Local Coverage Determination (LCD):
Vitamin D Assay Testing (L33556)

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Contractor Information

Contractor Name
National Government Services, Inc.

Contract Number
06201

Contract Type
MAC - Part A

LCD Information

Document Information

LCD ID
L33556

Original ICD-9 LCD ID
L29510

LCD Title
Vitamin D Assay Testing

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Jurisdiction
Minnesota

Original Effective Date
For services performed on or after 10/01/2015

Revision Effective Date
For services performed on or after 12/01/2015

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
N/A

Notice Period End Date
N/A

CMS National Coverage Policy Language quoted from Centers for Medicare and Medicaid Services (CMS). National Coverage Determinations (NCDs) and coverage provisions in interpretive manuals is italicized throughout the manual.
Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

An excess of vitamin D is unusual, but may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders, the most infamous of which is rickets. Evaluating patients' vitamin D levels is accomplished by measuring the level of 25-hydroxyvitamin D. Measurement of other metabolites is generally not medically necessary.

**Indications:**

Measurement of vitamin D levels is indicated for patients with:

- chronic kidney disease stage III or greater;
- osteoporosis;
- osteomalacia;
- osteopenia;
- hypocalcemia;
- hypercalcemia;
- hypoparathyroidism;
- hyperparathyroidism;
- hypervitaminosis D;
- rickets; and
- vitamin D deficiency to monitor the efficacy of replacement therapy.

**Limitations:**

For Medicare beneficiaries, screening tests are governed by statute. Vitamin D testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.
**Coding Information**

**Bill Type Codes:**

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x Hospital Inpatient (Including Medicare Part A)
012x Hospital Inpatient (Medicare Part B only)
013x Hospital Outpatient
014x Hospital - Laboratory Services Provided to Non-patients
018x Hospital - Swing Beds
021x Skilled Nursing - Inpatient (Including Medicare Part A)
022x Skilled Nursing - Inpatient (Medicare Part B only)
023x Skilled Nursing - Outpatient
071x Clinic - Rural Health
072x Clinic - Hospital Based or Independent Renal Dialysis Center
073x Clinic - Freestanding
077x Clinic - Federally Qualified Health Center (FQHC)
085x Critical Access Hospital

**Revenue Codes:**

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

All revenue codes billed on the inpatient claim for the dates of service in question may be subject to review.

0300 Laboratory - General Classification
0301 Laboratory - Chemistry
0309 Laboratory - Other Laboratory

**CPT/HCPCS Codes**

**Group 1 Paragraph:** N/A

**Group 1 Codes:**

82306 VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED

**ICD-10 Codes that Support Medical Necessity**

**Group 1 Paragraph:** The correct use of an ICD-10-CM code listed below does not assure coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this determination.

