Aetna Better Health® of Louisiana

Vitamin D Testing

Original Issue Date	Next Annual Review	Effective Date
Policy Name		**Policy Number**
Vitamin D Testing		ABHLA-RP-0004
Policy Type		
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Louisiana reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Louisiana Department of Health (LDH) and Centers for Medicare and Medicaid Services (CMS).

CONTENTS OF POLICY

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A. Overview

Vitamin D testing is performed to determine if you have too much or too little vitamin D in your blood. Population level-based screening for vitamin D deficiency in average risk asymptomatic adults and children is not recommended.

B. Policy

This policy is to provide a guide for medical coding and editing guidelines for vitamin D testing based on Centers for Medicare and Medicaid Services (CMS). According to CMS policy, vitamin D testing is covered for diagnosis codes supporting Vitamin D deficiency.

C. Definitions

Term	Definition
Aetna Better Health of Louisiana (ABHLA)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Louisiana Medicaid program.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Centers for Medicare and Medicaid Services (CMS)	Federal agency that provides health coverage through Medicare, Medicaid, the Children's Health Insurance Program, and the Health Insurance Marketplace. CMS works in partnership with the entire health care community to improve quality, equity, and outcomes in the health care system.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as Ambulance Services, Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
International Statistical Classification of Diseases (ICD-10)	The 10th revision of the (ICD), a medical classification list by the World Health Organization (WHO). It contains codes for diseases, signs and symptoms, abnormal findings, complaints, social circumstances, and external causes of injury or diseases.
Medicaid	Medicaid provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities. Medicaid is administered by states, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people age sixty-five (65) or older, people under aged sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

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CPT/HCPC Codes	Description
82306	Vitamin D; 25 hydroxy, includes fractions(s), if performed

D. Reimbursement Guidelines

In accordance with correct coding, ABH LA will only reimburse for vitamin D testing (CPT Code 82036) that is billed with appropriate diagnoses codes to support the testing.

Supporting ICD-10 codes for CPT 82036:

Supporting ICD-10 codes for CPT 82036

E. Review/Revision Date

Action	Date	Comments
Date Issued		Date issued contingent upon LDH approval
Date Revised		
Effective Date		Effective date contingent upon LDH approval

F. Resources

Louisiana Department of Health State Contract, regulations, Provider Manual, fee schedules and notices
http://www.lamedicaid.com/provweb1/Providermanuals/manuals/PS/PS.pdf

Individual state Medicaid regulations, manuals & fee schedules
http://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

American Medical Association, Current Procedural Terminology (CPT®) Professional Edition and associated publications and services
https://www.ama-assn.org/

Centers for Medicare and Medicaid Services, CMS Manual System and other CMS publications and services https://www.cms.gov/

- **LCD: A/BMAC/J-F/L34051(A57719)/R-10-01-2024;-Noridian**
- **A/BMAC/J-E/L36692(A57718)/R-10-01-2024;-Noridian**
- **A/BMAC/J5, J8/L34658(A57484)/R-10-01-2024;-WPS**
- **A/BMAC/J6, J-K/L37535(A57736)/R-10-01-2024;-NGS**
- **A/BMAC/J15/L33996(A56798)/R-08-08-2024;-CGS**
- **A/BMAC/J-J, J-M/L39391(A59170)/E-10-01-2023;-Palmetto GBA**
- **A/BMAC/J-H, J-L/L34914(A56416)/R-10-01-2023;-Novitas**
- **A/BMAC/J-N/L33771(A56841)/R-10-01-2023-First Coast Services**

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