

ICD-10-CM codes indicated for 25-Hydroxy Vitamin D [25(OH)D] measurement

The Endocrine Society has released clinical practice guidelines¹ for evaluating vitamin D status in people at high risk for deficiency.

Indications for 25(OH)D measurement	Code(s)
Vitamin D deficiency, unspecified	E559
Rickets	E550
Osteomalacia	M830, M831, M832, M833, M835, M838, M839, E8332
Osteoporosis	M8000XA through M8088XS, M810, M816, M818
Chronic kidney disease	N181, N182, N183, N184, N185, N186, N189
Hepatic failure	K7200, K7201, K7210, K7211, K7290, K7291
Malabsorption syndromes	
Cystic fibrosis	E840, E8411, E8419, E848, E849
Inflammatory bowel disease	K580, K581, K582, K588, K589
Crohn's disease	K5000 through K50919
Bariatric surgery	Z9884
Radiation enteritis	K520
Hyperparathyroidism	E210, E211, E212, E213, E214, E215
Medications	
Antiseizure medications	
Glucocorticoids	
AIDS medications	Z79899
Antifungals, e.g., ketoconazole	
Cholestyramine	
Obese children and adults (BMI > 30 kg/m ²)	E6601, E6609, E661, E669, E669, Z6830 through Z6839, Z6841 through Z6845, Z6853, Z6854
Granuloma-forming disorders	
Sarcoidosis	D86, D861, D862, D863, D8681 through D8687, D8689, D869
Tuberculosis	A150, A154 through A159
Histoplasmosis	B390, B391 through B395
Coccidiomycosis	B380 through B384, B387, B3881, B3889, B389
Berylliosis	J632

Demographics

- African-American and Hispanic children and adults
- Pregnant and lactating women
- Older adults with a history of nontraumatic fractures
- Older adults with history of falls

¹Holick MF, et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guideline. *J Clin Endocrinol Metab* 2011;96(7): 1911-1930.

This list is intended to assist ordering physicians in providing ICD-10 Diagnosis Codes as required by Medicare and other Insurers. This list was compiled from the ICD-10-CM 2018 AMA manual, but is not a complete list. An ICD-10-CM book should be used as a complete reference. Diagnoses must always be documented in the patient's medical record. The ultimate responsibility belongs to the ordering physician to correctly assign the patient's diagnosis based on the patient's history, symptoms and medical condition.

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