

Vitamin D; 25 hydroxy

includes fraction(s), if performed

CPT: 82306

CMS Policy for Florida, Puerto Rico, and U.S. Virgin Islands

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, a group of fat-soluble prohormones, is an essential vitamin. There are two major types of Vitamin D (Vitamin D2 and Vitamin D3) which are collectively known as calciferol. They are essential for promoting calcium absorption and maintaining adequate serum calcium and phosphate concentrations to enable mineralization of bone and prevent hypocalcemic conditions. Vitamin D2 (ergocalciferol) is obtained from foods of plant origin and vitamin D3 (cholecalciferol) is obtained from foods of animal origin and ultraviolet light-stimulated conversion of 7-dehydrocholesterol in the skin. Vitamin D is stored in the human body as calcidiol (25-hydroxyvitamin D). Serum concentration of 25(OH) D is the best indicator of vitamin D status.

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 the vitamin D to its active form. Vitamin D toxicity can cause symptoms including nausea, vomiting, poor appetite, constipation, weakness, and weight loss as well as elevation in the blood level of calcium which in turn can lead to mental status changes, and heart rhythm abnormalities.

Indications

The measurement of 25(OH)D Vitamin D levels will be considered medically reasonable and necessary for patients with any of the following conditions: Chronic kidney disease stage III or greater; Hypercalcemia, Hypocalcemia, Hyperparathyroidism, Hypoparathyroidism, Osteomalacia, Osteoporosis, Osteopenia, Rickets, Vitamin D deficiency to monitor the efficacy of replacement therapy, Malabsorption states, Cirrhosis

Limitations

Vitamin D assay testing is not covered for routine screening, therefore, preventive care is not recognized as a covered indication for Vitamin D serum testing. Tests that are performed in the absence of signs, symptoms, complaints, personal history of disease, or injury are not covered by Medicare except when there is a statutory provision that explicitly covers tests for screening as described in the manual.

This LCD outlines the indications for vitamin D, 25-hydroxy (CPT code 82306). This test is appropriate for assessment of vitamin D deficiency. Vitamin D, 1,25-dihydroxy (CPT code 82652) is primarily indicated during patient evaluations for hypercalcemia and renal failure. It should not be ordered in addition to vitamin D, 25-hydroxy for vitamin D deficiency testing.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice. Only one 25 OH Vitamin D level will be reimbursed in any 24 hour period.

- Patients with conditions outlined in the indications (acute and high risk conditions associated with Vitamin D deficiency) are candidates for testing. Consider repeat testing in 3-4 months after starting replacement therapy and reassessing if levels < 30 ng/mL (75 nmol/L).
- It's not reasonable and necessary to perform more than three tests per year.
- Patients with Vitamin D deficiency that have been supplemented to normal levels are limited to one test per year.
- Routine testing and/or repeat testing may be subject to prepayment or post payment medical review and possible denial.

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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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

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
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.3	Hyperparathyroidism, unspecified
E55.9	Vitamin D deficiency, unspecified
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E83.59	Other disorders of calcium metabolism
M60.89	Other myositis, multiple sites
M79.1	Myalgia
M79.7	Fibromyalgia
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
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
N18.4	Chronic kidney disease, stage 4 (severe)
N25.81	Secondary hyperparathyroidism of renal origin
Z79.899	Other long term (current) drug therapy

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. 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.

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