

EmblemHealth®

Vitamin D Testing

CPT(s): 82306 / 82652

The purpose of this guide is to highlight the EmblemHealth coverage policy for vitamin D testing, including a brief overview, instructions for use, medical necessity, general background information, and top ICD-10 codes currently utilized by ordering physicians which are defined by the policy as medically supportive. Individual plans may vary. For the most accurate coverage policy for each patient, please contact the patient's health plan. See the full vitamin D EmblemHealth coverage policy here.

Medical coverage policy

Number: MG.MM.LA.43aC
Last Review: March 8, 2019

Full vitamin D EmblemHealth coverage policy ▶

Medical Guideline Disclaimer

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Definitions

Vitamin D is a hormone synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. While an excess of vitamin D may lead to hypercalcemia, deficiency results in abnormalities in calcium, phosphorus and bone metabolism. Specifically, vitamin D deficiency causes a decrease in the efficiency of intestinal calcium, and phosphorus absorption of dietary calcium and phosphorus, which results in increased parathyroid hormone (PTH) levels.

Vitamin D is called a "vitamin" because of its exogenous source, predominately obtained from oily fish in the form of vitamin D2 and vitamin D3. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight; a process inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater.

The purpose of vitamin D testing in asymptomatic individuals is to inform a decision about whether vitamin D supplementation is needed to replenish serum vitamin D levels to optimal levels for maintaining or improving health outcomes.

There are two forms of activated vitamin D for which testing is performed:

1. 25-hydroxyvitamin D [25(OH)D], calcidiol — the most abundant circulating form of vitamin D and the optimal measure of serum levels
2. 1,25-dihydroxyvitamin D [1,25(OH)2D], calcitriol — the most metabolically active form of vitamin D; however, circulating 1,25(OH)2D is generally not considered to be a reliable measurement of vitamin D due to its very short half-life (see [Limitations/Exclusions](#))

Per the Endocrine Society, Vitamin D deficiency is defined as a 25(OH)D below 20 ng/ml (50 nmol/liter) and vitamin D insufficiency as a 25(OH) D of 21–29 ng/ml (52.5–72.5) nmol/liter. The Institute of Medicine (IOM), which officially sets dietary reference intakes based on a thorough review of all available evidence, concluded that a vitamin D blood level of 20 ng/ml provides enough vitamin D for keeping bones healthy. However, the view of the U.S. Preventative Task Force (USPTF) is that no consensus exists on the definition of vitamin D deficiency nor the optimal level of total serum 25-hydroxyvitamin D [25-(OH)D] to be maintained for each clinical condition.

When testing is performed to assess vitamin D stores or diagnose vitamin D deficiency (or toxicity), 25-hydroxyvitamin D is the correct test. (Choosing Wisely® Endocrine Society recommendation)

Guideline

Vitamin D deficiency screening using a reliable 25-hydroxyvitamin D assay test as the initial diagnostic test is considered medically necessary for members at risk for deficiency.

Any of the following indications are covered:

1. Adult members (> 65 years of age) with history of falls or nontraumatic fractures
2. Chronic kidney disease (\geq stage III)
3. Granulomatous diseases (e.g., sarcoidosis, tuberculosis, histoplasmosis, coccidiomycosis, berylliosis)
4. Hepatic failure (e.g., cirrhosis/chronic liver disease)
5. Calciuria
6. Hyper/hypo calcemia*
7. Hyper/hypo parathyroidism
8. Malabsorption syndromes (e.g., cystic fibrosis, inflammatory bowel disease, Crohn's disease, bariatric surgery, radiation enteritis)
9. Pharmacotherapy known to negatively impact vitamin D metabolism (i.e., antiseizure medications, glucocorticoids, AIDS medications, antifungals [e.g., ketoconazole] and cholestyramine)
10. Obesity (children/adult members with a body mass index [BMI] of > 30 kg/m²)
11. Obstructive jaundice/biliary tract disease
12. Osteogenesis imperfecta
13. Osteomalacia
14. Osteopenia
15. Osteoporosis
16. Pregnant and lactating women
17. Rickets
18. Some lymphomas

*Note: Testing vitamin D levels may be considered medically necessary for members presenting with signs and symptoms of vitamin D toxicity (hypervitaminosis D). Signs and symptoms of toxicity generally result from induced hypercalcemia. Acute intoxication can cause symptoms of confusion, anorexia, vomiting, weakness, polydipsia and polyuria. Chronic intoxication can cause bone demineralization, kidney stones and bone pain.

Testing Frequency

Annually for high-risk members not being treated for Vitamin D deficiency. Every 3 months when treating deficiency with Vitamin D supplementation.

Limitations/Exclusions

1. Screening for vitamin D deficiency is not considered medically necessary for members who are not at risk for deficiency.
2. Screening for Vitamin D deficiency for nonskeletal diseases (e.g., asthma, autoimmune disease, cardiovascular disease, diabetes, fibromyalgia, hypothyroidism, multiple sclerosis, psoriasis, cancer prevention, etc.) is not considered medically necessary due to insufficient evidence of therapeutic value.
3. Routine measurement of 1,25-dihydroxyvitamin D is not considered medically necessary unless the member has hypercalcemia or decreased kidney function.
4. Additional Vitamin D deficiency testing to monitor the efficacy of replacement therapy is considered medically necessary only to ensure that adequate replacement has been accomplished. While > 1 repeat test is rarely necessary, additional frequency may be justified when any of the following are applicable:
 - a. Supplementation has not been successful in restoring levels
 - b. Continued or recurrent signs and symptoms may indicate ongoing deficiency
 - c. Inadequate absorption or noncompliance with replacement therapy is suspected

Revision History

3/9/2018 — added calciuria as covered indication

Applicable Procedure Codes

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

82652* Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed

*Routine measurement of 1,25-dihydroxyvitamin D is not considered medically necessary unless the member has hypercalcemia or decreased kidney function.

The ICD-10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the tests highlighted above that are also listed as medically supportive under EmblemHealth coverage policy. **If you are ordering these tests for diagnostic reasons that are not covered under the EmblemHealth policy, patients may be responsible for payment.**

Medical coverage policy

Number: MG.MM.LA.43aC
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Full vitamin D EmblemHealth coverage policy ►

Code	Description
E55.9	Vitamin D deficiency, unspecified
E66.9	Obesity, unspecified
Z79.899	Other long term (current) drug therapy
M81.0	Age-related osteoporosis without current pathological fracture
K76.9	Liver disease, unspecified
E66.01	Morbid (severe) obesity with alveolar hypoventilation
N18.3	Chronic kidney disease, stage 3 (moderate)
E83.52	Hypercalcemia
Z98.84	Bariatric surgery status
E66.09	Other obesity due to excess calories
K76.0	Fatty (change of) liver, not elsewhere classified
E83.30	Disorder of phosphorus metabolism, unspecified
M85.80	Other specified disorders of bone density and structure, unspecified site
E21.3	Hyperparathyroidism, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
N20.0	Calculus of kidney
E55.0	Rickets, active
K90.0	Celiac disease
Z68.30	Body mass index (BMI) 30.0-30.9, adult
K90.9	Intestinal malabsorption, unspecified
K50.90	Crohn's disease, unspecified, without complications
Z68.41	Body mass index (BMI) 40.0-44.9, adult
K76.89	Other specified disease of liver
N18.4	Chronic kidney disease, stage 4 (severe)
E21.0	Primary hyperparathyroidism

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Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff to help inform you of the limited coverage policy. 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. Please see the payer's full vitamin D coverage policy for a complete list of references.

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