 3, 2025. https://www.uptodate.com/contents/chronic-pancreatitis-clinical-manifestations-and-diagnosis-in-adults
12. Klochkov AK, Pujuitha, Lim Y, Sun Y. Alcoholic Pancreatitis. StatPearls. 2023. https://www.ncbi.nlm.nih.gov/books/NBK537191/
13. Witt H, Apte MV, Keim V, Wilson JS. Chronic pancreatitis: challenges and advances in pathogenesis, genetics, diagnosis, and therapy. Gastroenterology. Apr 2007;132(4):1557-73. doi:10.1053/j.gastro.2007.03.001
14. Barry K. Chronic Pancreatitis: Diagnosis and Treatment. American Academy of Family Physician. 2018;Volume 97(Number 6)
15. Borowitz D, Grant R, Durie P. Pancreatic Enzymes Clinical Care Guidelines. Cystic Fibrosis Foundation. https://www.cff.org/Care/Clinical-Care-Guidelines/Nutrition-and-GI-Clinical-Care-Guidelines/Pancreatic-Enzymes-Clinical-Care-Guidelines/
16. Patel J, Madan, A., Gammon, A., Sossenheimer, M., Samadder, N. J. Rare hereditary cause of chronic pancreatitis in a young male: SPINK1 mutation. The Pan African medical journal. 2017;28:110. doi:10.11604/pamj.2017.28.110.13854

