

Medical Policy

Vitamin D Screening and Testing in Adults

Policy Number: 058

	Commercial and Qualified Health Plans	MassHealth	Medicare Advantage
Authorization required			
No Prior Authorization	X	X	X

Overview

The purpose of this document is to describe the guidelines Mass General Brigham Health Plan utilizes to determine medical appropriateness for Vitamin D screening and testing in adult members.

Mass General Brigham Health Plan considers routine Vitamin D screening and testing in healthy, asymptomatic adult members (noted by the absence of one of the conditions listed below), investigational and therefore not medically necessary.

Coverage Guidelines

Vitamin D levels 25-hydroxyvitamin D [25(OH)D] serum screening and testing may be considered medically necessary in adult members with a clinically documented underlying disease or condition which is specifically associated with Vitamin D deficiency and for conditions associated with deficits in Vitamin D metabolism. Mass General Brigham Health Plan will cover Vitamin D screening and testing in adult members with the following clinically documented conditions:

Conditions Specifically Associated with Vitamin D Deficiency

Blind loop syndrome	Granulomatous disease	Osteogenesis imperfecta
Calculus of kidney	Hypercalcemia	Osteopenia
Calculus of ureter	Hypercalciuria	Osteoporosis
Celiac disease	Hypervitaminosis D	Osteosclerosis/petrosis
Chronic kidney disease Stage 3 or greater	Hypocalcemia	Pancreatic Steatorrhea
Chronic liver disease	Hypocalcemia and hypomagnesemia of newborn	Parathyroid disorders
Disorder of calcium metabolism	Intestinal malabsorption	Rickets
Disorders of phosphorus metabolism	Obstructive jaundice	Vitamin D deficiency when on replacement therapy related to a condition
End stage renal disease	Osteomalacia	Obesity
Post bariatric surgery		

Conditions that may be associated with defects in vitamin D metabolism

Calculus of kidney and ureter	Hypoparathyroidism	Sarcoidosis
Disorders of calcium metabolism	Neonatal hypocalcemia	Unexplained hypercalcemia (suspected granulomatous disease or lymphoma)

Familial hypophosphatemia	Nephrolithiasis or hypercalciuria	Unexplained hypercalciuria (suspected granulomatous disease or lymphoma)
Fanconi syndrome	Osteomalacia	
Hyperparathyroidism	Rickets	

Note: Once screening has demonstrated that the adult member is 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.

Medicare Variations

Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for coverage determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs) and documentation included in the Medicare manuals are the basis for coverage determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for coverage determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare has an LCD for Vitamin D Assay Testing (L37535).**

Codes

The following codes are included below for informational purposes only. Inclusion of a code does not constitute or imply coverage or reimbursement.

This list of codes applies to commercial and MassHealth plans only.

Authorized CPT/HCPCS Codes	Code Description
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82652	Dihydroxyvitamin D, 1, 25 dihydroxy, includes fraction(s), if performed

Effective

December 2023: Annual update. Medicare Advantage added to table on page 1. Medicare variation language added. References updated.

April 2022: Annual update.

December 2020: Annual update. References updated.

December 2019: Annual update. References updated.

December 2018: Annual update.

September 6, 2017: Effective date.

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