

Washington Apple Health® Medicaid

Vitamin D Testing

CPT(s): 82306 / 82652

The purpose of this guide is to highlight the Washington Medicaid Billing Guide coverage policy for Vitamin D testing, including a brief overview, instructions for use, medical necessity, and general background information. Individual plans may vary. For the most accurate coverage policy for each patient, please contact the patient's health plan. See the full Vitamin D Washington Medicaid Billing Guide coverage policy here.

Medical coverage policy

Last Review 05/06/2025
Coverage Policy Number 20250401

Full vitamin D WA Medicaid
coverage policy ►

Vitamin D Testing Policy, Professional

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or its electronic equivalent or its successor form. This policy applies to all products and all network and non-network physicians and other qualified health care professionals, including, but not limited to, non-network authorized and percent of charge contract physicians and other qualified health care professionals.

Visit [QuestDiagnostics.com/commercialcoverage](https://www.questdiagnostics.com/commercialcoverage) to view additional commercial insurance limited coverage tests, reference guides, and policy information.

Policy

Reimbursement Guidelines

Routine Vitamin D screening for the general population (CPT codes 82306, 82652) is not considered medically necessary.

Vitamin D testing (25-hydroxy vitamin D, calcidiol, CPT code 82306) may be considered medically necessary for the following conditions:

- Chronic kidney disease stage 3 or greater
- End stage renal disease
- Evaluation of hypo- or hypercalcemia
- Hypocalcemia and hypomagnesemia of newborn
- Hypophosphatemia
- Hypoparathyroidism
- Intestinal malabsorption including:
 - ✓ Blind loop syndrome
 - ✓ Celiac disease
 - ✓ Pancreatic Steatorrhea
- Secondary hyperparathyroidism
- Hypervitaminosis D
- Osteomalacia
- Osteopenia
- Rickets
- In the setting of other laboratory or imaging indicators of vitamin D deficiency for:
 - ✓ Calculus of kidney or ureter
 - ✓ Chronic liver disease in the absences of alcohol dependency
 - ✓ Protein-calorie malnutrition

Vitamin D testing (25-dihydroxy vitamin D, calcitriol, CPT 82652) may be considered medically necessary as a second-tier test for the following conditions:

- Disorders of calcium metabolism
- Familial hypophosphatemia
- Fanconi syndrome
- Hypoparathyroidism or hyperparathyroidism
- Vitamin D resistant rickets
- Tumor induced osteomalacia
- Sarcoidosis

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff to help inform you of the limited coverage policy. Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed. Please see the payer's full vitamin D coverage policy for a complete list of references.

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