Vitamin D Testing

Date of Origin: 5/1/2024 **Last Review Date: 5/22/2024** **Effective Date: 6/1/2024**

Dates Reviewed: 5/2024

Developed By: Medical Necessity Criteria Committee

I. Description

Vitamin D (also referred to as calciferol) is a fat-soluble vitamin that is essential to calcium absorption, bone growth and remodeling, reduction of inflammation, and modulation of such processes as cell growth, neuromuscular and immune function, and glucose metabolism.

II. Submission of Documentation

Diagnosis information must be submitted on the claim to determine if the policy criteria are met. Moda's review and decision outcome may be impacted if diagnosis information is not provided.

III. Criteria

A. 25-hydroxyvitamin D [25(OH)D], calcidiol, serum testing and 1,25-dihydroxyvitamin D [1,25(OH)2D] calcitriol, serum testing may be considered medically necessary in patients with a clinically documented underlying disease or condition which is specifically associated with vitamin D deficiency, decreased bone density, or defects in vitamin D metabolism as listed in Appendix 1

B. 25(OH)D serum testing and 1,25(OH)2D serum testing are not considered medically necessary unless there is clinical documentation of an underlying disease or condition specifically associated with vitamin D deficiency, decreased bone density, or defects in vitamin D metabolism as listed in Appendix 1

IV. CPT or HCPC codes covered:

Codes	Description
0038U	Vitamin D, 25 hydroxy D2 and D3, by LCMS/MS, serum microsample, quantitative
82306	Vitamin D, 25 hydroxy, includes fraction(s), if performed
82652	Vitamin D, 1,25 dihydroxy, includes fraction(s), if performed

V. CPT or HCPC codes NOT covered:

Codes	Description

V. Annual Review History

Review Date	Revisions	Effective Date
5/22/2024	New Policy created	6/1/2024
8/7/2024	Added diagnosis codes	

VI. Evidence

Some diseases are understood to be caused by or worsened by vitamin D deficiency. These disorders, such as rickets, osteomalacia, and osteoporosis, are generally correlated with bone health. Moreover, vitamin D deficiencies may be caused by sarcoidosis, malabsorption disorders, and chronic kidney disease. There is agreement amongst the medical community that vitamin D testing and treatment are appropriate when these specific conditions (see Appendix) directly cause or result in vitamin deficiency. Vitamin D testing and treatment are thought to be appropriate when a causal relationship is identified between vitamin D deficiency and a specific condition. Although evidence of the correlation between Vitamin D testing and these specific conditions (see Appendix) is limited, assessment of serum levels in patients with these conditions is widely accepted and has become the standard of care.

While there exists research indicating that vitamin D promotes bone growth and maintenance, there is uncertainty regarding the utility of 1) testing asymptomatic populations or 2) testing for conditions not directly associated with bone health or deficiencies in vitamin D metabolism. Clinical studies and trials demonstrate a lack of evidence regarding the effects of vitamin D testing on treatment decisions and health outcomes. Moreover, review in this regard indicates a lack of evidence-based clinical practice guidelines that recommend routine vitamin D testing or screening. For instance, the United States Preventive Services Task Force guidelines do not recommend routine screening as a preventive health measure. As such, vitamin D testing is not considered medically necessary in the absence of conditions associated with vitamin D deficiency, decreased bone density, or defects in vitamin D metabolism.

VI. References

"Billing and Coding: Vitamin D Assay Testing." CMS.Gov Centers for Medicare & Medicaid Services, Centers for Medicare and Medicaid Services, https://www.cms.gov/medicare-coverage-database/view/article.aspx?articleId=57473

Institute of Medicine, Food and Nutrition Board. Dietary Reference Intakes for Calcium and Vitamin D. Washington, DC: National Academy Press, 2010.

Jones G. Vitamin D. In: Ross AC, Caballero B, Cousins RJ, Tucker KL, Ziegler TR, eds. Modern Nutrition in Health and Disease, 11th ed. Philadelphia: Lippincott Williams & Wilkins, 2014.

Norman AW, Henry HH. Vitamin D. In: Erdman JW, Macdonald IA, Zeisel SH, eds. Present Knowledge in Nutrition, 10th ed. Washington DC: Wiley-Blackwell, 2012.

