Vitamin D Testing

CareSource

Policy Number AHS-G2005 | Effective Date: 5/1/2025

CPT / HCPCS Codes

82306 (Vitamin D; 25 hydroxy, includes fractions if performed)
82652 (Vitamin D; 1,25 dihydroxy, includes fractions if performed)
0038U (Sensieva Droplet 25OH Vitamin D2/D3 Microvolume LC/MS Assay)

Indications and/or Limitations of Coverage

Testing	Coverage Determination
25-hydroxyvitamin D serum testing for individuals with underlying disease/condition associated with vitamin D deficiency or decreased bone density (**see Note 1**) or for suspected hypervitaminosis D	✅ Meets coverage criteria
Testing for D2 and D3 fractions of 25-hydroxyvitamin D as part of total 25-hydroxyvitamin D analysis	✅ Meets coverage criteria
Repeat serum 25-hydroxyvitamin D testing ≥12 weeks after supplementation initiation, limited to twice per year until therapeutic goal reached and annually thereafter	✅ Meets coverage criteria
1,25-dihydroxyvitamin D serum testing for evaluation/treatment of conditions associated with defects in vitamin D metabolism (**see Note 2**)	✅ Meets coverage criteria
Measurement of serum 1,25-dihydroxyvitamin D to screen for vitamin D deficiency	❌ Does not meet coverage criteria
Routine vitamin D screening in asymptomatic individuals or during general encounters	❌ Does not meet coverage criteria

Note 1 – Indications for 25-Hydroxyvitamin D Testing

Includes conditions such as biliary cirrhosis, blind loop syndrome, celiac disease, coronary artery disease where risk of progression is being considered against benefits of chronic Vitamin D and calcium therapy, dermatomytositis, and eating disorders. Individuals having undergone or scheduled for bariatric surgery, hyperparathyroidism/hypoparathyroidism, hypercalcemia/hypocalcemia, or other disorders of calcium metabolism. Individuals receiving hyperalimentation, having Crohn's disease and ulcerative colitis (IBD), intestinal malabsorption, liver cirrhosis, long-term use of anticonvulsants, glucocorticoids, and other medications known to lower Vitamin D levels, malnutrition, myalgia and other myositis not specified, myopathy related to endocrine diseases, neoplastic hematologic disorders, osteogenesis imperfecta, osteomalacia, osteopetrosis, osteoporosis, pancreatic steatorrhea, primary or miliary tuberculosis, psoriasis, regional enteritis, renal, ureteral or urinary calculus, rickets, sarcoidosis, stage III-V chronic kidney disease and ESRD, Systemic lupus erythematosus.

Note 2 – Indications for 1,25-Dihydroxyvitamin D Testing

Disorders of calcium metabolism, familial hypophosphatemia, Fanconi syndrome, hyperparathyroidism/hypoparathyroidism, individuals receiving hyperalimentation, neonatal hypocalcemia, osteomalacia, osteopetrosis, primary or miliary tuberculosis, renal, ureteral or urinary calculus, rickets, sarcoidosis and stage III-V chronic kidney disease and end stage renal disease.

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To view the complete policy, please refer to the CareSource website referenced below:

https://www.avalonhcs.com/policypublishing/CareSource/OHMarketplace/G2005%20v6%20Vitamin%20D%20Testing%20efd;%2005-01-2025.pdf