

Vitamin D Testing

Reimbursement Policy ID: RPC.0059.7700

Recent review date: 09/2023

Next review date: 07/2024

AmeriHealth Caritas Ohio 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 Ohio 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 but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to 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 policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms 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 Ohio will consider one (1) Vitamin D test per date of service, and no more than four (4) tests per span of twelve (12) 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 the applicable list of approved Vitamin D testing diagnosis codes effective for claim dates of service October 1, 2022, to September 30, 2023, or October 1, 2023, to September 30, 2024.

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 D₂ (calciferol) and Vitamin D₃ (cholecalciferol).

Edit Sources

- I. *Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.*
- II. Centers for Medicare and Medicaid Services (CMS).
- III. Applicable Ohio Department of Medicaid Fee Schedule(s).

Attachments



2023VitDdxList.pdf



2024VitDdxList.pdf

Associated Policies

Policy History

09/12/2023	Reimbursement Policy Committee Approval
08/25/2023	Removal of Policy Implemented by AmeriHealth Caritas from Policy History section
01/10/2023	Template Revised Revised preamble Removal of Applicable Claim Types table Coding section renamed to Reimbursement Guidelines Added Associated Policies section