

**Application**

<b>Application of this Medical Policy applies to:</b>
RIté Care (MED), Rhody Health Partners (RHP), Rhody Health Expansion (RHE), Children with Special Health Care Needs (CSN), Substitute Care (SUB), Extended Family Planning (EFP), Commercial (HBE), INTEGRITY for Duals (FIDE), Duals CONNECT (CO-DSNP)
<b>Application Excluded for:</b>
N/A

**Medicare Distinction**

For INTEGRITY for Duals (FIDE) and Duals CONNECT (CO-DSNP) members: Neighborhood Health Plan of Rhode Island (Neighborhood) uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations, including medical necessity. Coverage determinations are based on applicable National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and other Medicare guidelines.

For FIDE Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines OR if available Medicare coverage guidance is not met, then Neighborhood will apply coverage guidance from the Rhode Island Executive Office of Health & Human Services (EOHHS), or other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies as a means of secondary coverage through the member's Medicaid benefit.

For CO-DSNP Members: In the absence of an applicable or incomplete NCD, LCD, or other Medicare guidelines, then Neighborhood will apply coverage guidance from other widely used treatment guidelines with peer-reviewed scientific evidence, such as InterQual® and/or internal Clinical Medical Policies.

**Description**

Laboratory services are medical services that analyze samples of bodily fluids, tissues, and other substances to help diagnose, treat, and monitor diseases. These services involve performing a wide range of tests to provide crucial information to healthcare professionals for making informed decisions about patient care. Neighborhood covers medically necessary laboratory services that are ordered by a physician or qualified nonphysician practitioner. Laboratory services are furnished in laboratories located in hospitals, physician offices, facilities, independent laboratories, as well as other institutions.

Applicable laboratory services covered in this policy:

- Vaginitis Panel
- Vitamin D Testing

### Vaginitis Panel

Bacterial vaginosis (BV) is a common vaginal condition resulting from a disruption of the normal vaginal microbiota. It is characterized by a reduction in hydrogen peroxide-producing *Lactobacillus* species and an overgrowth of anaerobic bacteria such as *Gardnerella vaginalis*, *Prevotella* species, and *Mobiluncus* species. BV is the most prevalent cause of vaginal discharge among women of reproductive age. BV is associated with adverse reproductive health outcomes, including increased susceptibility to certain sexually transmitted infections, complications in pregnancy, and post-surgical infections.

### Coverage Determination

Current Procedure Terminology Codes (CPT® Codes) 81513, 81514, 87481, 87661 will be covered when billed with one or more of the ICD-10-CM diagnosis codes listed below.

CPT® Codes	Code Description
81513	Infectious disease, bacterial vaginosis, quantitative real-time amplification of RNA markers for <i>Atopobium vaginae</i> , <i>Gardnerella vaginalis</i> , and <i>Lactobacillus</i> species, utilizing vaginal-fluid specimens, algorithm reported as a positive or negative result for bacterial vaginosis
81514	Infectious disease, bacterial vaginosis and vaginitis, quantitative real-time amplification of DNA markers for <i>Gardnerella vaginalis</i> , <i>Atopobium vaginae</i> , <i>Megasphaera</i> type 1, Bacterial Vaginosis Associated Bacteria-hyphen2 (BVAB-hyphen2), and <i>Lactobacillus</i> species ( <i>L. crispatus</i> and <i>L. jensenii</i> ), utilizing vaginal-hyphenfluid specimens, algorithm reported as a positive or negative for high likelihood of bacterial vaginosis, includes separate detection of <i>Trichomonas vaginalis</i> and/or <i>Candida</i> species ( <i>C. albicans</i> , <i>C. tropicalis</i> , <i>C. parapsilosis</i> , <i>C. dubliniensis</i> ), <i>Candida glabrata</i> , <i>Candida krusei</i> , when reported
87210	Refers to a smear, primary source with interpretation, wet mount for infectious agents
87481	Infectious agent detection by nucleic acid (DNA or RNA); <i>Candida</i> species, amplified probe technique
87661	Infectious agent detection by nucleic acid (DNA or RNA); <i>Trichomonas vaginalis</i> , amplified probe technique