"Summary of recommendations for clinical preventive services." *American Academy of Family Physicians (AAFP),* July 2017*,* https://www.aafp.org/dam/AAFP/documents/patient_care/clinical_recommendations/cps-recommendations.pdf.

"Vitamin D: Fact Sheet for Health Professionals." *National Institutes of Health*, U.S. Department of Health and Human Services, https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/

"Vitamin D Deficiency in Adults: Screening." *United States Preventive Services Taskforce*, 13 Apr. 2021, www.uspreventiveservicestaskforce.org/uspstf/recommendation/vitamin-d-deficiency-screening#:~:text=What%20does%20the%20USPSTF%20recommend,More%20research%20is%20needed

"Vitamin D Screening and Testing: A Health Technology Assessment Prepared for Washington State Health Care Authority. Final Report." *Hayes Inc.*, 16 Nov. 2012, https://www.hca.wa.gov/assets/program/vitd_finalrpt_111612[1].pd

Appendix 1 – Applicable Diagnosis Codes:

Codes	Description
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
B38.0 - B38.9	Coccidiomycosis
B39.0 - B39.9	Histoplasmosis
B45.0 - B45.9	Cryptococcosis
B59	Pneumocystosis
B65.0 - B65.9	Schistosomiasis
C73	Malignant neoplasm of thyroid gland
D71	Functional disorders of polymorphonuclear neutrophils
D86.0 - D86.9	Sarcoidosis
E04.1	Nontoxic single thyroid nodule
E04.9	Nontoxic goiter, unspecified
E05.00 - E05.91	Thyrotoxicosis [hyperthyroidism]
E20.0 - E21.5	Hypoparathyroidism
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0 -E55.9	Vitamin D deficiency
E64.3	Sequelae of rickets
E66.01 - E66.9	Overweight and obesity [bariatric surgery]
E67.3	Hypervitaminosis D
E72.0 - E72.09	Disorders of amino-acid transport, unspecified
E74.21	Galactosemia
E83.30 - E83.39	Disorder of phosphorus metabolism
E83.50 - E83.59	Disorder of calcium metabolism
E84.0 - E84.9	Cystic fibrosis
E85.0 - E85.9	Amyloidosis
E89.2	Postprocedural hypoparathyroidism
G40.001 - G40.919	Epilepsy and recurrent seizures
I00 - I01.9	Rheumatic fever without/with heart involvement
J63.2	Berylliosis
K50.00 - K51.919	Crohn's disease and ulcerative colitis
K51.00 - K51.919	Inflammatory bowel disease
K72.00 - K72.91	Hepatic failure
K74.3 - K74.5	Biliary cirrhosis
K74.60 - K74.69	Other and unspecified cirrhosis of liver
K83.1 - K83.9	Other diseases of biliary tract
K86.0 - K86.9	Pancreatitis
K90.0 - K90.9	Intestinal malabsorption
K90.81	Whipple's disease

K91.2	Postsurgical malabsorption, not elsewhere classified
K91.82	Postprocedural hepatic failure
L92.0 - L92.9	Granulomatous disorders of skin and subcutaneous tissue
M05.00 - M06.9	Rheumatoid arthritis
M80.00 - M81.8	Osteoporosis
M83.0 - M83.9	Adult osteomalacia
M85.80 - M85.9	Other specified disorders of bone density and structure
N04.0 - N04.9	Nephrotic syndrome
N18.1 - N18.9	Chronic kidney disease (CKD)
N20.0 - N22	Calculus of kidney and ureter
N25.0	Renal osteodystrophy
N25.81	Secondary hyperparathyroidism of renal origin
P71.0 - P71.9	Transitory neonatal disorders of metabolism
Q78.0	Osteogenesis imperfecta
Q78.2	Osteopetrosis
R17	Unspecified jaundice
Z21	Asymptomatic human immunodeficiency virus [HIV]
Z68.35 - Z68.45	BMI 35.0 or greater, adult [bariatric surgery]
Z79.51 - Z79.52	Long term (current) use of steroids [glucocorticoids]
Z79.899	Other long term (current) drug therapy
Z94.0 - Z94.9	Transplanted organ and tissue status
Z98	Bariatric surgery

Appendix 2 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	**NCD/LCD Document (s):**

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC