

Vitamin D; 25 hydroxy (L36692)

CPT Code: 82306

Medicare Local Coverage Determination (LCD)

The list of ICD10 codes provided consists of *commonly utilized diagnosis codes*.

- The CMS policy and full list of ICD codes can be found at: <https://www.cms.gov/>
- To view the CMS Local Coverage Determination for Vitamin D; 25 hydroxy, visit the following website: [Article - Billing and Coding: Vitamin D Assay Testing \(A57718\) \(cms.gov\)](#)
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.
- If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advanced Beneficiary Notice (ABN) form is required.

Coverage Indications, Limitations, and/or Medical Necessity

Item and Service Description

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	• hypervitaminosis D	• *Osteoporosis if (see below)
• cirrhosis	• parathyroid disorders	• osteosclerosis/petrosis
• hypocalcemia	• malabsorption states	• rickets
• hypercalcemia	• obstructive jaundice	• †vitamin D deficiency
• hypercalciuria	• osteomalacia	
<p><i>*Osteoporosis if:</i></p> <ol style="list-style-type: none"> T score on DEXA scan <-2.5 or History of fragility fractures or FRAX > 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or FRAX > 3% (any fracture) with T-score <-1.5 or Initiating bisphosphonate therapy (Vit D level should be determined and managed as necessary before bisphosphonate is initiated) <p><i>†Vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment</i></p>		

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

REMINDER: The ordering provider is solely responsibility for assigning diagnosis (codes). PDL does not, through this Reference Guide or otherwise, recommend any particular diagnosis codes. PDL will submit to Medicare only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

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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 60 ng/dl, a subsequent level(s) may be reimbursed until the level is within the normal.

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.

ICD-10-CM Codes commonly used for Vitamin D; 25 hydroxy		CPT 82306
CODE	DESCRIPTION	
E21.0	Primary hyperparathyroidism	
E21.1	Secondary hyperparathyroidism, not elsewhere classified	
E21.3	Hyperparathyroidism, unspecified	
E55.9	Vitamin D deficiency, unspecified	
E83.30	Disorder of phosphorus metabolism, unspecified	
E83.39	Other disorders of phosphorus metabolism	
E83.51	Hypocalcemia	
E83.52	Hypercalcemia	
K91.2	Postsurgical malabsorption, not elsewhere classified	
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	
Z79.4	Long term (current) use of insulin	
Z79.899	Other long term (current) drug therapy	

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