



# Vitamin D Testing

Reimbursement Policy ID: RPC.0059.2100

Recent review date: 08/2024

Next review date: 09/2025

*AmeriHealth Caritas Louisiana 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. AmeriHealth Caritas Louisiana 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, and 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.*

## Policy Overview

This policy outlines reimbursement criteria for Vitamin D testing of members who display signs and/or symptoms of, or are at risk for, vitamin D deficiency.

## Exceptions

N/A

## Reimbursement Guidelines

AmeriHealth Caritas Louisiana will consider one Vitamin D test per date of service, and no more than four tests per span of twelve months, as reimbursable per member.

Vitamin D testing must be reported with CPT code(s) 82652 or 82306 and is reimbursable with a medical condition that indicates the patient either shows signs and/or symptoms of vitamin D deficiency or is at risk of vitamin D deficiency. Refer to applicable list of approved vitamin D testing diagnosis codes effective for claim dates of service October 1, 2023, to September 30, 2024, or October 1, 2024, to September 30, 2025.

## Definitions

### Vitamin D

Vitamin D refers to a group of fat-soluble vitamins that are chemically related to steroids. In humans, the most important types of Vitamin D are D<sub>2</sub> (calciferol) and Vitamin D<sub>3</sub> (cholecalciferol).

## Edit Sources

- I. Current Procedural Terminology (CPT).
- II. Healthcare Common Procedure Coding System (HCPCS)
- III. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- IV. Applicable Louisiana Medicaid Fee Schedule(s).

## Attachments

N/A

## Associated Policies



2024VitDdxList.pdf 2025VitDdxList.pdf

## Policy History

08/2024	Reimbursement Policy Committee Approval
04/2024	Revised preamble
08/2023	Removal of policy implemented by AmeriHealth Caritas Louisiana from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>
	Precedes Act 319