

Adding diagnoses to vitamin D testing medical policy

September 3, 2019

This article is for providers who order vitamin D testing and clinical and hospital laboratories that conduct the tests.

We recently announced [updates to our medical policies](#) that will take effect December 1, 2019. We want to share additional details about changes to [Testing Serum Vitamin D Levels Medical Policy 746](#), so our members receive the recommended testing.

We'll use the same diagnoses as CMS to determine medical necessity

Starting on December 1, 2019, when determining coverage for testing vitamin D deficiency, we will use the same diagnoses that the Centers for Medicare & Medicaid Services (CMS) uses. Please refer to [Local Coverage Determination ID L37535: Vitamin D Assay Testing](#) for the list of diagnosis codes.



Coverage for these diagnoses will apply to our commercial (HMO/POS and PPO) and indemnity members when the service is billed with:

- CPT 82306: Vitamin D; 25 hydroxy, includes fraction(s), if performed
- CPT 82652: Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed

We already use CMS' local coverage determination criteria for our Medicare Advantage members.

What happens if the claim submitted does not include the diagnosis code?

If the claim for the CPT code does not have a covered diagnosis code, the claim will deny for not meeting medical policy guidelines.

Why is Blue Cross making this change?

Research suggests that vitamin D testing is often unnecessarily ordered for patients who aren't at risk. For example, the [US Preventive Services Task Force](#) concludes that, "the current evidence is insufficient to assess the balance of benefits and harms of screening for vitamin D deficiency in asymptomatic adults."

Member resource

The Choosing Wisely website offers a [downloadable PDF](#) that you can share with patients to describe when vitamin D deficiency screening may be needed.

Thank you

Thank you for helping our members to receive tests that are clinically effective.

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