Vitamin D Assay Testing

CPT: 82306, 82652

CMS Policy for Connecticut, Maine, Massachusetts, New Hampshire, New York, Rhode Island, and Vermont

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is really a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol, which then acts throughout the body. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight, a process that is inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater. Once in the blood, vitamin D2 and D3 from diet or skin bind with vitamin D binding protein and are carried to the liver where they are hydroxylated to yield calcidiol. Calcidiol then is converted in the kidney to calcitriol by the action of 1α-hydroxylase (CYP27B1). The CYP27B1 in the kidney is regulated by nearly every hormone involved in calcium homeostasis, and its activity is stimulated by PTH, estrogen, calcitonin, prolactin, growth hormone, low calcium levels, and low phosphorus levels. Its activity is inhibited by calcitriol, thus providing the feedback loop that regulates calcitriol synthesis.

An excess of vitamin D is unusual, but may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders, the most infamous of which is rickets. Evaluating patients' vitamin D levels is accomplished by measuring the level of 25-hydroxyvitamin D. Measurement of other metabolites is generally not medically necessary.

Indications

Measurement of vitamin D levels is indicated for patients with:

- chronic kidney disease stage III or greater;
- osteoporosis;
- osteomalacia;
- osteopenia;
- hypocalcemia;
- hypercalcemia;
- hypoparathyroidism;
- hyperparathyroidism;
- hypervitaminosis D;
- rickets; and
- vitamin D deficiency to monitor the efficacy of replacement therapy.

Limitations

For Medicare beneficiaries, screening tests are governed by statute. Vitamin D testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

Documentation Requirements:

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

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Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare's limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**
Note—Bolded diagnoses below have the highest utilization

Code	Description
CPT 82306	
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.3	Hyperparathyroidism, unspecified
E55.9	**Vitamin D deficiency, unspecified**
E66.01	Morbid (severe) obesity due to excess calories
E83.51	Hypocalcemia
E83.52	Hypercalcemia
K76.9	Liver disease, unspecified
K90.9	Intestinal malabsorption, unspecified
M81.0	**Age-related osteoporosis without current pathological fracture**
M81.8	Other osteoporosis without current pathological fracture
M85.80	**Other specified disorders of bone density and structure, unspecified site**
M85.89	Other specified disorders of bone density and structure, multiple sites
M89.9	Disorder of bone, unspecified
N18.30	
N18.31	
N18.32	
N18.4	Chronic kidney disease, stage 4 (severe)
N25.81	Secondary hyperparathyroidism of renal origin
Z79.4	Long term (current) use of insulin
Z79.899	**Other long term (current) drug therapy**
CPT 82652	
E55.9	**Vitamin D deficiency, unspecified**
E83.50	Unspecified disorder of calcium metabolism
E83.52	Hypercalcemia
M83.2	Adult osteomalacia due to malabsorption
M83.8	Other Adult osteomalacia,
N20.0	Calculus of kidney

Visit **QuestDiagnostics.com/MLCP** to view current limited coverage tests, reference guides, and policy information.

To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference www.cms.gov ▶

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