

## Vitamin D Testing

### ANTHEM BLUE CROSS LOCAL COVERAGE CLINICAL UM GUIDELINE #CG-LAB-11

Anthem Blue Cross has issued a coverage clinical UM guideline [CG-LAB-11] applicable to Vitamin D testing, CPT Codes 82306, 82652 and 0038U. The full text of the guideline for Vitamin D Testing is [available online](#). This Reference Guide sets forth excerpts of key information from the guideline, which PDL believes can assist providers to determine:

- (1) whether Vitamin D Testing is medically appropriate for your patient
  - (2) circumstances and diagnoses for which Anthem Blue Cross will **NOT** pay for Vitamin D Testing
- To view the Anthem Blue Cross full guideline for Vitamin D Testing visit the following website:  
[https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl\\_pw\\_c197645.html](https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_c197645.html)
  - It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.

### COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

This document addresses routine testing of serum vitamin D levels in adults and children, in the absence of clinical signs and symptoms of vitamin D deficiency or intoxication or conditions for which vitamin D supplementation may be recommended. Vitamin D testing is a non-invasive blood test which can aid in the identification and clinical management of individuals at-risk for vitamin D deficiency. This document does not address testing for vitamin D in individuals who exhibit clinical manifestations or risk factors of vitamin D deficiency or toxicity.

#### **Clinical Indications:**

Testing vitamin D levels in individuals with no known signs or symptoms of vitamin D deficiency or intoxication nor conditions for which vitamin D treatment is recommended is considered **not medically necessary**.

*The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.*

#### **When services are NOT Medically Necessary:**

When the code describes a procedure specified in the Clinical Indications section as not medically necessary.

##### **CPT**

82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed [when specified as screening]
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed [when specified as screening]
0038U	Vitamin D, 25 hydroxy D2 and D3, by LCMS/MS, serum microsample, quantitative Sensieva™ Droplet 25OH Vitamin D2/D3 Microvolume LC/MS Assay; InSource Diagnostics

##### **ICD-10 Diagnosis**

	Including, but not limited to the following:
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z01.419	Encounter for gynecological examination (general) (routine) without abnormal findings