Vitamin D Testing

LOB(s):	State(s):
☒ Commercial ☒ Medicare	☒ Idaho ☒ Montana ☒ Oregon ☒ Washington ☐ Other:
☒ Medicaid	☒ Oregon

Enterprise Policy

PacificSource is committed to assessing and applying current regulatory standards, widely-used treatment guidelines, and evidenced-based clinical literature when developing clinical criteria for coverage determination. Each policy contains a list of sources (references) that serves as the summary of evidence used in the development and adoption of the criteria. The evidence was considered to ensure the criteria provide clinical benefits that promote patient safety and/or access to appropriate care. Each clinical policy is reviewed, updated as needed, and readopted, at least annually, to reflect changes in regulation, new evidence, and advancements in healthcare.

Clinical Guidelines are written when necessary to provide guidance to providers and members in order to outline and clarify coverage criteria in accordance with the terms of the Member's policy. This Clinical Guideline only applies to PacificSource Health Plans, PacificSource Community Health Plans, and PacificSource Community Solutions in Idaho, Montana, Oregon, and Washington. Because of the changing nature of medicine, this list is subject to revision and update without notice. This document is designed for informational purposes only and is not an authorization or contract. Coverage determinations are made on a case-by-case basis and subject to the terms, conditions, limitations, and exclusions of the Member's policy. Member policies differ in benefits and to the extent a conflict exists between the Clinical Guideline and the Member's policy, the Member's policy language shall control. Clinical Guidelines do not constitute medical advice nor guarantee coverage.

Background

Vitamin D is a fat-soluble vitamin that performs an important role in calcium homeostasis and bone metabolism and also affects many other cellular regulatory functions outside the skeletal system. Vitamin D requirements may vary by individual; thus, no one serum vitamin D level cut point defines deficiency, and no consensus exists regarding the precise serum levels of vitamin D that represent optimal health or sufficiency.

Serum 25-OHD is the best index for vitamin D status; while serum 1,25-OH(2)D provides no information about vitamin D status and is often normal or even increased as the result of secondary hyper-parathyroidism associated with vitamin D deficiency. The lower limit of normal 25-OHD levels is dependent on the geographical location and sunlight exposure of the reference population (range of 8 to 15 ng/ml). Moreover, there is no consensus on the optimal 25-OHD concentration for skeletal or extra-skeletal health.

Criteria

Commercial

PacificSource considers Vitamin D testing medically necessary for **ONLY** the list of ICD-10 diagnosis codes below:

ICD-10 Diagnoses Code(s)	Diagnoses description(s)
A15.0 - A19.9	Tuberculosis
A28.1	Cat-scratch disease
A30.0 - A30.9	Leprosy
A32.9	Listeriosis, unspecified [listeria monocytogenes]
B20	Human immunodeficiency virus [HIV] disease [medications known to reduce vitamin D]
B38.0 - B38.89	Coccidioidomycosis
B39.0 - B39.9	Histoplasmosis
B45.0 - B45.9	Cryptococcosis
B59	Pneumocystosis
B65.0 - B65.9	Schistosomiasis
C82.01 - C82.99	Follicular lymphoma
D80.0 – D80.9	Immunodeficiency with predominantly antibody defects
D86.0 - D86.9	Sarcoidosis
D89.810 - D89.84	Other specified disorders involving the immune mechanism, not elsewhere classified
E05.00 - E05.91	Thyrotoxicosis [hyperthyroidism]
E20 – E20.9	Hypoparathyroidism
E21.0 - E21.3	Hyperparathyroidism
E41 – E43	Nutritional marasmus
E55.0 - E55.9	Vitamin D deficiency
E63.9	Nutritional deficiency, unspecified
E64.3	Sequelae of rickets
E66.01 - E66.9	Overweight and obesity -*Only when members benefit plan covers bariatric surgery and obesity related services*
E67.3 - E67.8	Other hyperalimentation
E83.30 - E83.39	Disorders of phosphorus metabolism and phosphatases
E83.50 - E83.52	Disorders of calcium metabolism
E84.0 - E84.9	Cystic fibrosis
E89.2	Postprocedural hypoparathyroidism
E89.820 - E89.823	Postprocedural hematoma and seroma of an endocrine system organ or structure
G40.001 - G40.919	Epilepsy and recurrent seizures [medications known to reduce vitamin D]
I00 - I01.9	Rheumatic fever without/with heart involvement
J63.2	Berylliosis
K50.00 - K51.919	Crohn's disease and ulcerative colitis

