

## Vitamin D testing

Policy Number: AHS – G2005

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CPT® codes: 82306, 82652, 0038U

Test	Meets Coverage Criteria in the Following Situations	Does Not Meet Coverage Criteria in the Following Situations
<b>25-Hydroxyvitamin D for Deficiency or Hypervitaminosis</b>	For individuals with an underlying disease or condition which is specifically associated with vitamin D deficiency or decreased bone density ( <b>see Note 1 on page 2 for a list of those conditions</b> ) or for individuals suspected of hypervitaminosis of Vitamin D	—
<b>D2/D3 Fraction Testing</b>	As part of the total 25-hydroxyvitamin D analysis, testing for D2 and D3 fractions of 25-hydroxyvitamin D	—
<b>Monitoring Documented Vitamin D Deficiency</b>	For individuals who have documented vitamin D deficiency, repeat testing for serum 25-hydroxyvitamin D at least 12 weeks after the initiation of vitamin D supplementation therapy with the following restrictions:  a) Twice per year testing for the monitoring of supplementation therapy, until the therapeutic goal has been achieved  b) Annual testing once the therapeutic range has been achieved	—
<b>1,25-Dihydroxyvitamin D for Metabolic Defects</b>	For the evaluation or treatment of conditions that are associated with defects in vitamin D metabolism ( <b>see Note 2 on page 3 for a list of those conditions</b> )	—
<b>1,25-Dihydroxyvitamin D for Screening</b>	—	Measurement of serum 1,25-dihydroxyvitamin D to screen for vitamin D deficiency
<b>Routine Vitamin D Screening</b>	—	Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis 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 or conditions 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.

**Note 1:** Indications for serum measurement of 25-hydroxyvitamin D are as follows:

- A. Biliary cirrhosis and other specified disorders of the biliary tract
- B. Blind loop syndrome
- C. Celiac Disease
- D. Coronary artery disease in individuals where risk of disease progression is being considered against benefits of chronic vitamin D and calcium therapy
- E. Dermatomyositis
- F. Eating disorders
- G. Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion with or without duodenal switch
- H. Hypercalcemia, hypocalcemia, or other disorders of calcium metabolism
- I. Hyperparathyroidism or hypoparathyroidism
- J. Individuals receiving hyperalimentation
- K. Inflammatory bowel disease (Crohns disease and ulcerative colitis)
- L. Intestinal malabsorption
- M. Liver cirrhosis
- N. Long term use of anticonvulsants, glucocorticoids and other medications known to lower vitamin D levels
- O. Malnutrition
- P. Myalgia and other myositis not specified
- Q. Myopathy related to endocrine diseases
- R. Neoplastic hematologic disorders
- S. Osteogenesis imperfecta
- T. Osteomalacia
- U. Osteopetrosis
- V. Osteoporosis
- W. Pancreatic steatorrhea
- X. Primary or miliary tuberculosis
- Y. Psoriasis
- Z. Regional enteritis
- AA. Renal, ureteral, or urinary calculus
- BB. Rickets
- CC. Sarcoidosis
- DD. Stage III-V Chronic Kidney Disease and End Stage Renal Disease
- E. Systemic lupus erythematosus

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**Note 2: Indications for serum testing of 1,25-dihydroxyvitamin D are as follows:**

- A. Disorders of calcium metabolism
- B. Familial hypophosphatemia
- C. Fanconi syndrome
- D. Hyperparathyroidism or hypoparathyroidism
- E. Individuals receiving hyperalimentation
- F. Neonatal hypocalcemia
- G. Osteogenesis imperfecta
- H. Osteomalacia
- I. Osteopetrosis
- J. Primary or miliary tuberculosis
- K. Renal, ureteral, or urinary calculus
- L. Rickets
- M. Sarcoidosis
- N. Stage III-V Chronic Kidney Disease and End Stage Renal Disease

To view the complete policy, please refer to the Presbyterian Health Plan policy document referenced below:

[https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB\\_000000028386](https://onbaseext.phs.org/PEL/DisplayDocument?ContentID=OB_000000028386)

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