BlueCross BlueShield of Oklahoma

Reimbursement Policy

Policy Number: RPLAB029	**Policy Title:** Micronutrient Testing
Approval Date: May 15, 2026	**Effective Date:** Sept. 4, 2026

Policy Disclaimer

If a conflict arises between a Reimbursement Policy and any Plan document under which a member is entitled to covered services, the Plan document will govern. If a conflict arises between a reimbursement policy and any provider contract pursuant to which a provider participates in and/or provides covered services to eligible member(s) and/or plans, the provider's contract will govern. "Plan documents" include, but are not limited to, Certificates of Health Care Benefits, Benefit Booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Oklahoma may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSOK has full and final discretionary authority for their interpretation and application to the extent provided under any applicable Plan documents.

Providers are responsible for submitting accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology (CPT®) Assistant, Healthcare Common Procedure Coding System, ICD-10-CM and ICD-10-PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare & Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services and procedures billed. Claim submissions are subject to claim review, including but not limited to, any terms of benefit coverage, provider contract language, medical policies, and reimbursement policies, as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

Description

The Plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

Reimbursement Information

1. Serum micronutrient testing as a general screen for nutritional disorders **is not reimbursable.**

2. Intracellular micronutrient panel testing (e.g., SpectraCell, Cell Science Systems cell micronutrient assay and ExaTest) **is not reimbursable.**

For information on testing for micronutrients vitamin D, vitamin B, and folic acid, see CPCPLAB003 Vitamin D Testing; CPCPLAB010 Vitamin B12 and Methylmalonic Acid Testing; and RPLAB048 Folate Testing respectively.

Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Code	Description
82128	AMINO ACIDS MULT QUAL
82136	AMINO ACIDS QUANT 2-5
82180	ASSAY OF ASCORBIC ACID
82310	ASSAY OF CALCIUM
82379	ASSAY OF CARNITINE
82495	ASSAY OF CHROMIUM
82525	ASSAY OF COPPER
82978	ASSAY OF GLUTATHIONE
83735	ASSAY OF MAGNESIUM
83785	ASSAY OF MANGANESE
84207	ASSAY OF VITAMIN B-6
84252	ASSAY OF VITAMIN B-2
84255	ASSAY OF SELENIUM
84425	ASSAY OF VITAMIN B-1
84446	ASSAY OF VITAMIN E
84590	ASSAY OF VITAMIN A
84591	ASSAY OF NOS VITAMIN

84597	ASSAY OF VITAMIN K
84630	ASSAY OF ZINC

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Policy History

Approval Date	Description
05/15/2026	09/04/2026; Document updated with literature review. The following changes were made: Added new #1: "Serum micronutrient testing as a general screen for nutritional disorders is not reimbursable." Removed codes 82607, 82652, 82725, 82746, 84999, 86353, 88348. Added reference to testing for micronutrients vitamin D, vitamin B, and folic acid, see CPCPLAB003 Vitamin D Testing; CPCPLAB010 Vitamin B12

	and Methylmalonic Acid Testing; and RPLAB048 Folate Testing respectively. Title changed from Intracellular Micronutrient Testing. References revised.
04/28/2025	08/08/2025; Document updated with literature review. Reimbursement information unchanged. References revised.
04/29/2024	01/15/2025: Document updated with literature review. Reimbursement information unchanged. References revised.
06/15/2023	06/15/2023: Document updated with literature review. Reimbursement information unchanged. References revised; some updated, others removed.
11/1/2022	11/01/2022: New policy