RB.054.A Vitamin D Testing

Original Implementation Date : 12/28/2026
Version [A] Date : 12/28/2026
Last Reviewed Date: 11/11/2026

Thank you for being a valued provider for members in one or more of our health plans: Jefferson Health Plans Medicare Advantage, Jefferson Health Plans Individual and Family Plans, Jefferson Health Plans CHIP, and/or Jefferson Health Plans EverWell (our Medicaid plan).

***** NOTIFICATION OF PENDING POLICY IMPLEMENTATION *****

Please note that this Policy Bulletin will be implemented on 12/28/2026. This document provides a 30-day notification of its pending implementation and is not currently implemented.

PRODUCT VARIATIONS

This policy applies to all Jefferson Health Plans lines of business.

Application of Claim Payment Policy is determined by benefits and contracts. Benefits may vary based on product line, group, or contract. Payment may vary based on individual contracts.

POLICY STATEMENT

The Plan's reimbursement for Vitamin D testing is limited to four (4) testing events per member during a twelve month period for CPT codes 82306 and 82652. Services that exceed the allowable frequency are not covered, and therefore, not eligible for reimbursement.

POLICY GUIDELINES

The frequency limitation is applied on a cumulative basis to all Vitamin D testing services subject to this policy. Reimbursement is determined according to the following guidelines:

- Any combination of applicable Vitamin D testing codes accumulates toward the allowable frequency.
- Multiple applicable Vitamin D testing codes reported for the same member on the same date of service will be counted as a single testing event.
- The frequency limitation is applied using a rolling twelve (12) month review period.

Reimbursement for Vitamin D testing remains subject to member eligibility, applicable benefit limitations, provider contract terms, coding requirements, and all other Plan reimbursement policies.

CODING

Note: The Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), and the 10th revision of the International Statistical Classification of Diseases and Related Health Problems (ICD-10) codes that may be listed in this policy are for reference purposes only. Listing of a code in this policy does not imply that the service is covered and is not a guarantee of payment. Other policies and coverage guidelines may apply. When reporting services, providers/facilities should code to the highest level of specificity using the code that was in effect on the date the service was rendered. This list may not be all inclusive.

CPT® is a registered trademark of the American Medical Association.

CPT Code	Description
82306	Vitamin D; 25-hydroxy
82652	Vitamin D; 1,25-dihydroxy (includes fractions if performed)

HCPCS Code	Description
N/A	

BENEFIT APPLICATION

This Reimbursement Policy does not constitute a description of benefits. Rather, this assists in the administration of the member's benefits which may vary by line of business. Applicable benefit documents govern which services/items are eligible for coverage, subject to benefit limits, or excluded completely from coverage.

DESCRIPTION OF SERVICES

This policy applies to laboratory testing that measures Vitamin D metabolites, including CPT codes 82306 (Vitamin D; 25-hydroxy) and 82652 (Vitamin D; 1,25-dihydroxy, including fractions if performed). These tests are used in the assessment and monitoring of Vitamin D status and conditions affecting Vitamin D metabolism.

DEFINITIONS

Vitamin D Testing- Laboratory assays used to measure circulating vitamin D metabolites to evaluate vitamin D status and disorders of vitamin D metabolism.

Medical Necessity- Health care services or supplies necessary for the diagnosis or treatment of illness, injury, disease, or its symptoms and consistent with generally accepted standards of medical practice.

DISCLAIMER

Approval or denial of payment does not constitute medical advice and is neither intended to guide nor influence medical decision making. Policy Bulletins are developed to assist in administering plan benefits and constitute neither offers of coverage nor medical advice. This Policy Bulletin may be updated and therefore is subject to change.

POLICY HISTORY

This section provides a high-level summary of changes to the policy since the previous version.

Summary	Version	Version Date
New Policy	A	12/28/2026

REFERENCES

1. CMS Medicare Coverage Database, LCD - Vitamin D Assay Testing (L34658)
2. CGS Medicare Fact Sheet: Fact Sheet: 82306 - Vitamin D Testing (A/B MAC Jurisdiction 15)
3. Medicare.org: Does Medicare Cover Vitamin D Testing? - Medicare.org