



Coverage Determination for Vitamin D Assay Testing

Dear Provider:

This notification is to inform you that for dates of service beginning June 1, 2016, for all commercial plans SelectHealth® will only cover **CPT 82306** *Vitamin D; 25 hydroxy*, and **CPT 82652** *Vitamin D; 1, 25 dihydroxy* consistent with the Centers for Medicare & Medicaid Services (CMS) guidelines, which provide coverage when billed with specific diagnosis codes. In addition, SelectHealth will initiate limits in accordance with the CMS annual frequency with which these tests may be performed based on their medical necessity criteria.

The following information outlines the current CMS guidelines, subject to change as CMS updates these guidelines.

- **Screening for vitamin D deficiency is not covered.** These claims will be denied as provider responsibility, and members may not be billed for the test.
- In most clinical situations, 25OH vitamin D is the preferred test. 1,25(OH)₂ vitamin D assay should be performed in the clinical conditions noted in the attached flyer.
- Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary to ensure adequate replacement has been accomplished. Monitoring therapeutic replacement would not be expected to exceed two assays per year. Once therapeutic range has been reached, testing would not be expected to exceed one assay per year.
- Repeated testing with both assays is not expected.

These guidelines are established by CMS and are subject to their updates. Review *Local Coverage Determination (LCD): Vitamin D Assay Testing (L34094)* available on **cms.gov** for the most current information. Contact your laboratory services provider to verify whether the procedure is currently covered with the presenting diagnosis.

If you have any questions about this determination, please contact your Provider Relations representative at **800-538-5054**, or via email at **provider.development@selecthealth.org**.

Sincerely,

A handwritten signature in black ink, appearing to read "Kenneth L. Schaecher".

(Kenneth L. Schaecher, MD, FACP, CPC
Medical Director
SelectHealth

Diagnoses Eligible for Vitamin D Assays

ICD-10-CM Codes for Vitamin D; 25 Hydroxy Assay	
A15 - A19.9 Tuberculosis	B20 Human immunodeficiency virus (HIV) disease
D86 - D86.9 Sarcoidosis	E20.0 Idiopathic hypoparathyroidism
E20.8 Other Hypoparathyroidism - E21.5 Disorder of parathyroid gland, unspecified	E41 Nutritional marasmus
E43 Unspecified severe protein-calorie malnutrition	E44.0 Moderate protein-calorie malnutrition
E55 - E55.9 Vitamin D deficiency	E64.3 Sequelae of rickets
E67.2 Megavitamin-B6 syndrome - E68 Sequelae of hyperalimentation	E83.3 - E83.39 Disorders of phosphorus metabolism and phosphatases
E83.50 Unspecified disorder of calcium metabolism - E83.52 Hypercalcemia	E84.0 - E84.9 Cystic fibrosis
E89.2 Postprocedural Hypoparathyroidism	G40 - G40.319 Generalized idiopathic epilepsy and epileptic syndromes
G40.4 Other generalized epilepsy and epileptic syndromes - G40.919 Epilepsy, unspecified, intractable, without status epilepticus	G40.A Absence epileptic syndrome - G40.B19 Juvenile myoclonic epilepsy, intractable, without status epilepticus
G73.7 Myopathy in diseases classified elsewhere	K50 Crohn's disease [regional enteritis] - K52.9 Noninfective gastroenteritis and colitis, unspecified
K55.0 Acute vascular disorders of intestine - K55.1 Chronic vascular disorders of intestine	K55.8 Other vascular disorders of intestine - K55.9 Vascular disorder of intestine, unspecified
K70.2 Alcoholic fibrosis and sclerosis of liver - K70.31 Alcoholic cirrhosis of liver with ascites	K74 - K74.69 Fibrosis and cirrhosis of liver
K75.81 Nonalcoholic steatohepatitis (NASH)	K76.0 Fatty (change of) liver, not elsewhere classified
K76.89 Other specified diseases of liver - K76.9 Liver disease, unspecified	K83.5 Biliary cyst
K83.8 Other specified diseases of biliary tract	K87 Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0 Celiac disease - K90.4 Malabsorption due to intolerance, not elsewhere classified	K90.89 Other intestinal malabsorption - K90.9 Intestinal malabsorption, unspecified
K91.2 Postsurgical malabsorption, not elsewhere classified	L40.0 Psoriasis vulgaris - L40.4 Guttate psoriasis
L40.8 Other psoriasis - L40.9 Psoriasis, unspecified	L90.0 Lichen sclerosus et atrophicus
L94.0 Localized scleroderma [morphea] - L94.1 Linear scleroderma	L94.3 Sclerodactyly
M32 - M32.9 Systemic lupus erythematosus (SLE)	M33.0 Juvenile dermatomyositis - M33.19 Other dermatomyositis with other organ involvement
M33.9 - M33.99 Dermatomyositis, unspecified	M36.0 Dermato(poly)myositis in neoplastic disease
M60.8 Other myositis - M60.9 Myositis, unspecified	M79.1 Myalgia
M79.7 Fibromyalgia	M80 - M80.88XSOsteoporosis with current pathological fracture
M81 - M81.8 Osteoporosis without current pathological fracture	M83 - M83.9 Adult Osteomalacia
M85.8 - M85.89 Other specified disorders of bone density and structure	M85.9 Disorder of bone density and structure, unspecified
M88 - M88.9 Osteitis deformans [Paget's disease of bone]	M89.9 Disorder of bone, unspecified
M94.9 Disorder of cartilage, unspecified	N18.3 Chronic kidney disease, stage 3 (moderate) - N18.6 End stage renal disease
N25.81 Secondary hyperparathyroidism of renal origin	O99.84 Bariatric surgery status complicating pregnancy, childbirth and the puerperium - O99.845 Bariatric surgery status complicating the puerperium
Q78.0 Osteogenesis imperfect	Q78.2 Osteopetrosis
T30 - T30.4 Burn and corrosion, body region unspecified	Z79.3 Long term (current) use of hormonal contraceptives
Z79.5 - Z79.52 Long term (current) use of steroids	Z79.810 Long term (current) use of selective estrogen receptor modulators (SERMs)
Z79.891 Long term (current) use of opiate analgesic	Z79.899 Other long term (current) drug therapy
Z98.84 Bariatric surgery status	

