



Vitamin D Testing

Reimbursement Policy ID: RPC.0059.6400

Recent review date: 09/2024

Next review date: 09/2025

AmeriHealth Caritas Florida 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 Florida 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 Florida 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 D₂ (calciferol) and Vitamin D₃ (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. Centers for Medicare and Medicaid Services (CMS).
- V. Florida Medicaid Fee Schedule(s).

Attachments

Associated Policies



2024VitDdxList.pdf 2025VitDdxList.pdf

Policy History

09/2024	Reimbursement Policy Committee Approval
09/2024	Annual Review <ul style="list-style-type: none">• Updated Associated Policies – added 2025VitDdxlist.pdf
04/2024	Revised preamble
08/2023	Removal of Policy Implemented by AmeriHealth Caritas Florida from Policy History section
01/2023	Template Revised <ul style="list-style-type: none">• Revised preamble• Removal of Applicable Claim Types table• Coding section renamed to Reimbursement Guidelines• Added Associated Policies section