

# REIMBURSEMENT POLICY STATEMENT

## Michigan Marketplace

Policy Name & Number	Date Effective
Vitamin D Testing-MI MP-PY-1528	07/01/2025
Policy Type	
REIMBURSEMENT	

Reimbursement Policies are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design, and other factors are considered in developing Reimbursement Policies.

In addition to this policy, reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreements, and applicable referral, authorization, notification, and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased, or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage or Certificate of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other plan policies and procedures.

This policy does not ensure an authorization or reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage or Certificate of Coverage) for the service(s) referenced herein. Except as otherwise required by law, if there is a conflict between the Administrative Policy Statement and the plan contract, then the plan contract will be the controlling document used to make the determination. We may use reasonable discretion in interpreting and applying this policy to services provided in a particular case and we may modify this Policy at any time.

According to the rules of Mental Health Parity Addiction Equity Act (MHPAEA), coverage for the diagnosis and treatment of a behavioral health disorder will not be subject to any limitations that are less favorable than the limitations that apply to medical conditions as covered under this policy.

### Table of Contents

A. Subject .....	2
B. Background .....	2
C. Definitions.....	2
D. Policy .....	2
E. Conditions of Coverage .....	3
F. Related Policies/Rules .....	3
G. Review/Revision History .....	3
H. References .....	3

**A. Subject**  
**Vitamin D Testing**

**B. Background**

While overt vitamin D deficiency is uncommon in most developed countries, subclinical vitamin D deficiency is still a common occurrence. Vitamin D is a fat-soluble vitamin that affects many cellular regulatory functions and is important to calcium homeostasis and bone metabolism. Vitamin D sufficiency is estimated by measuring the level of 25-hydroxyvitamin D (calcidiol) concentrations in blood serum or plasma.

**C. Definitions**

N/A

**D. Policy**

- I. Prior authorization is not required for vitamin D levels testing. The following CPT codes are provided as a general reference and may not be an all inclusive list:

<b>CPT® Code</b>	<b>Code Description</b>
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

- II. HAP CareSource considers vitamin D levels testing medically necessary for Members with the following underlying disease or condition:
  - A. chronic kidney disease stage III or greater
  - B. osteoporosis
  - C. osteomalacia
  - D. osteopenia
  - E. hypocalcemia
  - F. hypercalciuria
  - G. hypoparathyroidism
  - H. malabsorption states (eg, inflammatory bowel disease, bariatric procedures, etc)
  - I. cirrhosis
  - J. hypervitaminosis D
  - K. osteosclerosis/petrosis
  - L. Rickets
  - M. low exposure to sunlight
  - N. vitamin D deficiency to monitor efficacy of replacement therapy
  - O. long terms use of anticonvulsants, glucocorticoids, and other medications known to lower vitamin D levels
- II. Members within the therapeutic range may have testing completed annually.
  - A. Repeat testing may be completed TWICE in a calendar year for monitoring supplementation therapy to achieve the therapeutic goal.

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

B. Repeat testing should be at least 12 weeks after initiating supplementation or changing dosage.

III. Reimbursement is dependent upon claim submission with the appropriate ICD-10 diagnosis code to match the vitamin D testing CPT® code. If the appropriate ICD-10 code is not submitted as primary for the CPT code line, the claim will be denied.

**NOTE:** Although this service does not require prior authorization, HAP CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

#### IV. Exclusions

Routine screening for vitamin D deficiency in asymptomatic adults is **NOT** considered medically necessary due to insufficient evidence assessing the balance of benefits and harms, per the USPSTF.

#### E. Conditions of Coverage

Reimbursement is dependent on, but no limited to, submitting approved HCPCS and CPT® codes, along with appropriate modifiers, if applicable. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and office staff are encouraged to use self-service channels to verify member's eligibility.

#### F. Related Policies/Rules

Overpayment Recovery

#### G. Review/Revision History

	DATE	ACTION
<b>Date Issued</b>	09/11/2024	Approved at Committee.
<b>Date Revised</b>	03/26/2025	Revised table in D. I. to include codes 82652 and 0038U; approved at Committee.
<b>Date Effective</b>	07/01/2025	
<b>Date Archived</b>		

#### H. References

1. Dawson-Hughes B. Vitamin D deficiency in adults: definition, clinical manifestations, and treatment. UpToDate. Updated July 29, 2024. Accessed September 9, 2024. [www.uptodate.com](http://www.uptodate.com)
2. Demay MB, Pittas AG, Bikle DD, et al. Vitamin D for the prevention of disease: an Endocrine Society clinical practice guideline. *J Clin Endocrinol Metab.* 2024;1-41. doi:10.1210/clinem/dgae290

The REIMBURSEMENT Policy Statement detailed above has received due consideration as defined in the REIMBURSEMENT Policy Statement Policy and is approved.

3. Screening for vitamin D deficiency in adults: US Preventive Services Task Force recommendation statement. *JAMA*. 2021;325(14):1436-1442.  
doi:10.1001/jama.2021.3069