17. Basnayake C, Ratnam D. Blood tests for acute pancreatitis. Australian Prescriber. 08/03 2015;38(4):128-130. doi:10.18773/austprescr.2015.043
18. Vege SS. Approach to the patient with elevated serum amylase or lipase. Updated September 11, 2024. https://www.uptodate.com/contents/approach-to-the-patient-with-elevated-serum-amylase-or-lipase
19. Yadav D, Agarwal N, Pitchumoni CS. A critical evaluation of laboratory tests in acute pancreatitis. Am J Gastroenterol. Jun 2002;97(6):1309-18. doi:10.1111/j.1572-0241.2002.05766.x
20. Ventrucci M, Pezzilli R, Naldoni P, et al. Serum pancreatic enzyme behavior during the course of acute pancreatitis. Pancreas. 1987;2(5):506-9. doi:10.1097/00006676-198709000-00003
21. Quinlan JD. Acute pancreatitis. American family physician. Nov 1 2014;90(9):632-9.
22. Clavien PA, Robert J, Meyer P, et al. Acute pancreatitis and normoamylasemia. Not an uncommon combination. Annals of surgery. Nov 1989;210(5):614-20. doi:10.1097/00000658-198911000-00008
23. Liu S, Wang Q, Zhou R, et al. Hyperamylasemia as an Early Predictor of Mortality in Patients with Acute Paraquat Poisoning. Medical Science Monitor : International Medical Journal of Experimental and Clinical Research. 2016;22:1342-1348. doi:10.12659/msm.897930
24. Ceylan ME, Evrensel A, Önen Ünsalver B. Hyperamylasemia Related to Sertraline. Korean Journal of Family Medicine. 2016;37(4):259-259. doi:10.4082/kjfm.2016.37.4.259
25. Wolfe BE, Jimerson DC, Smith A, Keel PK. Serum Amylase in Bulimia Nervosa and Purging Disorder: Differentiating the Association with Binge Eating versus Purging Behavior. Physiology & behavior. 07/18 2011;104(5):684-686. doi:10.1016/j.physbeh.2011.06.025
26. Herrmann-Storck C, Saint Louis M, Foucand T, et al. Severe Leptospirosis in Hospitalized Patients, Guadeloupe. Emerging Infectious Diseases. 2010;16(2):331-334. doi:10.3201/eid1602.090139
27. Terui K, Hishiki T, Saito T, Mitsunaga T, Nakata M, Yoshida H. Urinary amylase / urinary creatinine ratio (uAm/uCr) - a less-invasive parameter for management of hyperamylasemia. BMC Pediatrics. 2013;13:205-205. doi:10.1186/1471-2431-13-205
28. Kumar P, Ghosh A, Tandon V, Sahoo R. Gullo's Syndrome: A Case Report. Journal of Clinical and Diagnostic Research : JCDR. 2016;10(2):OD21-OD22. doi:10.7860/jcdr/2016/17038.7285
29. Lippi G, Valentino M, Cervellin G. Laboratory diagnosis of acute pancreatitis: in search of the Holy Grail. Critical Reviews in Clinical Laboratory Sciences. 2012/02/01 2012;49(1):18-31. doi:10.3109/10408363.2012.658354
30. Rompianesi G, Hann A, Komolafe O, Pereira SP, Davidson BR, Gurusamy KS. Serum amylase and lipase and urinary trypsinogen and amylase for diagnosis of acute pancreatitis. Cochrane Database of Systematic Reviews. 2017;(4)doi:10.1002/14651858.cd012010.pub2
31. Burkart J, Haigler S, Caruana R, Hylander B. Usefulness of peritoneal fluid amylase levels in the differential diagnosis of peritonitis in peritoneal dialysis patients. Journal of the American Society of Nephrology : JASN. Apr 1991;1(10):1186-90. doi:10.1681/asn.v1101186
32. Liu P, Xiao Z, Yan H, et al. Serum Amylase and Lipase for the Prediction of Pancreatic Injury in Critically Ill Children Admitted to the PICU. Pediatric Critical Care Medicine. 2021;22(1):e10-e18. doi:10.1097/pcc.0000000000002525
33. Judal H, Ganatra V, Choudhary PR. Urinary amylase levels in the diagnosis of acute pancreatitis: a prospective case control study. International Surgery Journal. 2022;9(2):432-437. doi:10.18203/2349-2902.isj20220337
34. Ryholt V, Soder J, Enderle J, Rajendran R. Assessment of appropriate use of amylase and lipase testing in the diagnosis of acute pancreatitis at an academic teaching hospital. Lab Med. Feb 22 2024;doi:10.1093/labmed/lmae008
35. Mogekar S, Jayakar S, Sri Sai Teja Sampath K, Badangi V. A Study on Urinary Amylase and Serum Amylase in Diagnosing Acute Pancreatitis. Cureus. Oct 2024;16(10):e70809. doi:10.7759/cureus.70809
36. Coffey MJ, Nightingale S, Ooi CY. Serum Lipase as an Early Predictor of Severity in Pediatric Acute Pancreatitis. Journal of Pediatric Gastroenterology and Nutrition. 2013;56(6):602-608. doi:10.1097/mpg.0b013e31828b36d8
37. Ismail OZ, Bhayana V. Lipase or amylase for the diagnosis of acute pancreatitis? Clin Biochem. Dec 2017;50(18):1275-1280. doi:10.1016/j.clinbiochem.2017.07.003
38. Levy P, Boruchowicz A, Hastier P, et al. Diagnostic criteria in predicting a biliary origin of acute pancreatitis in the era of endoscopic ultrasound: multicentre prospective evaluation of 213 patients. Pancreatology. 2005;5(4-5):450-6. doi:10.1159/000086547
39. Gumaste VV, Dave PB, Weissman D, Messer J. Lipase/amylase ratio. A new index that distinguishes acute episodes of alcoholic from nonalcoholic acute pancreatitis. Gastroenterology. Nov 1991;101(5):1361-6. doi:10.1016/0016-5085(91)90089-4
40. Tenner SM, Steinberg W. The admission serum lipase:amylase ratio differentiates alcoholic from nonalcoholic acute pancreatitis. Am J Gastroenterol. Dec 1992;87(12):1755-8.
41. Pacheco RC, Oliveira LC. [Lipase/amylase ratio in biliary acute pancreatitis and alcoholic acute/acutized chronic pancreatitis]. Arquivos de gastroenterologia. Jan-Mar 2007;44(1):35-8. Relacao lipase/amilase nas pancreatites agudas de causa biliar e nas pancreatites agudas/cronicas agudizadas de causa alcoolica. doi:10.1590/s0004-28032007000100008
42. Furey C, Buxbaum J, Chambliss AB. A review of biomarker utilization in the diagnosis and management of acute pancreatitis reveals amylase ordering is favored in patients requiring laparoscopic cholecystectomy. Clin Biochem. Mar 2020;77:54-56. doi:10.1016/j.clinbiochem.2019.12.014

