AmeriHealth Caritas Ohio

Lipid Testing

Reimbursement Policy ID: RPC.0124.7700

Recent review date: 08/2026

Reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. The health plan may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT®); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy provides reimbursement guidelines for laboratory testing of cholesterol and other lipids reported on claim form CMS-1500 or CMS1-450 and ordered by a physician or other qualified practitioner.

Exceptions

The health plan does not cover self-administered cholesterol or lipid panel tests and does not reimburse for these services.

Reimbursement Guidelines

The health plan recognizes that laboratory testing for lipids and lipoproteins are critical tools for the assessment, diagnosis, treatment, and prevention of cardiovascular disease and related morbidities. The health plan will reimburse the test codes listed below.

HCPCS/CPT	Code Description
80061	Lipid panel – This panel must include the following: • Cholesterol, serum, total (82465) • Lipoprotein, direct measurement, high density cholesterol (HDL cholesterol) (83718) • Triglycerides (84478)
82465	Cholesterol, serum or whole blood, total
83695	Lipoprotein (a)
83698	Lipoprotein-associated phospholipase A2 (Lp-PLA2)
83718	Lipoprotein, direct measurement; high density cholesterol (HDL cholesterol)
83719	Lipoprotein, direct measurement; VLDL cholesterol
83721	Lipoprotein, direct measurement; LDL cholesterol
83722	Lipoprotein, direct measurement; small dense LDL cholesterol
84478	Triglycerides

Definitions

N/A

Edit Sources

I. Current Procedural Terminology (CPT) and associated publications and services.
II. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
III. Healthcare Common Procedure Coding System (HCPCS).
IV. Centers for Medicare and Medicaid Services (CMS).
V. The National Correct Coding Initiative (NCCI).
VI. NCD 190.23 Lipid Testing: https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=102.
VII. Corresponding AmeriHealth Caritas Ohio provider manual and associated publications.
VIII. Applicable Ohio Department of Medicaid Fee Schedule(s) and associated publications.

Attachments

N/A

Associated Policies

RPC.0050.7700 Laboratory and Pathology

Policy History

09/2026	• Removed the next review date • Replaced the plan name with “the health plan”
08/2026	Reimbursement Policy Committee Approval
07/2026	Annual Review • No major changes
12/2025	Reimbursement Policy Committee Approval