



POLICY INFORMATION			
Policy Number:	POL-PP-292 AHS – G2099 – Intracellular Micronutrient Analysis	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

**NOTICE**

No part of this publication may be reproduced, stored in a retrieval system, or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from Blue Cross and Blue Shield of Kansas City (Blue KC).

Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>PROFESSIONAL</b>	<b>FACILITY</b>	<b>DME</b>	<b>AMBULATORY SURGERY</b>	<b>LAB</b>	<b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMERCIAL</b>	<b>BLUE MEDICARE ADVANTAGE</b>	<b>ACA QHP<sup>1</sup></b>	<b>SMALL GROUP ACA</b>	<b>JAA<sup>2</sup></b>	<b>FEP<sup>3</sup></b>	<b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> FEP: Federal Employee Program

**Disclaimer**

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



**Description/Application**

Micronutrients are dietary components, often referred to as vitamins and minerals, which although only required by the body in small amounts, are vital to development, disease prevention, and wellbeing. Micronutrients are not produced in the body and must be derived from the diet (CDC, 2022; Life, 2012). Micronutrients include essential trace elements such as boron, iron, zinc, selenium, manganese, iodine, copper, molybdenum, cobalt, and chromium (Frieden, 1985; WHO, 1973), and essential vitamins such as vitamins A, B, C, D, and K (organic) (Gidde & Shenkin, 2000).

**Policy**

Application of coverage criteria is dependent upon an individual’s benefit coverage at the time of the request.

*The following does not meet coverage criteria due to a lack of available published scientific literature confirming that the test(s) is/are required and beneficial for the diagnosis and treatment of an individual’s illness.*

Intracellular micronutrient panel testing (e.g., SpectraCell, Cell Science Systems cell micronutrient assay, ExaTest) **may not be reimbursed**

**Coding**

CPT	Code Description
82128	Amino acids; multiple, qualitative, each specimen
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen
82180	Ascorbic acid (vitamin c), blood
82310	Calcium; total
82379	Carnitine (total and free), quantitative each specimen
82495	Chromium
82525	Copper
82607	Cyanocobalamin (Vitamin B-12);
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
82725	Fatty acids, nonesterified
82746	Folic acid; serum
82978	Glutathione
83735	Magnesium
83785	Manganese
84207	Pyridoxal phosphate (vitamin b-6)
84252	Riboflavin (vitamin b-2)
84255	Selenium
84425	Thiamine (vitamin b-1)
84446	Tocopherol alpha (Vitamin E)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K



<b>CPT</b>	<b>Code Description</b>
84630	Zinc
84999	Unlisted chemistry procedure
86353	Lymphocyte transformation, mitogen (phytomitogen) or antigen induced blastogenesis
88348	Electron microscopy, diagnostic

**References and Resources**

Avalon Medical Policy AHS – G2099 – Intracellular Micronutrient Analysis

**Related Documents**

<b>Policy Number</b>	<b>Policy Title</b>
AHS-G2056	Diagnosis Of Idiopathic Environmental Intolerance

**Revision History**

<b>Version</b>	<b>Date</b>	<b>Summary of Revisions</b>
001	07/01/2025	Initial version