43. El Halabi M, Bou Daher H, Rustom LBO, et al. Clinical utility and economic burden of routine serum lipase determination in the Emergency Department. International Journal of Clinical Practice. 2019;73(12):e13409. doi:10.1111/ijcp.13409
44. Anjum MB, Iqra, Arshad S, Haider R, Khurram MA, Fatima A. Correlation of Serum Amylase and Lipase Levels with Clinical Severity in Acute Pancreatitis. Indus Journal of Bioscience Research. %05/%31 2025;3(5):806-809. doi:10.70749/ijbr.v3i5.1531
45. Ritter. J, Ghirimoldi. F, Manuel. L, et al. Cost of Unnecessary Amylase and Lipase Testing at Multiple Academic Health Systems. 2019;doi:10.1093/ajcp/aqz170
46. Vege SS. Pathogenesis of acute pancreatitis. Updated September 11, 2024. https://www.uptodate.com/contents/pathogenesis-of-acute-pancreatitis
47. Zhan X, Wan J, Zhang G, et al. Elevated intracellular trypsin exacerbates acute pancreatitis and chronic pancreatitis in mice. Am J Physiol Gastrointest Liver Physiol. Jun 1 2019;316(6):G816-g825. doi:10.1152/ajpgi.00004.2019
48. Sendler M, Lerch MM. The Complex Role of Trypsin in Pancreatitis. Gastroenterology. Mar 2020;158(4):822-826. doi:10.1053/j.gastro.2019.12.025
49. Lempinen M, Kylänpää-Bäck M-L, Stenman U-H, et al. Predicting the Severity of Acute Pancreatitis by Rapid Measurement of Trypsinogen-2 in Urine. Clinical Chemistry. 2001;47(12):2103. doi:10.1093/clinchem/47.12.2103
50. Kemppainen EA, Hedstrom JI, Puolakkainen PA, et al. Rapid measurement of urinary trypsinogen-2 as a screening test for acute pancreatitis. The New England journal of medicine. Jun 19 1997;336(25):1788-93. doi:10.1056/nejm199706193362504
51. Eastler J. Urine Trypsinogen 2 Dipstick for the Early Detection of Post-ERCP Pancreatitis. National Library of Medicine-National Institutes of Health. https://clinicaltrials.gov/study/NCT03098082
52. Neoptolemos JP, Kemppainen EA, Mayer JM, et al. Early prediction of severity in acute pancreatitis by urinary trypsinogen activation peptide: a multicentre study. Lancet (London, England). Jun 3 2000;355(9219):1955-60. doi:10.1016/S0140-6736(00)02327-8
53. Pezzilli R, Venturi M, Morselli-Labate AM, et al. Serum Trypsinogen Activation Peptide in the Assessment of the Diagnosis and Severity of Acute Pancreatic Damage: A Pilot Study Using a New Determination Technique. Pancreas. 2004;29(4):298-305. doi:10.1097/00006676-200411000-00009
54. Yasuda H, Kataoka K, Takeyama Y, et al. Usefulness of urinary trypsinogen-2 and trypsinogen activation peptide in acute pancreatitis: A multicenter study in Japan. World J Gastroenterol. Jan 7 2019;25(1):107-117. doi:10.3748/wjg.v25.i1.107
55. Simha A, Saroch A, Pannu AK, et al. Utility of point-of-care urine trypsinogen dipstick test for diagnosing acute pancreatitis in an emergency unit. Biomarkers in Medicine. 2021;15(14):1271-1276. doi:10.2217/bmm-2021-0067
56. Allemann A, Staubli SM, Nebiker CA. Trypsin and Trypsinogen Activation Peptide in the Prediction of Severity of Acute Pancreatitis. Life (Basel). Aug 23 2024;14(9)doi:10.3390/life14091055
57. Vege SS. Clinical manifestations and diagnosis of acute pancreatitis. Updated Feb 13, 2026. https://www.uptodate.com/contents/clinical-manifestations-and-diagnosis-of-acute-pancreatitis
58. Toouli J, Brooke-Smith M, Bassi C, et al. Guidelines for the management of acute pancreatitis. Journal of gastroenterology and hepatology. Feb 2002;17 Suppl:S15-39. doi:10.1046/j.1440-1746.17.s1.2.x
59. Rau BM, Kemppainen EA, Gumbs AA, et al. Early assessment of pancreatic infections and overall prognosis in severe acute pancreatitis by procalcitonin (PCT): a prospective international multicenter study. Annals of surgery. May 2007;245(5):745-54. doi:10.1097/01.sla.0000252443.22360.46
60. Simsek O, Kocael A, Kocael P, et al. Inflammatory mediators in the diagnosis and treatment of acute pancreatitis: pentraxin-3, procalcitonin and myeloperoxidase. Archives of medical science : AMS. Mar 2018;14(2):288-296. doi:10.5114/aoms.2016.57886
61. Jakkampudi A, Jangala R, Reddy R, et al. Acinar injury and early cytokine response in human acute biliary pancreatitis. Scientific reports. Nov 10 2017;7(1):15276. doi:10.1038/s41598-017-15479-2
62. Harshvardhan D, Deepa D, Kaushik DGG, Sharma DN. Serum Enzymes and Inflammatory Mediators as Predictors of Severity in Acute Pancreatitis. International Journal of Medical and Pharmaceutical Research. 2025;6(5):1054-1057. doi:10.5281/zenodo.17346393
63. Khanna AK, Meher S, Prakash S, et al. Comparison of Ranson, Glasgow, MOSS, SIRS, BISAP, APACHE-II, CTSI Scores, IL-6, CRP, and Procalcitonin in Predicting Severity, Organ Failure, Pancreatic Necrosis, and Mortality in Acute Pancreatitis. HPB Surgery. 2013:367581. doi:10.1155%2F2013%2F367581
64. Hagjer S, Kumar N. Evaluation of the BISAP scoring system in prognostication of acute pancreatitis - A prospective observational study. International journal of surgery (London, England). Apr 21 2018;54(Pt A):76-81. doi:10.1016/j.ijsu.2018.04.026
65. Li N, Wang BM, Cai S, Liu PL. The Role of Serum High Mobility Group Box 1 and Interleukin-6 Levels in Acute Pancreatitis: A Meta-Analysis. J Cell Biochem. Jan 2018;119(1):616-624. doi:10.1002/jcb.26222
66. Yang H, Wang H, Chavan SS, Andersson U. High Mobility Group Box Protein 1 (HMGB1): The Prototypical Endogenous Danger Molecule. Mol Med. Oct 27 2015;21 Suppl 1:S6-s12. doi:10.2119%2Fmolmed.2015.00087
67. Tian F, Li H, Wang L, et al. The diagnostic value of serum C-reactive protein, procalcitonin, interleukin-6 and lactate dehydrogenase in patients with severe acute pancreatitis. Clinica Chimica Acta. 2020/11/01/ 2020;510:665-670. doi:10.1016/j.cca.2020.08.029

