

November 2023



Client Communication

Medicare Local Coverage Determination Policy: CGS

Coverage Policy

L33996 - Vitamin D Assay Testing

CPT: 82306

Revision Effective Date: 08/03/2023

Coverage Indications, Limitations, and/or Medical Necessity

Abstract:

Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is really a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol, which then acts throughout the body. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight, a process that is inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater. Once in the blood, vitamin D2 and D3 from diet or skin bind with vitamin D binding protein and are carried to the liver where they are hydroxylated to yield calcidiol. Calcidiol then is converted in the kidney to calcitriol by the action of 1 α -hydroxylase (CYP27B1). The CYP27B1 in the kidney is regulated by nearly every hormone involved in calcium homeostasis, and its activity is stimulated by PTH, estrogen, calcitonin, prolactin, growth hormone, low calcium levels, and low phosphorus levels. Its activity is inhibited by calcitriol, thus providing the feedback loop that regulates calcitriol synthesis.

An excess of vitamin D is unusual, but may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders, the most infamous of which is rickets. Evaluating patients' vitamin D levels is accomplished by measuring the level of 25-hydroxyvitamin D. Measurement of other metabolites is generally not medically necessary.

Indications:

Measurement of vitamin D levels is indicated for patients with:

- chronic kidney disease stage III or greater;
- osteoporosis;

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Diagnosis codes must be applicable to the patient's symptoms or conditions and must be consistent with the patient's medical record. Sonic Healthcare does not recommend any diagnosis codes and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff.

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- osteomalacia;
- osteopenia;
- hypocalcemia;
- hypercalcemia;
- hypercalciuria;
- hypoparathyroidism;
- hyperparathyroidism;
- malabsorption states;
- cirrhosis;
- hypervitaminosis D;
- obstructive jaundice;
- osteosclerosis/petrosis;
- rickets;
- low exposure to sunlight; and
- vitamin D deficiency to monitor the efficacy of replacement therapy
- Obesity

Limitations

For Medicare beneficiaries, screening tests are governed by statute. Vitamin D testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

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The ICD10 codes listed below are the top 40 diagnosis codes Sonic most commonly receives from ordering physicians for this limited-coverage test. Medicare supports provider utilization of all the diagnosis codes listed below, except those notated in bold. **If you are providing a diagnosis code that is bolded below, please submit a valid ABN form with the order.** To view the complete policy and the full list of medically supported diagnosis codes, please refer to the CMS website for guidance:

<https://www.cms.gov/medicare-coverage-database/search.aspx>

Codes	Description
E55.9	Vitamin D deficiency, unspecified
I10	Essential (primary) hypertension
E78.5	Hyperlipidemia, Unspecified
E03.9	Hypothyroidism, Unspecified
R53.83	Other Fatigue
E78.2	Mixed Hyperlipidemia
E11.9	Type 2 Diabetes Mellitus without complications
E78.00	Pure hypercholesterolemia, unspecified
Z79.899	Other long-term (current) drug therapy
Z12.5	Encounter for screening for malignant neoplasm of prostate
E11.65	Type 2 diabetes mellitus with hyperglycemia
D64.9	Anemia, Unspecified
R73.09	Other abnormal glucose
R73.01	Impaired fasting glucose
M81.0	Age-related osteoporosis without current pathological fracture
D50.9	Iron deficiency anemia, unspecified
R73.9	Hyperglycemia, unspecified
E53.8	Deficiency of other specified B group vitamins
E78.49	Other hyperlipidemia
N18.31	Chronic kidney disease, stage 3a
N40.0	Benign prostatic hyperplasia without lower urinary tract symptoms
Z00.01	Encounter for general adult medical examination with abnormal findings
Z13.220	Encounter for screening for lipid disorders

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N18.32	Chronic kidney disease, stage 3b
E83.42	Hypomagnesemia
Z13.6	Special screening examination for cardiovascular disorders
N18.30	Chronic kidney disease, stage 3 unspecified
M13.89	Other specified arthritis, multiple sites
E61.1	Iron deficiency
E87.6	Hypokalaemia
K21.9	Gastro-esophageal reflux disease without esophagitis
I25.10	Atherosclerotic heart disease of native coronary artery without angina pectoris
R73.03	Prediabetes (latent diabetes)
E03.8	Other specified hypothyroidism
R53.82	Chronic fatigue, unspecified
R06.02	Shortness of breath
Z83.3	Family history of diabetes mellitus
E79.0	Hyperuricemia without signs of inflammatory arthritis and tophaceous disease
R79.82	Elevated C-reactive protein (CRP)
J44.9	Chronic Obstructive Pulmonary Disease, Unspecified

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