

**Government Business Division  
Policies and Procedures**

<b>Section (Primary Department)</b> Plan Operations		<b>SUBJECT (Document Title)</b> Vitamin D Assay Testing - KY	
<b>Effective Date</b> 08/19/2022	<b>Date of Last Review</b>	<b>Date of Last Revision</b>	<b>Dept. Approval Date</b> 08/19/2022
<b>Department Approval/Signature:</b>			

**Policy applies to health plans operating in the following State(s). Applicable products noted below.**

<b>Products</b>	<input type="checkbox"/> Arkansas	<input type="checkbox"/> Iowa	<input type="checkbox"/> Nevada	<input type="checkbox"/> Tennessee
<input checked="" type="checkbox"/> Medicaid/CHIP	<input type="checkbox"/> California	<input checked="" type="checkbox"/> Kentucky	<input type="checkbox"/> New Jersey	<input type="checkbox"/> Texas
<input type="checkbox"/> Medicare/SNP	<input type="checkbox"/> Colorado	<input type="checkbox"/> Louisiana	<input type="checkbox"/> New York – Empire	<input type="checkbox"/> Virginia
<input type="checkbox"/> MMP/Duals	<input type="checkbox"/> District of Columbia	<input type="checkbox"/> Maryland	<input type="checkbox"/> New York (WNY)	<input type="checkbox"/> Washington
	<input type="checkbox"/> Florida	<input type="checkbox"/> Minnesota	<input type="checkbox"/> North Carolina	<input type="checkbox"/> Wisconsin
	<input type="checkbox"/> Georgia	<input type="checkbox"/> Missouri	<input type="checkbox"/> South Carolina	<input type="checkbox"/> West Virginia
	<input type="checkbox"/> Indiana	<input type="checkbox"/> Nebraska		

**POLICY:**

This policy outlines how Anthem Kentucky Managed Care Plan (The Plan) will determine medical necessity for (or “will reimburse participating providers for medically necessary”) Vitamin D Assay testing. In the absence of state-mandated clinical criteria, reimbursement is based upon criteria from the Centers for Medicare and Medicaid (CMS) Local Coverage Determination (LCD) L33996.

As defined in the LCD, CPT/HCPCS codes 82306 and 82652 are considered medically necessary if billed with ICD-10 diagnostic coding specified.

This policy applies only to enrollees over 21 years old.

**DEFINITIONS:**

**CMS:** Centers for Medicare and Medicaid Services

**LCD:** Local Coverage Determination

**The Plan:** Anthem Kentucky Managed Care Plan, Inc.

**REFERENCES:**

- Contract: Kentucky Medicaid Managed Care Contract

**RESPONSIBLE DEPARTMENTS:**

**Primary Department:** Plan Operations

**EXCEPTIONS:**

None

**REVISION HISTORY:**

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Review Date	Changes
	<ul style="list-style-type: none"><li>• New policy</li></ul>