

UnitedHealthcare® Community Plan

Vitamin D Testing

CPT(s): 82306 / 82652

The purpose of this guide is to highlight the **UHC Community Plan** coverage policy for **Vitamin D** testing, including a brief overview, instructions for use, medical necessity, general background information, and top ICD-10 codes currently utilized by ordering physicians which are defined by the policy as medically supportive. Individual plans may vary. For the most accurate coverage policy for each patient, please contact the patient's health plan. See the full **Vitamin D UHC Community Plan** coverage policy here.

Medical coverage policy

Last Review 02/10/2019
Coverage Policy Number 2019R7123A

Full vitamin D UHC Community
Plan coverage policy ►

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 uses 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.

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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

The ICD-10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the tests highlighted above that are also listed as medically supportive under **UHC Community Plan** coverage policy. **If you are ordering these tests for diagnostic reasons that are not covered under the UHC Community Plan policy, patients may be responsible for payment.**

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Code	Description
E55.9	Vitamin D deficiency, unspecified
Z79.899	Other long term (current) drug therapy
N18.3	Chronic kidney disease, stage 3 (moderate)
E66.01	Morbid (severe) obesity due to excess calories
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
Z79.4	Long term (current) use of insulin
M81.0	Age-related osteoporosis without current pathological fracture
Z98.84	Bariatric surgery status
K76.9	Liver disease, unspecified
K76.0	Fatty (change of) liver, not elsewhere classified
N18.4	Chronic kidney disease, stage 4 (severe)
K91.2	Postsurgical malabsorption, not elsewhere classified
K50.90	Crohn's disease, unspecified, without complications
K51.90	Ulcerative colitis, unspecified, without complications
K90.9	Intestinal malabsorption, unspecified
E20.9	Hypoparathyroidism, unspecified
E83.51	Hypocalcemia
M79.7	Fibromyalgia
K86.81	Exocrine pancreatic insufficiency
N18.6	End stage renal disease

Visit [QuestDiagnostics.com/commercialcoverage](https://www.questdiagnostics.com/commercialcoverage) to view additional commercial insurance limited coverage tests, reference guides, and policy information.

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff to help inform you of the limited coverage policy. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed. Please see the payer's full vitamin D coverage policy for a complete list of references.

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