Vitamin D Testing

Reimbursement Policy ID: RPC.0059.0900

Recent review date: 04/2026

Next review date: 09/2026

AmeriHealth Caritas New Hampshire reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas New Hampshire may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.

In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases,10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.

This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy outlines reimbursement criteria for Vitamin D testing of members who display signs and/or symptoms of or are at risk for vitamin D deficiency.

Exceptions

N/A

Reimbursement Guidelines

AmeriHealth Caritas New Hampshire will consider one vitamin D test per date of service, and no more than four tests per span of twelve months, as reimbursable per member.

Vitamin D testing must be reported with CPT code(s) 82652 or 82306 and is reimbursable with a medical condition that indicates the patient either shows signs and/or symptoms of vitamin D deficiency or is at risk of vitamin D deficiency. Refer to the applicable list of approved vitamin D testing diagnosis codes effective for claim dates of service October 1 to September 30 of each year. These lists are provided in Appendix A and B.

Definitions

Vitamin D
Vitamin D refers to a group of fat-soluble vitamins that are chemically related to steroids. In humans, the most important types of Vitamin D are D_2 (calciferol) and Vitamin D_3 (cholecalciferol).

Edit Sources

I. Current Procedural Terminology (CPT)
II. Healthcare Common Procedure Coding System (HCPCS)
III. International Classification of Diseases,10th Revision, Clinical Modification (ICD-10).
IV. Centers for Medicare and Medicaid Services (CMS).
V. New Hampshire Medicaid Fee Schedule(s).

Attachments

See Appendix A and B

Associated Policies

N/A

Policy History

04/2026	Reimbursement Policy Committee Approval
04/2026	Revised Dx list by CPT code
07/2025	Reimbursement Policy Committee Approval
06/2025	Annual Review • No major changes
06/2025	Minor updates to formatting and syntax
04/2025	Revised preamble
03/2025	Updated PDFs to Appendix A and B
09/2024	Reimbursement Policy Committee Approval
09/2024	Annual Review • Updated Associated Policies – added 2025VitDdxlist.pdf
04/2024	Revised preamble
02/2024	Reimbursement Policy Committee Approval
08/2023	Removal of policy implemented by AmeriHealth Caritas New Hampshire from Policy History section
01/2023	Template revised • Revised preamble

	• Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section

Appendix A
Diagnosis codes for CPT 82306

A15.0	A15.4	A15.5	A15.6	A15.7	A15.8
A17.0	A17.1	A17.81	A17.82	A17.83	A17.89
A18.01	A18.02	A18.03	A18.09	A18.11	A18.12
A18.13	A18.14	A18.15	A18.16	A18.17	A18.18
A18.2	A18.31	A18.32	A18.39	A18.4	A18.51
A18.52	A18.53	A18.54	A18.59	A18.6	A18.7
A18.81	A18.82	A18.83	A18.84	A18.85	A18.89
A19.0	A19.1	A19.2	A19.8	B38.0	B38.1
B38.3	B38.4	B38.7	B38.81	B38.89	B39.0
B39.1	B39.3	B39.5	C82.01	C82.02	C82.03
C82.04	C82.05	C82.06	C82.07	C82.08	C82.09
C82.11	C82.12	C82.13	C82.14	C82.15	C82.16
C82.17	C82.18	C82.19	C82.21	C82.22	C82.23
C82.24	C82.25	C82.26	C82.27	C82.28	C82.29
C82.31	C82.32	C82.33	C82.34	C82.35	C82.36
C82.37	C82.38	C82.39	C82.41	C82.42	C82.43
C82.44	C82.45	C82.46	C82.47	C82.48	C82.49
C82.51	C82.52	C82.53	C82.54	C82.55	C82.56
C82.57	C82.58	C82.59	C82.61	C82.62	C82.63
C82.64	C82.65	C82.66	C82.67	C82.68	C82.69
C82.81	C82.82	C82.83	C82.84	C82.85	C82.86
C82.87	C82.88	C82.89	C82.91	C82.92	C82.93
C82.94	C82.95	C82.96	C82.97	C82.98	C82.99
D80.0	D80.1	D80.2	D80.3	D80.4	D80.5
D80.6	D80.7	D80.8	D80.9	D89.810	D89.811
D89.812	D89.813	E20.0	E20.810	E20.811	E20.812
E20.818	E20.819	E20.89	E20.9	E21.0	E21.1
E21.2	E21.3	E41	E43	E55.0	E55.9
E66.01	E66.09	E66.1	E66.2	E66.811	E66.812
E66.813	E66.89	E67.3	E67.8	E68	E83.30
E83.31	E83.32	E83.39	E83.50	E83.51	E83.52
E84.0	E84.11	E84.19	E84.8	E84.9	E89.2
E89.820	E89.821	E89.822	E89.823	J63.2	K50.00
K50.011	K50.012	K50.013	K50.014	K50.018	K50.019
K50.10	K50.111	K50.112	K50.113	K50.114	K50.118
K50.119	K50.80	K50.811	K50.812	K50.813	K50.814
K50.818	K50.819	K50.90	K50.911	K50.912	K50.913
K50.914	K50.918	K52.0	K70.2	K70.30	K70.31
K74.1	K74.2	K74.3	K74.4	K74.5	K74.60

K74.69	K76.9	K83.5	K83.8	K85.00	K85.01
K85.02	K85.10	K85.11	K85.12	K85.20	K85.21
K85.22	K85.30	K85.31	K85.32	K85.80	K85.81
K85.82	K85.90	K85.91	K85.92	K86.0	K86.1
K86.2	K86.3	K86.81	K86.89	K90.0	K90.1
K90.2	K90.3	K90.41	K90.49	K90.821	K90.822
K90.89	K90.9	K91.2	L40.0	L40.1	L40.2
L40.3	L40.4	L40.50	L40.51	L40.52	L40.53
L40.54	L40.59	L40.8	L40.9	M80.011A - M80.012S	M80.021A - M80.022S
M80.031A - M80.032S	M80.041A - M80.042S	M80.051A - M80.052S	M80.061A - M80.062S	M80.071A - M80.072S	M80.08XA - M80.0B2S
M80.811A - M80.812S	M80.821A - M80.822S	M80.831A - M80.832S	M80.841A - M80.842S	M80.851A - M80.852S	M80.861A - M80.862S
M80.871A - M80.872S	M80.88XA - M80.88XS	M80.8AXA	M80.8AXD	M80.8AXG	M80.8AXK
M80.8AXP	M80.8AXS	M81.0	M81.6	M81.8	M83.0
M83.1	M83.2	M83.3	M83.4	M83.5	M83.8
M83.9	M85.80	M85.831	M85.832	M85.839	M85.851
M85.852	M85.859	M85.88	M85.89	M85.9	M89.9
N18.30	N18.31	N18.32	N18.4	N18.5	N18.6
N25.81	Q78.2	Z68.30	Z68.31	Z68.32	Z68.33
Z68.34	Z68.35	Z68.36	Z68.37	Z68.38	Z68.39
Z68.41	Z68.42	Z68.43	Z68.44	Z68.45	Z79.3
Z79.4	Z79.51	Z79.52	Z79.810	Z79.811	Z79.818
Z79.82	Z79.83	Z79.84	Z79.890	Z79.891	Z79.899

Appendix B
Diagnosis codes for CPT 82652

E55.0	M83.5
E55.9	M83.8
E83.50	M83.9
E83.52	N20.0
M83.0	N20.1
M83.1	N20.2
M83.2	N20.9
M83.3	N22.
M83.4	