

Reimbursement Policy Statement Illinois Medicaid

Effective Date	Next Annual Review	Policy Number	
12/01/2020	12/01/2026	ABHIL-RP-0009	
Policy Name		Department	
Vitamin D Testing		Claims Operations Medical Payment	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

CONTENTS OF POLICY:

Reimbursement Policy Statement	1
Table of Contents	1
A. Policy	2
B. Overview	2
C. Definitions	2
D. Reimbursement Guidelines	3
E. Codes/Conditions of Coverage	4
F. Frequently Asked Questions	4
G. Review/Revision History	4
H. Resources	4



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A. Policy

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of Laboratory- Vitamin D Testing. This policy aligns with guidance from the Centers for Medicare & Medicaid Services (CMS) as well as with AMA CPT Coding Guidelines for coding and reporting of Laboratory and Pathology procedures.

B. Overview

This policy outlines the coding and editing guidelines for reporting laboratory testing of Vitamin D levels. Vitamin D testing is a blood test that is conducted to measure the level of vitamin D in a person’s blood. Abnormal levels can indicate bone disorders, nutrition concerns, possible organ damage This policy applies to all professional and facility claim types.

C. Definitions

Term	Definition
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
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.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.



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International Statistical Classification of Diseases (ICD-10-CM)	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	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.
Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age 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).
Modifier	A two-character code reported along with an applicable CPT code used to provide greater detail for procedures performed.
Pediatric Patient	Persons aged greater than or equal to 1 year or less than or equal to 17 years.

D. Reimbursement Guidelines

ABH IL will only reimburse for Vitamin D testing when appropriately reported. Appropriate reporting includes

- Test is reported with an ICD-10-CM diagnosis code that supports the necessity for performing the test.
- Test is reported no more than once per year by any provider with a diagnosis of Vitamin D deficiency
- Test is reported with the 26 modifier, when conducted by a facility.

Claims that are submitted will be denied when

- Test is reported more than once per year by any provider with a diagnosis other than Vitamin D deficiency *Effective 11/01/2023*
- Test is reported more than four times per year by any provider with a diagnosis of Vitamin D deficiency *Effective 11/01/2023*
- The only diagnosis code reported for a pediatric patient test is indicated as inappropriate by this policy.

The medical record documentation is expected to support the specific CPT code(s), ICD-10-CM diagnosis codes and modifiers reported.



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E. Codes/Condition of Coverage

CPT Codes

82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
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ICD-10-CM Diagnosis Code

E55.9	Vitamin D deficiency, unspecified
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Inappropriate ICD-10-CM Diagnosis Codes

E66.3	Overweight
E66.9	Obesity, unspecified
Z00.00	Encounter for general adult medical examination without abnormal findings
Z00.129	Encounter for routine child health examination without abnormal findings
Z00.8	Encounter for other general examination
Z68.52	Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age
Z68.53	Body mass index [BMI] pediatric, 85th percentile to less than 95th percentile for age
Z68.54	Body mass index [BMI] pediatric, 95th percentile for age to less than 120% of the 95th percentile for age

Modifier

26	Professional Component
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F. Frequently Asked Questions

N/A

G. Review/Revision Date

Action	Date	Comments
Revision	12/04/2025	New policy created; guidance from previous policies (Vitamin D Testing in Children & Laboratory- Pathology Services) combined to create policy specific to Vitamin D testing.
Effective Date	11/1/2023	Laboratory and Pathology Services- previous policy document
Effective Date	12/01/2020	Vitamin D Testing in Children – previous policy document

H. Resources

1. American Medical Association. *CPT Professional Edition 2025, AMA*; 2024.
2. American Medical Association. *ICD-10-CM 2025 the Complete Official Codebook, AMA*; 2024.
3. Centers for Medicare & Medicaid Services (CMS). Local Coverage Determination: *Billing and Coding: Vitamin D Assay Testing*. Article ID: A57736. Revised: October 01, 2024.