K52.0	Gastroenteritis and colitis due to radiation
K70.20 - K70.41	Alcoholic cirrhosis of liver and alcoholic hepatic failure
K71.10 - K71.11	Toxic liver disease with hepatic necrosis
K71.7	Toxic liver disease with fibrosis and cirrhosis of liver
K72.00 -K72.91	Hepatic failure
K74.0 - K74.5	Hepatic fibrosis
K74.60 - K74.69	Other and unspecified cirrhosis of liver
K76.9	Liver disease, unspecified
K83.5 - K83.8	Biliary cyst
K85.00 - K85.32	Other specified diseases of biliary tract
K85.80 - K85.92	Acute pancreatitis
K86.0 - K86.89	Other diseases of pancreas
K90.0 - K90.41	Intestinal malabsorption
K90.821 - K90.9	Other intestinal malabsorption
K91.2	Postsurgical malabsorption, not elsewhere classified
K91.82	Postprocedural hepatic failure
L40.0 - L40.9	Psoriasis
L92.0 - L92.9	Granulomatous disorders of skin and subcutaneous tissue
M05.00 - M06.9	Rheumatoid arthritis with rheumatoid factor
M80.00xA - M81.8	Osteoporosis with/without current pathological fracture
M83.0 - M83.9	Adult osteomalacia
M85.80 - M85.88	Other specified disorders of bone density and structure
M88	Metabolic bone disease
N04.0 - N04.9	Nephrotic syndrome
N18.1 - N18.9	Chronic kidney disease (CKD)
N20.0 - N20.9	Calculus of kidney and ureter
N22	Calculus of urinary tract in diseases classified elsewhere
N25.0	Renal osteodystrophy
N25.81	Secondary hyperparathyroidism of renal origin
Q78.2	Osteopetrosis
Z21	Asymptomatic human immunodeficiency virus [HIV] infection status [medications known to reduce vitamin D]
Z79.3 - Z79.69	Long term (current) drug therapy
Z94.0 - Z94.9	Transplanted organ and tissue status [medications known to reduce vitamin D]

Note:

- Vitamin D testing utilizing both CPT® 82306 and CPT® 82652 in combination is not reimbursable.

- Vitamin D testing (CPT® 82306) is covered 2 times per member's plan (benefit) year for the above listed diagnoses.
- Additional Vitamin D testing may be covered for the following: chronic kidney disease (CKD), intestinal malabsorption, any diagnosis where the member is receiving Medical Food (per Nutritional Support and Supplies policy), or Vitamin D supplementation of 50,000U or greater upon review.
- Vitamin D testing is **Not** medically necessary as a part of routine screening

Medicaid

PacificSource Community Solutions follows Guideline Note 33 of the Health Evidence Review Commission (HERC) Prioritized List of Health Services and the general coverage requirements, limitations, and exclusions outlined in OARs 410-141-3820, 410-141-3825, and 410-120-1200 to determine coverage of Vitamin D Testing.

PacificSource Community Solutions (PCS) follows the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) coverage requirements in OAR 410-151-0002 through 410-151-0003 for EPSDT beneficiaries. Relevant coverage guidance, including but not limited to Guideline Note 33, may be used to assist in informing a determination of medical necessity and medical appropriateness during the individual case review. A case-by-case review for EPSDT Medical Necessity and EPSDT Medical Appropriateness as defined in OAR 410-151-0001 is required prior to denying. Refer to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) policy for details.

Medicare

PacificSource Medicare follows Local Coverage Determination (LCD) L36692 for coverage of Vitamin D Testing.

Coding Information

The following list of codes are for informational purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement.

0038U Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsampleth, quantitative

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

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

Related Policies

Medical Nutrition Therapy

Nutritional Support and Supplies

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Appendix

Policy Number:

Effective: 7/1/2024 **Next review:** 4/1/2027

Policy type: Enterprise

Author(s):

Depts.: Health Services

Applicable regulation(s): Social Security Act, Section 1862(a)(7), 42 CFR § 422.101(a)-(c), 42 CFR 410.32(a), CMS A57719 and LCD L36692, Oregon Administrative Rules OAR(s) 410-120-1200, 410-141-3820, 410-141-3825, 410-151-0000 through 410-151-0003.

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