ICD-10-CM Code	Code Description
A54.02	Gonococcal vulvovaginitis, unspecified
A56.02	Chlamydial vulvovaginitis
A59.01	Trichomonal vulvovaginitis
A60.04	Herpesviral vulvovaginitis
B37.31	Acute candidiasis of vulva and vagina
B37.32	Chronic candidiasis of vulva and vagina
L29.2	Pruritus vulvae
L29.3	Anogenital pruritus, unspecified
L29.9	Pruritus, unspecified
N76.0	Acute vaginitis
N76.1	Subacute and chronic vaginitis
N76.2	Acute vulvitis
N76.3	Subacute and chronic vulvitis
N76.89	Other specified inflammation of vagina and vulva
N77.1	Vaginitis, vulvitis and vulvovaginitis in diseases classified elsewhere
N89.8	Other specified noninflammatory disorders of vagina
N89.9	Noninflammatory disorder of vagina, unspecified
N93.0	Postcoital and contact bleeding
N95.2	Postmenopausal atrophic vaginitis
O86.13	Vaginitis following delivery
R30.0	Dysuria
R30.9	Painful micturition, unspecified

## Vitamin D Testing

Vitamin D blood testing measures the amount of 25-hydroxy vitamin D or 25 dihydroxy vitamin D in the body. Abnormal levels of vitamin D can indicate bone disorders, nutritional problems, or organ damage or other medical conditions. Vitamin D deficiencies are the result of dietary inadequacy, impaired absorption and use, increased requirement, or increased excretion. Vitamin D deficiency can occur when usual intake is lower than recommended levels over a period of time or when exposure to sunlight is limited. Vitamin D deficiency can also result from the inability of the kidneys to convert Vitamin D to its active form.

## Coverage Determination

Vitamin D testing is considered medically necessary in individuals with conditions considered high-risk for vitamin D deficiency or intoxication.

1. Measurement of 25 dihydroxy vitamin D (82652) is considered medically necessary for members with one of the following conditions:

- Unexplained hypercalcemia (suspected granulomatous disease or lymphoma)
- Unexplained hypercalciuria (suspected granulomatous disease or lymphoma)
- Suspected genetic childhood rickets
- Suspected tumor-induced osteomalacia
- Nephrolithiasis or hypercalciuria

Current Procedure Terminology code (CPT ® Code) 82652 will be covered when billed with one or more of the ICD-10-CM diagnosis codes listed below:

E55.0	E83.52	M83.2	M83.5	N20.0	N20.9
E55.9	M83.0	M83.3	M83.8	N20.1	N22
E83.50	M83.1	M83.4	M83.9	N20.2	

2. Measurement of 25 hydroxy vitamin D (82306) is considered medically necessary for members with one of the following conditions:

- Chronic kidney disease stage III or greater
- Cirrhosis
- Hypo- or Hypercalcemia
- Hypercalciuria
- Hypervitaminosis D
- Parathyroid Disorders
- Vitamin D deficiency on replacement therapy related to a condition listed in this policy to monitor efficacy of treatment.
- Osteoporosis, if:
  - ✓ T score on DEXA scan < -2.5, or
  - ✓ History of fragility fractures, or
  - ✓ FRAX > 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture, or
  - ✓ FRAX > 3% (any fracture) with T-score < -1.5, or
  - ✓ Initiating bisphosphonate therapy (Vitamin D level and serum calcium levels should be determined and managed as necessary before bisphosphonate is initiated.)
- Osteomalacia
- Osteosclerosis/petrosis
- Rickets
- Rheumatoid arthritis
- Malabsorption states
- Obstructive jaundice

CPT ® Code 82306 will be covered when billed with one or more of the ICD-10-CM diagnosis codes listed below:

