

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

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## Contractor Information

Contractor Name

[National Government Services, Inc.](#)

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Contract Number

06201

Contract Type

MAC - Part A

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## 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

policy. NCDs and coverage provisions in interpretive manuals are not subject to the Local Coverage Determination (LCD) Review Process (42 CFR 405.860[b] and 42 CFR 426 [Subpart D]). In addition, an administrative law judge may not review an NCD. See Section 1869(f)(1)(A)(i) of the Social Security Act.

Unless otherwise specified, *italicized* text represents quotation from one or more of the following CMS sources:

Title XVIII of the Social Security Act (SSA):

Section 1862(a)(1)(A) excludes expenses incurred for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Section 1833(e) prohibits Medicare payment for any claim which lacks the necessary information to process the claim.

Coverage Guidance

**Coverage Indications, Limitations, and/or Medical Necessity**

**Abstract:**

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.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is really a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol, which then acts throughout the body. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight, a process that is inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater. Once in the blood, vitamin D2 and D3 from diet or skin bind with vitamin D binding protein and are carried to the liver where they are hydroxylated to yield calcidiol. Calcidiol then is converted in the kidney to calcitriol by the action of 1 $\alpha$ -hydroxylase (CYP27B1). The CYP27B1 in the kidney is regulated by nearly every hormone involved in calcium homeostasis, and its activity is stimulated by PTH, estrogen, calcitonin, prolactin, growth hormone, low calcium levels, and low phosphorus levels. Its activity is inhibited by calcitriol, thus providing the feedback loop that regulates calcitriol synthesis.

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.

**Group 1 Codes:****ICD-10 Codes****Description**

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

**Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:** \*\*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

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## [General 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.

Revision History Date	Revision History Number	Revision History Explanation	Reason(s) for Change
12/01/2015	R3	An indication for hypervitaminosis D has been added to the list for "Measurement of vitamin D levels" in the Indications section of the LCD. ICD-10-CM code E67.3 has been added effective 12/01/2015	<ul style="list-style-type: none"><li>Request for Coverage by a Practitioner (Part B)</li></ul>

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.	<ul style="list-style-type: none"> <li>Request for Coverage by a Practitioner (Part B)</li> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>
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.	<ul style="list-style-type: none"> <li>Revisions Due To ICD-10-CM Code Changes</li> </ul>

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## 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 [Back to Top](#)

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## Keywords

N/A Read the [LCD Disclaimer](#) [Back to Top](#)