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<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>E20.0</td>
<td>Idiopathic hypoparathyroidism</td>
</tr>
<tr>
<td>E20.8</td>
<td>Other hypoparathyroidism</td>
</tr>
<tr>
<td>E20.9</td>
<td>Hypoparathyroidism, unspecified</td>
</tr>
<tr>
<td>E21.0</td>
<td>Primary hyperparathyroidism</td>
</tr>
<tr>
<td>E21.1</td>
<td>Secondary hyperparathyroidism, not elsewhere classified</td>
</tr>
<tr>
<td>E21.2</td>
<td>Other hyperparathyroidism</td>
</tr>
<tr>
<td>E21.3</td>
<td>Hyperparathyroidism, unspecified</td>
</tr>
<tr>
<td>E55.0</td>
<td>Rickets, active</td>
</tr>
<tr>
<td>E55.9</td>
<td>Vitamin D deficiency, unspecified</td>
</tr>
<tr>
<td>E67.3</td>
<td>Hypervitaminosis D</td>
</tr>
<tr>
<td>E83.30</td>
<td>Disorder of phosphorus metabolism, unspecified</td>
</tr>
<tr>
<td>E83.31</td>
<td>Familial hypophosphatemia</td>
</tr>
<tr>
<td>E83.32</td>
<td>Hereditary vitamin D-dependent rickets (type 1) (type 2)</td>
</tr>
<tr>
<td>E83.39</td>
<td>Other disorders of phosphorus metabolism</td>
</tr>
<tr>
<td>E83.51</td>
<td>Hypocalcemia</td>
</tr>
<tr>
<td>E83.52</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>E89.2</td>
<td>Postprocedural hypoparathyroidism</td>
</tr>
<tr>
<td>M80.00KX - M80.88XS</td>
<td>Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, vertebra(e), sequela</td>
</tr>
<tr>
<td>M81.0</td>
<td>Age-related osteoporosis without current pathological fracture</td>
</tr>
<tr>
<td>M81.6</td>
<td>Localized osteoporosis [Lequesne]</td>
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<tr>
<td>M81.8</td>
<td>Other osteoporosis without current pathological fracture</td>
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<tr>
<td>M83.0</td>
<td>Puerperal osteomalacia</td>
</tr>
<tr>
<td>M83.1</td>
<td>Senile osteomalacia</td>
</tr>
<tr>
<td>M83.2</td>
<td>Adult osteomalacia due to malabsorption</td>
</tr>
<tr>
<td>M83.3</td>
<td>Adult osteomalacia due to malnutrition</td>
</tr>
<tr>
<td>M83.4</td>
<td>Aluminum bone disease</td>
</tr>
<tr>
<td>M83.5</td>
<td>Other drug-induced osteomalacia in adults</td>
</tr>
<tr>
<td>M83.8</td>
<td>Other adult osteomalacia</td>
</tr>
<tr>
<td>M83.9</td>
<td>Adult osteomalacia, unspecified</td>
</tr>
<tr>
<td>M85.80*</td>
<td>Other specified disorders of bone density and structure, unspecified site</td>
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<tr>
<td>M85.831*</td>
<td>Other specified disorders of bone density and structure, right forearm</td>
</tr>
<tr>
<td>M85.832*</td>
<td>Other specified disorders of bone density and structure, left forearm</td>
</tr>
<tr>
<td>M85.839*</td>
<td>Other specified disorders of bone density and structure, unspecified forearm</td>
</tr>
<tr>
<td>M85.851*</td>
<td>Other specified disorders of bone density and structure, right thigh</td>
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<tr>
<td>M85.852*</td>
<td>Other specified disorders of bone density and structure, left thigh</td>
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<tr>
<td>M85.859*</td>
<td>Other specified disorders of bone density and structure, unspecified thighb</td>
</tr>
<tr>
<td>M85.88*</td>
<td>Other specified disorders of bone density and structure, other site</td>
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<tr>
<td>M85.89*</td>
<td>Other specified disorders of bone density and structure, multiple sites</td>
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<tr>
<td>M85.9*</td>
<td>Disorder of bone density and structure, unspecified</td>
</tr>
<tr>
<td>M89.9*</td>
<td>Disorder of bone, unspecified</td>
</tr>
<tr>
<td>N18.3</td>
<td>Chronic kidney disease, stage 3 (moderate)</td>
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<tr>
<td>N18.4</td>
<td>Chronic kidney disease, stage 4 (severe)</td>
</tr>
<tr>
<td>N18.5</td>
<td>Chronic kidney disease, stage 5</td>
</tr>
<tr>
<td>N18.6</td>
<td>End stage renal disease</td>
</tr>
<tr>
<td>N25.81</td>
<td>Secondary hyperparathyroidism of renal origin</td>
</tr>
</tbody>
</table>

**Osteopenia should be reported using ICD-10-CM codes M85.80, M85.831-M85.839, M89.851-M85.859, M85.88, M85.89, M85.9 or M89.9**

ICD-10 Codes that DO NOT Support Medical Necessity N/A
ICD-10 Additional Information
Associated Information

**Documentation Requirements:**

The patient’s medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

**Appendices:**

Not applicable

**Utilization Guidelines:**

Not applicable

Sources of Information and Basis for Decision

This bibliography presents those sources that were obtained during the development of this policy. National Government Services is not responsible for the continuing viability of Web site addresses listed below.


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**Revision History Information**

Please note: Most Revision History entries effective on or before 01/24/2013 display with a Revision History Number of "R1" at the bottom of this table. However, there may be LCDs where these entries will display as a separate and distinct row.

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
<th>Reason(s) for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/01/2015</td>
<td>R3</td>
<td>An indication for hypervitaminosis D has been added to the list for &quot;Measurement of vitamin D levels&quot; in the Indications section of the LCD. ICD-10-CM code E67.3 has been added effective 12/01/2015</td>
<td>• Request for Coverage by a Practitioner (Part B)</td>
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</table>

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Revision History Date | Revision History Number | Revision History Explanation | Reason(s) for Change
---|---|---|---
10/01/2015 | R2 | ICD-10-CM codes M85.80, M85.88 and M85.89 have been added to the “ICD-10 Codes that Support Medical Necessity” section. | Request for Coverage by a Practitioner (Part B) • Revisions Due To ICD-10-CM Code Changes

10/01/2015 | R1 | The following ICD-10-CM codes have been added: M80.00XA-M80.88XS, M85.831-M85.839, M85.851-M85.859 and ICD-10-CM code M94.9 has been removed. | Revisions Due To ICD-10-CM Code Changes

Associated Documents

Attachments N/A
Related Local Coverage Documents N/A
Related National Coverage Documents N/A
Public Version(s) Updated on 12/04/2015 with effective dates 12/01/2015 - N/A Updated on 10/23/2015 with effective dates 10/01/2015 - 11/30/2015 Updated on 08/31/2015 with effective dates 10/01/2015 - N/A Updated on 04/02/2014 with effective dates 10/01/2015 - N/A

Keywords

N/A Read the LCD Disclaimer

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