A15.0	C82.27	E21.2	K85.22	M80.029S	M80.072G	M80.831S	M80.879G
A15.4	C82.28	E21.3	K85.30	M80.031A	M80.072K	M80.832A	M80.879K
A15.5	C82.29	E41	K85.31	M80.031D	M80.072P	M80.832D	M80.879P
A15.6	C82.31	E43	K85.32	M80.031G	M80.072S	M80.832G	M80.879S
A15.7	C82.32	E55.0	K85.80	M80.031K	M80.079A	M80.832K	M80.88XA

A15.8	C82.33	E55.9	K85.81	M80.031P	M80.079D	M80.832P	M80.88XD
A17.0	C82.34	E66.01	K85.82	M80.031S	M80.079G	M80.832S	M80.88XG
A17.1	C82.35	E66.09	K85.90	M80.032A	M80.079K	M80.839A	M80.88XK
A17.81	C82.36	E66.1	K85.91	M80.032D	M80.079P	M80.839D	M80.88XP
A17.82	C82.37	E66.2	K85.92	M80.032G	M80.079S	M80.839G	M80.88XS
A17.83	C82.38	E66.8	K86.0	M80.032K	M80.08XA	M80.839K	M80.8AXA
A17.89	C82.39	E67.3	K86.1	M80.032P	M80.08XD	M80.839P	M80.8AXD
A18.01	C82.41	E67.8	K86.2	M80.032S	M80.08XG	M80.839S	M80.8AXG
A18.02	C82.42	E68	K86.3	M80.039A	M80.08XK	M80.841A	M80.8AXK
A18.03	C82.43	E83.30	K86.81	M80.039D	M80.08XP	M80.841D	M80.8AXP
A18.09	C82.44	E83.31	K86.89	M80.039G	M80.08XS	M80.841G	M80.8AXS
A18.11	C82.45	E83.32	K90.0	M80.039K	M80.0AXA	M80.841K	M81.0
A18.12	C82.46	E83.39	K90.1	M80.039P	M80.0AXD	M80.841P	M81.6
A18.13	C82.47	E83.50	K90.2	M80.039S	M80.0AXG	M80.841S	M81.8
A18.14	C82.48	E83.51	K90.3	M80.041A	M80.0AXK	M80.842A	M83.0
A18.15	C82.49	E83.52	K90.41	M80.041D	M80.0AXP	M80.842D	M83.1
A18.16	C82.51	E84.0	K90.49	M80.041G	M80.0AXS	M80.842G	M83.2
A18.17	C82.52	E84.11	K90.821	M80.041K	M80.0B1A	M80.842K	M83.3
A18.18	C82.53	E84.19	K90.822	M80.041P	M80.0B1D	M80.842P	M83.4
A18.2	C82.54	E84.8	K90.89	M80.041S	M80.0B1G	M80.842S	M83.5
A18.31	C82.55	E84.9	K90.9	M80.042A	M80.0B1K	M80.849A	M83.8
A18.32	C82.56	E89.2	K91.2	M80.042D	M80.0B1P	M80.849D	M83.9
A18.39	C82.57	E89.820	L40.0	M80.042G	M80.0B1S	M80.849G	M85.80
A18.4	C82.58	E89.821	L40.1	M80.042K	M80.0B2A	M80.849K	M85.831
A18.51	C82.59	E89.822	L40.2	M80.042P	M80.0B2D	M80.849P	M85.832
A18.52	C82.61	E89.823	L40.3	M80.042S	M80.0B2G	M80.849S	M85.839
A18.53	C82.62	J63.2	L40.4	M80.049A	M80.0B2K	M80.851A	M85.851
A18.54	C82.63	K50.00	L40.50	M80.049D	M80.0B2P	M80.851D	M85.852
A18.59	C82.64	K50.011	L40.51	M80.049G	M80.0B2S	M80.851G	M85.859
A18.6	C82.65	K50.012	L40.52	M80.049K	M80.80XA	M80.851K	M85.88
A18.7	C82.66	K50.013	L40.53	M80.049P	M80.80XD	M80.851P	M85.89
A18.81	C82.67	K50.014	L40.54	M80.049S	M80.80XG	M80.851S	M85.9
A18.82	C82.68	K50.018	L40.59	M80.051A	M80.80XK	M80.852A	M89.9
A18.83	C82.69	K50.019	L40.8	M80.051D	M80.80XP	M80.852D	N18.30
A18.84	C82.81	K50.10	L40.9	M80.051G	M80.80XS	M80.852G	N18.31
A18.85	C82.82	K50.111	M80.00XA	M80.051K	M80.811A	M80.852K	N18.32
A18.89	C82.83	K50.112	M80.00XD	M80.051P	M80.811D	M80.852P	N18.4
A19.0	C82.84	K50.113	M80.00XG	M80.051S	M80.811G	M80.852S	N18.5
A19.1	C82.85	K50.114	M80.00XK	M80.052A	M80.811K	M80.859A	N18.6
A19.2	C82.86	K50.118	M80.00XP	M80.052D	M80.811P	M80.859D	N25.81
A19.8	C82.87	K50.119	M80.00XS	M80.052G	M80.811S	M80.859G	Q78.2
B38.0	C82.88	K50.80	M80.011A	M80.052K	M80.812A	M80.859K	Z68.30

