

If a conflict arises between a Clinical Payment and Coding 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 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. Blue Cross and Blue Shield of New Mexico may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSNM 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 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 PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and 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/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 Testing

**Policy Number:** CPCPLAB003

**Version 1.0**

**Approval Date:** January 23, 2025

**Plan Effective Date:** April 15, 2025

## 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. For individuals with an underlying disease or condition which is specifically associated with vitamin D deficiency or decreased bone density (see **Note 1**) or for individuals suspected of hypervitaminosis of Vitamin D, 25-hydroxyvitamin D serum testing **may be reimbursable**.
2. As part of the total 25-hydroxyvitamin D analysis, testing for D2 and D3 fractions of 25-hydroxyvitamin D **may be reimbursable**.
3. For individuals who have documented vitamin D deficiency, repeat testing for serum 25-hydroxyvitamin D at least 12 weeks after the initiation of vitamin D supplementation **may be reimbursable** with the following restrictions:
  - a. Twice per year testing for monitoring of supplementation therapy until the therapeutic goal has been achieved.
  - b. Annual testing once the therapeutic range has been achieved.
4. For the evaluation or treatment of conditions that are associated with defects in vitamin D metabolism (see **Note 2**), 1,25-dihydroxyvitamin D serum testing **may be reimbursable**.
5. The following testing **is not reimbursable**:
  - a. Measurement of serum 1,25-dihydroxyvitamin D to screen for vitamin D deficiency.
  - b. Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters.

### **Note 1: Indications 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. Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion with or without duodenal switch
- H. Hypercalcemia, hypocalcemia, or other disorders of calcium metabolism
- I. Hyperparathyroidism or hypoparathyroidism

- J. Individuals receiving hyperalimentation
- K. Inflammatory bowel disease (Crohn's disease and ulcerative colitis)
- L. Intestinal malabsorption
- M. Liver cirrhosis
- N. Long term use of anticonvulsants, glucocorticoids and other medications known to lower vitamin D levels
- O. Malnutrition
- P. Myalgia and other myositis not specified
- Q. Myopathy related to endocrine diseases
- R. Neoplastic hematologic disorders
- 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

**Note 2: Indications 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

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.

| Codes |
|-------|
|-------|

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## Policy Update History:

| Approval Date | Effective Date; Summary of Changes                                                                                                                                            |
|---------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 01/23/2025    | 04/15/2025: Document updated with literature review. The following changes were made to Reimbursement Information: edited #3 for clarity and consistency. References revised. |

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|------------|-----------------------------------------------------------------------------------------------------------------------------------------|
| 03/15/2024 | Document updated with literature review. Reimbursement information unchanged. References revised.                                       |
| 06/01/2023 | Document updated with literature review. Reimbursement information revised for clarity. References revised; some added, others removed. |
| 11/1/2022  | New policy                                                                                                                              |