UnitedHealthcare® Medicare Advantage
Reimbursement Policy
CMS 1500
UB04
Policy Number 2025R8214A

Cardiovascular Disease Risk Assessment Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

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 Medicare Advantage reimbursement policies use 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 UB04 forms (CMS 1450) and to those billed on CMS 1500 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 resource regarding UnitedHealthcare's Medicare Advantage reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Medicare Advantage 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 Medicare Advantage enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the facility 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 Medicare Advantage due to programming or other constraints; however, UnitedHealthcare Medicare Advantage strives to minimize these variations.

UnitedHealthcare Medicare Advantage may modify this reimbursement policy at any time to comply with changes in CMS policy and other national standard coding guidelines by publishing a new version of the reimbursement policy on this website. However, the information presented in this reimbursement policy is accurate and current as of the date of publication. UnitedHealthcare Medicare Advantage encourages physicians and other health care professionals to keep current with any CMS policy changes and/or billing requirements by referring to the CMS or your local carrier website regularly. Facilities can sign up for regular distributions for policy or regulatory changes directly from CMS and/or your local carrier. UnitedHealthcare's Medicare Advantage reimbursement policies do not include notations regarding prior authorization requirements.

** For more information on a specific enrollee's benefit coverage, please call the customer service number on the back of the member ID card.

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CMS 1500
UB04
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Application

This reimbursement policy applies to all Medicare Advantage products and for network provider services reported using the UB04 and CMS 1500 form or its electronic equivalent or its successor form.

Policy

Overview

This policy applies to editing for services associated with cardiovascular disease risk assessment which are considered for reimbursement 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.

Apolipoprotein B

UnitedHealthcare will consider reimbursement for the following apolipoprotein B (Apo B) procedure code when billed for any of the conditions listed below:

Procedure Code(s)

82172					

Condition(s):

a. Hypertriglyceridemia
b. Diabetes mellitus
c. Obesity or metabolic syndrome
d. Dyslipidemias (such as very low LDL-C)
e. On lipid therapy
f. Familial dysbetalipoproteinemia or familial combined hyperlipidemia

UnitedHealthcare will not consider reimbursement of the apolipoprotein B (Apo B) procedure code above for any other conditions.

Lipoprotein Lp(a)

UnitedHealthcare will consider reimbursement of Lipoprotein Lp(a) for individuals age 19 or older, once per lifetime.

Procedure Code(s)

83695					

C-Reactive Protein with the High Sensitivity Method (hsCRP)

UnitedHealthcare will consider reimbursement of testing for C-reactive protein with the high-sensitivity method (hsCRP) for cardiovascular disease risk assessment at the following frequency:

a. For initial screening, two measurements at least two weeks apart.
b. If the initial screen was abnormal, follow-up screening is allowed up to once per year.

Procedure Code(s)

86141					

C-Reactive Protein (CRP)

UnitedHealthcare will not consider reimbursement of testing for conventional C-reactive protein for cardiovascular disease risk assessment.

Procedure Code(s)

86140					

Homocysteine Testing

UnitedHealthcare will not consider reimbursement of screening, evaluation, and management for homocysteine testing for cardiovascular disease risk assessment.

Procedure Code(s)

83090					

Biomarker Testing

UnitedHealthcare will not consider reimbursement of novel lipid and non–lipid biomarkers testing (e.g., apolipoprotein AI, apolipoprotein E, B-type natriuretic peptide, cystatin C, fibrinogen, leptin, LDL subclass, HDL subclass) for cardiovascular disease risk assessment.

Procedure Code(s)

82610	83700	83701	83704	83719	83880

Cardiovascular Disease Panel Testing with Multiple Individual Biomarkers

UnitedHealthcare will not consider reimbursement for cardiovascular disease panel testing consisting of multiple individual biomarkers for cardiovascular disease risk assessment.

Procedure Code(s)

0052U	0308U	0309U			

Definitions

At least two weeks apart	14 consecutive calendar days from the initial date of service
Once per year	365 consecutive calendar days from the initial date of service

Questions and Answers	
1	**Q:** Is the at least two weeks apart limitation based on individual provider per member? **A:** The at least two weeks apart limitation is applicable regardless of billing and/or rendering provider (any individual provider OR any facility) for each individual member for the same date of service.
2	**Q:** Is the once per year limitation based on individual provider per member? **A:** The once per year limitation is applicable regardless of billing and/or rendering provider (any individual OR any facility) for each individual member for the same date of service.

Resources
American Medical Association (AMA) Current Procedural Terminology (CPT®)
Centers for Medicare and Medicaid Services: PFS Relative Value Files

History	
12/01/2025	New Policy