

# J6-NGS Vitamin D Assay Testing (A57736)

CPT: 82306, 82652

## CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

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

Hypovitaminosis D may result from inadequate intake, insufficient sunlight, malabsorption, liver, kidney and genetic disease. It results in the inadequate mineralization of bone. The CDC reported approximately 300,000 hip fractures, 60,000 fall-related deaths and 33 billion dollars in health care expenditures in 2014. This LCD identifies the indications and limitations of Medicare coverage for Vitamin D; 25 hydroxy and Vitamin D; 1, 25 dihydroxy laboratory assays in the medical management of patients.

### Indications:

Measurement of 25-OH Vitamin D, CPT 82306, level is indicated for patients with:

- chronic kidney disease stage III or greater
- cirrhosis
- hypocalcemia
- hypercalcemia
- hypercalciuria
- hypervitaminosis D
- parathyroid disorders
- malabsorption states
- obstructive jaundice
- osteomalacia
- osteoporosis if:
  - i. T score on DEXA scan  $\leq -2.5$  or
  - ii. History of fragility fractures or
  - iii. FRAX  $> 3\%$  10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
  - iv. FRAX  $> 3\%$  (any fracture) with T-score  $\leq -1.5$  or
  - v. Initiating bisphosphonate therapy (Vitamin D level and serum calcium levels should be determined and managed as necessary before bisphosphonate is initiated.)
- osteosclerosis/petrosis
- rickets
- vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Measurement of 1, 25-OH Vitamin D, CPT 82652, level is indicated for patients with:

- unexplained hypercalcemia (suspected granulomatous disease or lymphoma)
- unexplained hypercalciuria (suspected granulomatous disease or lymphoma)

Visit [QuestDiagnostics.com/MLCP](http://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](http://www.cms.gov)

# J6-NGS Vitamin D Assay Testing (A57736)

CPT: 82306, 82652

## CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin (continued)

---

- suspected genetic childhood rickets
- suspected tumor-induced osteomalacia
- nephrolithiasis or hypercalciuria

### Limitations:

Both assays of vitamin D need not be performed for each of the above conditions.

- Once a beneficiary has been shown to be vitamin D deficient, further testing may be medically necessary only to ensure adequate replacement has been accomplished.
- If Vitamin D level is between 20 and 50 ng/dl and patient is clinically stable, repeat testing is often unnecessary; if performed, documentation must clearly indicate the necessity of the test.
- If level <20 ng/dl or > 60 ng/dl are noted, a subsequent level(s) may be reimbursed until the level is within the normal range.

Testing may not be used for routine or other screening.

---

Visit [QuestDiagnostics.com/MLCP](https://www.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](https://www.cms.gov) ►

# J6-NGS Vitamin D Assay Testing (A57736)

CPT: 82306, 82652

## CMS Policy for Illinois, Michigan, Minnesota, and Wisconsin

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.

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
E21.3	Hyperparathyroidism, unspecified
<b>E55.9</b>	Vitamin D deficiency, unspecified
E66.01	Morbid (severe) obesity due to excess calories
E83.51	Hypocalcemia
E83.52	Hypercalcemia
K76.9	Liver disease, unspecified
K90.9	Intestinal malabsorption, unspecified
<b>M81.0</b>	Age-related osteoporosis without current pathological fracture
M81.8	Other osteoporosis without current pathological fracture
<b>M85.80</b>	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
<b>N18.3</b>	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N25.81	Secondary hyperparathyroidism of renal origin
Z79.4	Long term (current) use of insulin
Z79.891	Long term (current) use of opiate analgesic
<b>Z79.899</b>	Other long term (current) drug therapy

Visit [QuestDiagnostics.com/MLCP](http://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](http://www.cms.gov)

Last updated: 11/17/20

**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.

**QuestDiagnostics.com**

Quest, Quest Diagnostics, any associated logos, and all associated Quest Diagnostics registered or unregistered trademarks are the property of Quest Diagnostics. All third-party marks—® and ™—are the property of their respective owners. © 2016 Quest Diagnostics Incorporated. All rights reserved.