68. Wei M, Xie X, Yu X, et al. Predictive value of serum cholinesterase in the mortality of acute pancreatitis: A retrospective cohort study. European Journal of Clinical Investigation. 2022:e13741. doi:10.1111/eci.13741
69. Wu H, Liao B, Ji T, Huang J, Ma K, Luo Y. Diagnostic value of CRP for predicting the severity of acute pancreatitis: a systematic review and meta-analysis. Biomarkers. Nov 2024;29(7):494-503. doi:10.1080/1354750x.2024.2415463
70. Párniczky A, Mikó A, Uc A, et al. International Association of Pancreatology Revised Guidelines on Acute Pancreatitis 2025: Supported and Endorsed by the American Pancreatic Association, European Pancreatic Club, Indian Pancreas Club, and Japan Pancreas Society. Pancreatology. 2025/09/01/ 2025;25(6):770-814. doi:10.1016/j.pan.2025.04.020
71. Baillie J. AGA Institute Medical Position Statement on Acute Pancreatitis. Gastroenterology. 2007;132(5):2019-2021. doi:10.1053/j.gastro.2007.03.066
72. Crockett SD, Wani S, Gardner TB, Falck-Ytter Y, Barkun AN. American Gastroenterological Association Institute Guideline on Initial Management of Acute Pancreatitis. Gastroenterology. Mar 2018;154(4):1096-1101. doi:10.1053/j.gastro.2018.01.032
73. Whitcomb DC, Buchner AM, Forsmark CE. AGA Clinical Practice Update on the Epidemiology, Evaluation, and Management of Exocrine Pancreatic Insufficiency: Expert Review. Gastroenterology. Nov 2023;165(5):1292-1301. doi:10.1053/j.gastro.2023.07.007
74. Tenner S, Vege SS, Sheth SG, et al. American College of Gastroenterology Guidelines: Management of Acute Pancreatitis. Am J Gastroenterol. Mar 1 2024;119(3):419-437. doi:10.14309/ajg.0000000000002645
75. ASCP. Thirty Things Physicians and Patients Should Question. https://ascpcontentwebsite.blob.core.windows.net/content/docs/default-source/istp/cw_35recommendations.pdf
76. NASPGHAN. Management of Acute Pancreatitis in the Pediatric Population: A Clinical Report From the North American Society for Pediatric Gastroenterology, Hepatology and Nutrition Pancreas Committee. 2018;
77. Kenneth N. Acute Pancreatitis (AP). https://d1pij0k2lbf86p.cloudfront.net/wp-content/uploads/2024/11/Acute-Pancreatitis-flash-card-final.pdf
78. APA. The American Psychiatric Association Practice Guideline for the Treatment of Patients With Eating Disorders. https://psychiatryonline.org/doi/abs/10.1176/appi.books.9780890424865
79. AED. Eating Disorders: A Guide To Medical Care. https://higherlogicdownload.s3.amazonaws.com/AEDWEB/27a3b69a-8aae-45b2-a04c-2a078d02145d/UploadedImages/Publications_Slider/2120_AED_Medical_Care_4th_Ed_FINAL.pdf
80. AACC. AACC's Guide to Lab Test Utilization https://www.aacc.org/advocacy-and-outreach/optimal-testing-guide-to-lab-test-utilization/a-f/amylase
81. CADTH. Advisory Panel Guidance on Minimum Retesting Intervals for Lab Tests: Appropriate Use Recommendation. 2024. CADTH Health Technology Review.

