Vitamin D Assay Testing (82306, 82652) – LCD L34658

Indications:
Measurement of vitamin D levels is indicated for patients with: • chronic kidney disease stage III or greater; • osteoporosis; • osteomalacia; • osteopenia; • osteogenesis imperfecta; • osteosclerosis; • hypocalcemia; • hypercalcemia; • hypoparathyroidism; • hyperparathyroidism; • rickets; • vitamin D deficiency to monitor the efficacy of replacement therapy; • fibromyalgia; • granuloma forming diseases; • hypovitaminosis D; • hypervitaminosis D; • long term use of anticonvulsants or glucocorticoids and other medications known to lower - vitamin D levels; • malabsorption states; • obstructive jaundice; • cirrhosis; • psoriasis; • Paget's disease of bone; • gastric bypass; • obesity
Vitamin D; 25 hydroxy (82306) is indicated for initial testing of vitamin D status; testing of adequate vitamin D stores
Vitamin D; 1.25 dihydroxy (82652) is indicated to assist in diagnosis of certain cases of rare endocrine disorders (primary hyperthyroidism, hypothyroidism, pseudohypoparathyroidism), or for diagnosis and treating renal osteodystrophy and vitamin D-dependent and vitamin D-resistant rickets, or in cases of unknown causes of hypercalcemia, including sarcoidosis

Limitations:
For Medicare beneficiaries, Vitamin D testing **may not be used for routine screening**.
Only one 25 OH vitamin D level will be reimbursed in any 24-hour period. Storage and supplement components will not be reimbursed separately.
Only one 1,25-OH vitamin D level will be reimbursed in a 24-hour period if medically necessary.
Assays of vitamin D levels for conditions other than for Rickets, vitamin D deficiency, osteomalacia, and aluminum bone disease will be limited to **once a year**.
Assays of the appropriate vitamin D levels for Rickets, vitamin D deficiency, osteomalacia, and aluminum bone disease will be limited to **4 per year**, for the previously identified deficient form of vitamin D.

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 for this vitamin deficiency, although, generally, other parameters are measured. Annual testing of the vitamin D status may be appropriate depending upon the indication and other mitigating factors. Because there can be variability in individual 25OHD responses to supplemental vitamin D in high-risk individuals, the serum 25OHD levels could be **retested after about 3 months** of supplementation to confirm that the target 25OHD level has been reached. If the follow up test shows they have not yet reached the target level, the test can be repeated in another 3 months until the target level is achieved.

Most Common Diagnoses - Vitamin D 25 Hydroxy (82306) (which meet medical necessity) *	
D86.0	Sarcoidosis of lung
E20.0	Idiopathic hypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism
E55.0	Rickets, Active
E55.9	Vitamin D deficiency
E67.3	Hypervitaminosis D
E83.39	Acid phosphatase deficiency
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E84.9	Cystic fibrosis
E89.2	Postprocedural hypothyroidism
K50.90	Crohn's disease
K51.00	Ulcerative (chronic) pancolitis
K51.90	Ulcerative colitis
K74.60	Cirrhosis of liver
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Nonalcoholic fatty liver disease
K90.0	Celiac disease
K90.41	Non-celiac gluten sensitivity
K90.829	Short bowel syndrome
K91.2	Postsurgical malabsorption
L40.9	Psoriasis
M32.14	Glomerular disease in systemic lupus erythematosus
M79.10	Myalgia
M79.7	Fibromyalgia
M81.0	Osteoporosis (age related) (without current pathological fracture)
M81.1	Osteoporosis due to: disuse/drug-induced/postsurgical/or post-traumatic
M85.80	Osteopenia
M85.89	Osteopenia, multiple sites
N18.30 through N18.6	Chronic kidney disease, stages 3, 3A, 3B, 4, and End Stage Renal Disease
N25.81	Secondary hyperparathyroidism of renal origin

Z68.30 through Z68.4	Body Mass Index 30.0 and greater **(Note that BMI cannot be coded unless there is documentation of an associated, reportable diagnosis such as obesity on the order).**
Z79.899	Other long term (current) drug therapy

Most Common Diagnoses - Vitamin D 1.25 dihydroxy (82652) (which meet medical necessity) *	
E20.0	Idiopathic hypoparathyroidism
E21.0	Primary hyperparathyroidism
E21.1	Secondary hyperparathyroidism
E55.9	Vitamin D Deficiency
N18.30 through N18.6	Chronic kidney disease, stages 3, 3A, 3B, 4, and End Stage Renal Disease
N25.81	Secondary hyperparathyroidism of renal origin

*For the full list of diagnoses that meet medical necessity see LCD Article A57484 in the WPS-GHA Billing and Coding Policy Article database: Vitamin D Assay Testing Article A57484

Full Vitamin D Assay Testing Indications and Limitations: Vitamin D Assay Testing L34658

The above CMS and WPS-GHA guidelines are current as of: 04/01/2025.