



BlueCross BlueShield of Oklahoma

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP 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 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. BCBSOK 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 submission of 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 (“HIPAA”) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (“UB”) Editor, American Medical Association (“AMA”), Current Procedural Terminology (“CPT®”), CPT® Assistant, Healthcare Common Procedure Coding System (“HCPCS”), ICD-10 CM and PCS, National Drug Codes (“NDC”), Diagnosis Related Group (“DRG”) guidelines, Centers for Medicare and Medicaid Services (“CMS”) National Correct Coding Initiative (“NCCI”) Policy Manual, CCI table edits and other CMS guidelines.

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

Vitamin D

Policy Number: CPCPLAB003

Version 1.0

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: 5/1/2022

Description

BCBSOK 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. 25-hydroxyvitamin D serum testing **may be reimbursable** in individuals with an underlying disease or condition which is specifically associated with vitamin D deficiency or decreased bone density (see **Guideline 1 below**).

2. Testing for D2 and D3 fractions of 25-hydroxyvitamin D **may be reimbursable** as part of the total 25-hydroxyvitamin D analysis.
3. Repeat testing for serum 25-hydroxyvitamin D **may be reimbursable** in individuals who have documented vitamin D deficiency, at least 12 weeks after initiation of vitamin D supplementation therapy.
 - a. Repeat testing for monitoring of supplementation therapy should not exceed 2 testing instances per year until the therapeutic goal is achieved.
 - b. Once therapeutic range has been reached, annual testing, meets coverage criteria.
4. 1,25-dihydroxyvitamin D serum testing **may be reimbursable** in the evaluation or treatment of conditions that are associated with defects in vitamin D metabolism (see **Guideline 2 below**).
5. The following testing **is not reimbursable**:
 - a. 1,25-dihydroxyvitamin D serum testing for testing and screening of vitamin D deficiency.
 - b. Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters

Guideline 1: Indications that support reimbursement for serum measurement of 25-hydroxyvitamin D are as follows:

- A. Biliary cirrhosis and other specified disorders of the biliary tract
- B. Blind loop syndrome
- C. Celiac Disease
- D. Coronary artery disease in individuals where risk of disease progression is being considered against benefits of chronic vitamin D and calcium therapy
- E. Dermatomyositis
- F. Eating disorders
- G. Hypercalcemia, hypocalcemia or other disorders of calcium metabolism
- H. Hyperparathyroidism or hypoparathyroidism
- I. Hypervitaminosis of vitamin D
- J. Individuals receiving hyperalimentation
- K. Intestinal malabsorption
- L. Liver cirrhosis
- M. Long term use of anticonvulsants, glucocorticoids and other medications known to lower vitamin D levels
- N. Malnutrition
- O. Myalgia and other myositis not specified
- P. Myopathy related to endocrine diseases
- Q. Neoplastic hematologic disorders
- R. Obesity
- S. Osteogenesis imperfecta
- T. Osteomalacia
- U. Osteopetrosis
- V. Osteoporosis
- W. Pancreatic steatorrhea
- X. Primary or miliary tuberculosis
- Y. Psoriasis
- Z. Regional enteritis
- AA. Renal, ureteral or urinary calculus
- BB. Rickets

- CC. Sarcoidosis
- DD. Stage III-V Chronic Kidney Disease and End Stage Renal Disease
- EE. Systemic lupus erythematosus

Guideline 2: Indications that support reimbursement for serum testing of 1,25-dihydroxyvitamin D are as follows:

- A. Disorders of calcium metabolism
- B. Familial hypophosphatemia
- C. Fanconi syndrome
- D. Hyperparathyroidism or hypoparathyroidism
- E. Individuals receiving hyperalimentation
- F. Neonatal hypocalcemia
- G. Osteogenesis imperfecta
- H. Osteomalacia
- I. Osteopetrosis
- J. Primary or miliary tuberculosis
- K. Renal, ureteral or urinary calculus
- L. Rickets
- M. Sarcoidosis
- N. Stage III-V Chronic Kidney Disease and End Stage Renal Disease

Procedure Codes

Codes
82306, 82652, 0038U

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Policy Update History:

5/1/2022	New policy
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