Vitamin D Assay Testing: Group 2

Vitamin D 1,25 Dihydroxy

CPT: 82652

Medicare Local Coverage Determination Policy

CMS Policy for Alabama, Georgia, and Tennessee

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.

Coverage Indications, Limitations, and/or Medical Necessity

Vitamin D (calciferol) comprises a group of fat soluble seco-sterols found naturally only in a few foods, such as fish-liver oils, fatty fish, mushrooms, egg yolks, and liver. The two major physiologically relevant forms of vitamin D are D 2 (ergocalciferol) and D 3 (cholecalciferol). Vitamin D 3 is photosynthesized in the skin of vertebrates by the action of solar ultraviolet (UV) B radiation on 7-dehydrocholesterol. Vitamin D 2 is produced by UV irradiation of ergosterol, which occurs in molds, yeast, and higher-order plants.

Under conditions of regular sun exposure, dietary vitamin D intake is of minor importance. However, latitude, season, aging, sunscreen use, and skin pigmentation influence the production of vitamin D 3 by the skin. The primary determinant for vitamin D deficiencies is 25 OH Vitamin D.

Indications

Measurement of 1, 25 (OH) 2 vitamin D levels is indicated for patients with:

1. Chronic kidney disease stage III or greater
2. Hypercalcemia
3. Renal osteodystrophy

Limitations

1. Screening for vitamin D deficiency is not covered.
2. The various component sources of vitamin D (such as stored D or diet derived D) are included in one (1) 25 OH vitamin D assay or one (1) 1, 25 (OH) 2 vitamin D assay.
3. Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Monitoring therapeutic replacement would not be expected to exceed 2 assays per year. Once therapeutic range has been reached, testing would not be expected to exceed one (1) assay per year.
4. Repeated testing with both assays would not be expected.

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.
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

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<thead>
<tr>
<th>Code</th>
<th>Description</th>
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<tbody>
<tr>
<td>E83.52</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>N18.3</td>
<td>Chronic kidney disease, stage 3 (moderate)</td>
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<tr>
<td>N18.4</td>
<td>Chronic kidney disease, stage 4 (severe)</td>
</tr>
<tr>
<td>N18.5</td>
<td>Chronic kidney disease, stage 5</td>
</tr>
<tr>
<td>N18.6</td>
<td>End stage renal disease</td>
</tr>
<tr>
<td>N25.0</td>
<td>Renal osteodystrophy</td>
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