Publication History

07/01/2026: Annual policy review; administrative edits, added CPT code 86141, effective for DOS beginning Sept. 1, 2026
09/01/2025: Policy created to support coverage guidelines, effective for dates of service beginning Nov. 1, 2025

Background and Disclaimer Information

This policy applies to the products of Harvard Pilgrim Health Care and Tufts Health Plan and their affiliates, as identified in the check boxes on the first page for services performed by contracted providers.

Payment is based on member benefits and eligibility on the date of service, medical necessity review, where applicable, and the provider's network participation agreement with the Plan. As every claim is unique, this policy is neither a guarantee of payment, nor a final indication of how specific claim(s) will be adjudicated. Claims payment is subject to member eligibility and benefits on the date of service, coordination of benefits, referral/authorization, and utilization management requirements (when applicable), adherence to Plan policies and procedures, and claims editing logic. An authorization is not a guarantee of payment.

Point32Health reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated as applicable; please adhere to the most recent CPT and HCPCS coding guidelines.

We reserve the right to conduct audits on any provider and/or facility to ensure accuracy and compliance with the guidelines stated in this payment policy. If such an audit determines that a provider/facility did not comply with this payment policy, Harvard Pilgrim Health Care and Tufts Health Plan will expect the provider/facility to refund all payments related to noncompliance.