

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. *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."

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



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.

Vitamin D Testing CPT Codes:		
82306	82652	0038U

State Exceptions	
Indiana	Indiana will be exempt from this policy
Kentucky	Per state regulations, CPT 82306 is not payable for Kentucky.
Minnesota	Per state regulations, CPT 0038U is not payable for Minnesota.
Washington DC	Per district regulations, CPT 0038U is not payable for DC

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

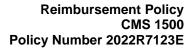
Resources

Individual state Medicaid regulations, manuals & fee schedules

American Association of Clinical Endocrinologists and The American College of Endocrinology

Centers for Medicare & Medicaid Services, CMS Manual System

History	
11/13/2022	Policy Version Change Attachments Section: ICD-10-CM Policy List updated History Section: Entries prior to 11/13/2020 archived
8/14/2022	Policy Version Change: Attachments Section: ICD-10-CM Policy List updated History Section: Entries prior to 8/14/2020 archived
2/20/2022	Policy Version Change State exceptions section: Added Washington DC
1/23/2022	Policy Updates: Reimbursement guidelines section: removed AMA CPT Vitamin D definitions CPT Codes Section changed to Vitamin D CPT Codes and removed definitions Resources section updated History Section: Entries prior to 2/23/2019 archived
1/1/2022	Policy Version Change State exceptions section: Added Minnesota
4/1/2021	Policy Version Change State exceptions section: Added Indiana
1/1/2021	Policy Version Change State exceptions section: added Kentucky Updated policy version 2020R7123D to 2021R7123A
10/1/2018	Policy implemented by UnitedHealthcare Community & State





8/24/2018	Policy approved by the Reimbursement Policy Oversight Committee