B38.1	C82.89	K50.811	M80.011D	M80.052P	M80.812D	M80.859P	Z68.31
B38.3	C82.91	K50.812	M80.011G	M80.052S	M80.812G	M80.859S	Z68.32
B38.4	C82.92	K50.813	M80.011K	M80.059A	M80.812K	M80.861A	Z68.33
B38.7	C82.93	K50.814	M80.011P	M80.059D	M80.812P	M80.861D	Z68.34
B38.81	C82.94	K50.818	M80.011S	M80.059G	M80.812S	M80.861G	Z68.35
B38.89	C82.95	K50.819	M80.012A	M80.059K	M80.819A	M80.861K	Z68.36
B39.0	C82.96	K50.90	M80.012D	M80.059P	M80.819D	M80.861P	Z68.37
B39.1	C82.97	K50.911	M80.012G	M80.059S	M80.819G	M80.861S	Z68.38
B39.3	C82.98	K50.912	M80.012K	M80.061A	M80.819K	M80.862A	Z68.39
B39.5	C82.99	K50.913	M80.012P	M80.061D	M80.819P	M80.862D	Z68.41
C82.01	D80.0	K50.914	M80.012S	M80.061G	M80.819S	M80.862G	Z68.42
C82.02	D80.1	K50.918	M80.019A	M80.061K	M80.821A	M80.862K	Z68.43
C82.03	D80.2	K52.0	M80.019D	M80.061P	M80.821D	M80.862P	Z68.44
C82.04	D80.3	K70.2	M80.019G	M80.061S	M80.821G	M80.862S	Z68.45
C82.05	D80.4	K70.30	M80.019K	M80.062A	M80.821K	M80.869A	Z79.3
C82.06	D80.5	K70.31	M80.019P	M80.062D	M80.821P	M80.869D	Z79.4
C82.07	D80.6	K74.1	M80.019S	M80.062G	M80.821S	M80.869G	Z79.51
C82.08	D80.7	K74.2	M80.021A	M80.062K	M80.822A	M80.869K	Z79.52
C82.09	D80.8	K74.3	M80.021D	M80.062P	M80.822D	M80.869P	Z79.810
C82.11	D80.9	K74.4	M80.021G	M80.062S	M80.822G	M80.869S	Z79.811
C82.12	D89.810	K74.5	M80.021K	M80.069A	M80.822K	M80.871A	Z79.818
C82.13	D89.811	K74.60	M80.021P	M80.069D	M80.822P	M80.871D	Z79.82
C82.14	D89.812	K74.69	M80.021S	M80.069G	M80.822S	M80.871G	Z79.83
C82.15	D89.813	K76.9	M80.022A	M80.069K	M80.829A	M80.871K	Z79.84
C82.16	E20.0	K83.5	M80.022D	M80.069P	M80.829D	M80.871P	Z79.890
C82.17	E20.810	K83.8	M80.022G	M80.069S	M80.829G	M80.871S	Z79.891
C82.18	E20.811	K85.00	M80.022K	M80.071A	M80.829K	M80.872A	Z79.899
C82.19	E20.812	K85.01	M80.022P	M80.071D	M80.829P	M80.872D	
C82.21	E20.818	K85.02	M80.022S	M80.071G	M80.829S	M80.872G	
C82.22	E20.819	K85.10	M80.029A	M80.071K	M80.831A	M80.872K	
C82.23	E20.89	K85.11	M80.029D	M80.071P	M80.831D	M80.872P	
C82.24	E20.9	K85.12	M80.029G	M80.071S	M80.831G	M80.872S	
C82.25	E21.0	K85.20	M80.029K	M80.072A	M80.831K	M80.879A	
C82.26	E21.1	K85.21	M80.029P	M80.072D	M80.831P	M80.879D	

