

Vitamin D Assay Testing

Vitamin D; 25 hydroxy

CPT: 82306

CMS Policy for Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming

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

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D 2 and vitamin D 3. It is more accurate to consider fat-soluble Vitamin D as a steroid hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. Clinical disorders related to vitamin D may arise because of altered availability of the parent vitamin D, altered conversion of vitamin D to its predominant metabolites, altered organ responsiveness to dihydroxylated metabolites and disturbances in the interactions of the vitamin D metabolites with PTH and calcitonin. Normal levels of Vitamin D range from 20 – 50 ng/dl. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for the lab assay.

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 <-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 <-1.5 or
- v. Initiating bisphosphonate therapy (Vit D level 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), suspected genetic childhood rickets, suspected tumor-induced osteomalacia, nephrolithiasis or hypercalciuria.

Limitations

Testing may not be used for routine or other screening. Both assays of vitamin D need not be performed for each of the above conditions. Often, one type is more appropriate for a certain disease state than another. The most common type of vitamin D deficiency is 25-OH vitamin D. A much smaller percentage of 1,25 dihydroxy vitamin D deficiency exists; mostly, in those with renal disease. Documentation must justify the test(s) chosen for a particular disease entity. Various component sources of 25-OH vitamin D, such as stored D or diet-derived D, should not be billed separately.

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, a subsequent level(s) may be reimbursed until the level is within the normal range.

Visit [SonoraQuest.com/Medicare](https://www.SonoraQuest.com/Medicare) 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 [CMS Website ►](#)

Vitamin D Assay Testing

Vitamin D; 25 hydroxy

CPT: 82306

CMS Policy for Alaska, Arizona, Idaho, Montana, North Dakota, Oregon, South Dakota, Utah, Washington, and Wyoming

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.

Please refer to the Limitations or Utilization Guidelines section on previous page(s) for frequency information.

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.**

Code	Description
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism, not elsewhere classified
E21.2	Other hyperparathyroidism
E21.3	Hyperparathyroidism, unspecified
E55.9	Vitamin D deficiency, unspecified
E67.3	Hypervitaminosis D
E83.50	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
K90.9	Intestinal malabsorption, unspecified
M81.0	Age-related osteoporosis without current pathological fracture
M81.8	Other osteoporosis without current pathological fracture
M85.80	Other specified disorders of bone density and structure, unspecified site
N18.30	Chronic kidney disease
N18.31	Chronic kidney disease
N18.32	Chronic kidney disease
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N25.81	Secondary hyperparathyroidism of renal origin
Z79.899	Other long term (current) drug therapy

Visit SonoraQuest.com/Medicare 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 [CMS Website ►](#)

Last updated: 10/01/23

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. Sonora Quest Laboratories 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.

SonoraQuest.com

Sonora Quest Laboratories, any associated logos, and all associated Sonora Quest Laboratories registered or unregistered trademarks are the property of Sonora Quest Laboratories. All third-party marks—® and ™—are the property of their respective owners. © 2023 Sonora Quest Laboratories. All rights reserved.