

Vitamin D Testing Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

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 Community Plan 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 CMS 1500 forms and, when specified, to those billed on UB04 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 reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan 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 Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician 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 Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

*CPT Copyright American Medical Association. All rights reserved. CPT[®] is a registered trademark of the American Medical Association.

Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Policy

Overview

This policy describes reimbursement for Vitamin D testing. Claims will be reimbursed if they include one of the codes on CMS' ICD-10 diagnosis codes list that supports Vitamin D testing or one of the additional diagnosis codes identified by UnitedHealthcare Community Plan.

Reimbursement Guidelines

Per the American Association of Clinical Endocrinologists and The American College of Endocrinology, "Reasonable approaches to vitamin D assessment and treatment include an initial measurement of 25(OH)D in patients at risk of deficiency, or alternatively, vitamin D supplementation and subsequent 25(OH)D measurement 3-4 months later to assess dose adequacy."¹

Laboratory testing is appropriate in higher risk patients when results will be used to institute more aggressive therapy.

The American Medical Association (AMA), Current Procedural Terminology (CPT®) book defines Vitamin D testing codes as:

- 82306 – Vitamin D; 25 hydroxy, includes fraction(s), if performed
- 82652 – Vitamin D; 1,25 dihydroxy, includes fraction(s), if performed
- 0038U- Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative

UnitedHealthcare Community Plan will allow four Vitamin D tests per year, when submitted with an appropriate ICD-10 diagnosis code plus the codes UnitedHealthcare has added to that list in any position. Vitamin D tests that do not include a diagnosis from the Vitamin D Testing diagnosis list will be denied.

CPT Code Section

82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82652	Vitamin D; 1,25 dihydroxy, includes fraction(s), if performed
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative

Attachments: Please right-click on the icon to open the file.


**UnitedHealthcare Community Plan
ICD-10 Vitamin D Testing List**

A list of ICD-10-CM diagnosis codes that support Vitamin D testing

Resources

Individual state Medicaid regulations, manuals & fee schedules

American Association of Clinical Endocrinologists and The American College of Endocrinology

Centers for Medicare & Medicaid Services

¹ <http://journals.aace.com/doi/pdf/10.4158/PS-2018-0050>

History

10/11/2020	Policy Version Change Attachments Section: ICD-10-CM Policy List updated
-------------------	---

3/17/2020	State exceptions section: Removed reference to Louisiana Updated policy version 2019R7123D to 2020R7123A Footer section: Updated copyright year from “2019” to “2020” Removed all files and references to Louisiana contained in the body of the policy, information has been moved to the “Louisiana Only” policy
12/08/2019	Attachments section: All ICD-10-CM Policy Lists updated
11/24/2019	State Exceptions: added Louisiana
8/2/2019	Annual Version Change Annual Approval Date: Updated Attachments section: All ICD-10-CM Policy Lists were updated with the new version
2/10/2019	A list of ICD-10-CM diagnosis codes that support Vitamin D testing updated
10/1/2018	Policy implemented by UnitedHealthcare Community & State
8/24/2018	Policy approved by the Reimbursement Policy Oversight Committee