Vitamin D Testing

25-hydroxyvitamin D CPT - 82306

Blue Cross and Blue Shield of Texas (BCBSTX)
Policy number: CPCPLAB003 | Version 1.0 | Effective Date: May 15, 2025

CPT 82306 — Vitamin D; 25-hydroxy, includes fraction(s), if performed

Purpose	Detects Vitamin D deficiency, hypervitaminosis D
Appropriate for use when	- Underlying disease/condition linked to deficiency - Suspected hypervitaminosis D - Fraction testing (D2/D3) - Repeat testing with restrictions
Repeat testing rules	- ≥12 weeks after supplementation - Up to 2x/year until therapeutic goal - Once annually, once stable
Not appropriate for use	- Routine screening in asymptomatic individuals - General encounter/wellness screening

Associated Conditions (Note 1)

Biliary cirrhosis and biliary tract disorders	Myopathy related to endocrine disease
Blind loop syndrome	Neoplastic hematologic disorders
Celiac disease	Osteogenesis imperfecta
Coronary artery disease (if considering chronic therapy)	Osteomalacia
Dermatomyositis	Osteopetrosis
Eating disorders	Osteoporosis
Bariatric surgery (Roux-en-Y, sleeve gastrectomy, biliopancreatic diversion ± duodenal switch)	Pancreatic steatorrhea
Hypercalcemia, hypocalcemia, or other calcium metabolism disorders	Primary or miliary tuberculosis
Hyperparathyroidism or hypoparathyroidism	Psoriasis
Patients receiving hyperalimentation	Regional enteritis
Intestinal malabsorption	Renal, ureteral, or urinary calculus
Inflammatory bowel disease (Crohn's disease, ulcerative colitis)	Rickets
Liver cirrhosis	Sarcoidosis
Long-term anticonvulsant, glucocorticoid, or other Vitamin D–lowering medication use	Stage III–V chronic kidney disease and ESRD
Malnutrition	Systemic lupus erythematosus
Myalgia and other myositis (unspecified)	

To view the complete policy, please refer to the BCBSTX website referenced below:
https://www.bcbstx.com/docs/provider/tx/standards/clinical-pay-coding/lab-mgmt/cpcplab003-vitamin-d-02052025.pdf

Last Updated: 09/27/2025

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.