### Limitations and Exclusions

1. Services that are not medically necessary per the criteria above.
2. Services not ordered by a physician or nonphysician practitioner.
3. Any duplication of same/similar services.
4. Experimental/investigational services/indications.



5. Services for all other indications, including as a screening test for members with no known signs or symptoms of the indicated test.

**References:**

- Centers for Disease Control and Prevention. Sexually Transmitted Infection Treatment Guidelines, 2021: Bacterial Vaginosis [HTTPS://www.cdc.gov/std/treatment-guidelines/bv.htm](https://www.cdc.gov/std/treatment-guidelines/bv.htm)
- CPT® codes, descriptions, and other data are copyright 2025 American Medical Association. All rights reserved. This information is provided under license from the AMA.
- Centers for Disease Control and Prevention. ICD-10-CM Official Guidelines for Coding and Reporting, FY 2025. Atlanta GA: US Department of Health and Human Services; 2025. Available at <https://www.cdc.gov/nchs/icd>

**Authorization Request Forms**

Access prior authorization request forms by visiting Neighborhood's website at [www.nhpri.org](http://www.nhpri.org).

1. Click on [Providers](#)
2. Click on [Provider Resources](#)
3. Click on [Forms](#)
4. Click on "[Click here for a list of prior authorization request forms](#)" – forms are listed alphabetically.

A phone messaging system is in place for requests/inquiries both during and outside of business hours. Providers can call 1-800-963-1001 for assistance.

**Covered Codes:** For information on coding, please reference the [Authorization Quick Reference Guide](#).

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**CMP Number:** CMP# 078

**CMP Cross Reference:**

**Created:** August 2025

<b>Annual Review Month:</b>	<b>August</b>
<b>Review Dates:</b>	8/20/25, 12/10/25
<b>Revision Dates</b>	12/10/25
<b>CMC Review Date:</b>	8/20/25, 12/10/25
<b>Medical Director Approval Dates:</b>	8/20/25, 12/10/25
<b>Effective Dates:</b>	8/20/25, 12/10/25

**Neighborhood reviews clinical medical policies on an annual basis.**

**Disclaimer:**

Neighborhood has developed medical policies to assist us in administering health benefits. This medical policy is made available to you for informational purposes only and does not constitute medical advice. It is not a guarantee of payment or a substitute for your medical judgment in the treatment of your patients. Members should always consult their physician before making any decisions about medical care. Treating providers are solely responsible for medical advice and treatment of members. Benefits and eligibility are determined by the member's coverage plan; a member's coverage plan will supersede the provisions of this medical policy. For information on member-specific benefits, call member services. This policy is current at the time of publication; however, medical practices, technology, and knowledge are constantly changing. Neighborhood reserves the right to review and revise this policy for any reason and at any time, with or without notice.