ICD-10-CM Codes for Vitamin D; 1, 25 Dihydroxy Assay	
A15 - A19.9 Tuberculosis	C83.0 - C83.09 Small cell B-cell lymphoma
C83.8 - C83.89 Other non-follicular lymphoma	C84.0 Mycosis fungoides - C84.19 Sezary disease, extranodal and solid organ sites
C88.4 Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]	D86 - D86.9 Sarcoidosis
E20.0 Idiopathic hypoparathyroidism	E20.8 Other Hypoparathyroidism - E21.5 Disorder of parathyroid gland, unspecified
E55 - E55.9 Vitamin D deficiency	E64.3 Sequelae of rickets
E67.2 Megavitamin-B6 syndrome	E67.8 Other specified hyperalimentation - E68 Sequelae of hyperalimentation
E83.3 - E83.39 Disorders of phosphorus metabolism and phosphatases	E83.50 Unspecified disorder of calcium metabolism - E83.52 Hypercalcemia
E89.2 Postprocedural Hypoparathyroidism	M80 - M80.88XSOsteoporosis with current pathological fracture
M81 - M81.8 Osteoporosis without current pathological fracture	M83 - M83.9 Adult Osteomalacia
M85.8 - M85.89 Other specified disorders of bone density and structure	M85.9 Disorder of bone density and structure, unspecified
M89.9 Disorder of bone, unspecified	M94.9 Disorder of cartilage, unspecified
N18.3 Chronic kidney disease, stage 3 (moderate) - N18.6 End stage renal disease	N20 - 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	Q78.0 Osteogenesis imperfect
Q78.2 Osteopetrosis	

CPT 82306 *Vitamin D; 25 hydroxy* is determined to be medically necessary by SelectHealth® commercial plans or SelectHealth Advantage® only when it is ordered for patients with one of the conditions listed above. The diagnosis must be currently present for the procedure to be eligible for payment, and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s).

CPT 82652 *Vitamin D; 1,25 Dihydroxy* is determined to be medically necessary by SelectHealth commercial plans or SelectHealth Advantage only when it is ordered for patients with one of the conditions listed above. The diagnosis must be currently present for the procedure to be eligible for payment, and the procedure must be reasonable and medically necessary for that diagnosis. Documentation within the patient's medical record must support the medical necessity for the test(s).

As a reminder, these guidelines are established by CMS and are subject to their updates. Review *Local Coverage Determination (LCD): Vitamin D Assay Testing (L34094)* available on [cms.gov](https://www.cms.gov) for the most current information. Contact your laboratory services provider to verify whether the procedure is currently covered with the presenting diagnosis.