# Medical Necessity Guidelines: Vitamin D Screening and Testing

*Effective: March 1, 2023*

| **Prior Authorization Required**<br>If REQUIRED, submit supporting clinical documentation pertinent to service request. | **Yes ☐ No ☒** |
|---|---|

**Applies to:**
**COMMERCIAL Products**
☒Tufts Health Plan Commercial products; Fax: 617.972.9409
- CareLink℠ – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization

**TUFTS HEALTH PUBLIC PLANS Products**
☒Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax:888.415.9055
☒Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055
☒ Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404
☒Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304
*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.

**SENIOR Products**
- Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List
- Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List

## OVERVIEW

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 while deficiency may lead to various disorders, such as rickets. Evaluation of vitamin D levels is accomplished by measuring levels of 25-hydroxyvitamin D.

The Institute of Medicine lists the following vitamin D levels as guidelines:
- Deficiency—serum 25-hydroxyvitamin D values ≤ 12 ng/mL (≤ 30 nmol/L)
- Sufficiency—serum 25-hydroxyvitamin D values of ≥ 13 ng/mL (≥30 nmol/L)

## CLINICAL COVERAGE CRITERIA

The plan considers vitamin D screening and testing as reasonable and medically necessary for members who are symptomatic or at risk for vitamin D deficiency when documentation confirms diagnosis of ANY of the following:
- Members under age 18; **OR**
- Symptomatic or "high risk" members aged 18 to 65 years. Members are considered "high risk" due to certain medical conditions, including:
  - Biliary Cirrhosis
  - Biliary Tract Disorders
  - Blind Loop Syndrome
  - Calcium Metabolism Disorders (e.g., hyper/hypocalcemia)
  - Celiac Disease
  - Chronic Kidney Disease Stage III or greater
  - Crohn's Disease
  - Cystic Fibrosis
  - Dermatomyositis
  - Gastric Bypass
  - Granuloma forming diseases
  - Hyperparathyroidism or Hypoparathyroidism
  - Hypervitaminosis of Vitamin D

- Individuals receiving hyperalimentation
- Intestinal Malabsorption
- Liver Cirrhosis
- Long term use of medications known to lower vitamin D levels (e.g., anticonvulsants, glucocorticoids)
- Lupus Erythematosus (any form)
- Lymphoma
- Malnutrition
- Myalgia
- Myopathy related to endocrine diseases
- Myositis
- Obesity
- Obstructive jaundice
- Osteogenesis imperfecta
- Osteomalacia
- Osteoporosis
- Paget's disease of bone
- Phosphorus metabolism disorders
- Post-Bariatric Surgery
- Premature osteopenia
- Pancreatic steatorrhea
- Primary or miliary tuberculosis
- Psoriasis
- Rheumatoid Arthritis
- Regional enteritis
- Renal, ureteral or urinary calculus (includes nephrolithiasis)
- Rickets
- Sarcoidosis
- Ulcerative Colitis

Vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment – If Vitamin D level is > 12 ng/dl and the member is clinically stable, repeat testing is often unnecessary; if performed, documentation must clearly indicate the necessity of the test.

**Note:** Once testing demonstrates the member is vitamin D deficient, further testing is medically necessary to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

## LIMITATIONS

The plan considers vitamin D screening and testing as not medically necessary for all other indications including but not limited to depression, fatigue, osteoarthritis, or chronic pain. In addition, the plan does not cover Vitamin D testing for routine screening in healthy individuals.

## CODES

**Table 1: CPT Codes**

| CPT Code | Description |
|---|---|
| **82306** | Vitamin D; 25 hydroxy, includes fraction(s), if performed |
| **82652** | Dihydroxyvitamin D, 1, 25 dihydroxy, includes fraction(s), if performed |

List of Medically Necessary ICD-10 Codes

## REFERENCES


1. Annweiler, C, Beauchet, O. Questioning vitamin D status of elderly fallers and nonfallers: a meta-analysis to address a 'forgotten step'. J Intern Med. 2015; c277(1):16-44.
2. Barake, M, Daher, RT, Salti, I, Cortas, NK, Al-Shaar, L, Habib, RH, and Fuleihan, G. 25-hydroxyvitamin D assay variations and impact on clinical decision making. J Clin Endocrinol Metab. 2012; 97(3):835-843
3. Chung M, et al. Vitamin D and calcium: a systematic review of health outcomes. Evidence Reports/Technology Assessments. No. 183. Rockville, MD: Agency for Healthcare Research and Quality; 2009 Aug.

4. Elamin MB, et al. Vitamin D and cardiovascular outcomes: a systematic review and meta-analysis. J Clin Endocrinol Metab 2011 Jul; 96(7):1931–42.
5. Enko, D, Fridrich, L, Rezanka, E, Stolba, R, Ernst, J, Wendler, I, Fabian, D, Hauptlorenz, S, and Halwachs-Baumann, G. 25- hydroxy-Vitamin D status: limitations in comparison and clinical interpretation of serum-levels across different assay methods. Clin Lab. 2014;60(9):1541-1550.
6. Granado-Lorencio, F, Blanco-Navarro, I, and Perez-Sacristan, B. Criteria of adequacy for vitamin D testing and prevalence of deficiency in clinical practice. Clin Chem Lab Med. 2015.
7. Heaney, RP. Assessing vitamin D status. Curr Opin Clin Nutr Metab Care. 2011;14(5):440-444.
8. Holnick, MF., Binkley, NC., Binkley, HA., et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guideline. J Clin Endocrine Metab. 2011; 96(7): 1911-30.
9. Kennel KA, Drake MT and Hurley DL. Vitamin D deficiency in adults: when to test and how to treat. Mayo Clin Proc., 2010. 85(8): p. 752-757.
10. Lai, JK, Lucas, RM, Banks, E, and Ponsonby, AL. Variability in vitamin D assays impairs clinical assessment of vitamin D status. Intern Med J. 2012;42(1):43-50
11. LeBlanc, ES, Zakher, B, Daeges, M, Pappas, M, and Chou, R. Screening for vitamin D deficiency: a systematic review for the U.S. Preventive Services Task Force. Ann Intern Med. 2015; c162(2): 109-122.
12. Lee, J, So, T, Thackray, J. A Review on Vitamin D Deficiency Treatment in Pediatric Patients. J Pediatr Pharmacol Ther. 2013 Oct-Dec; 18(4): 277–291.
13. Lee, RH, Weber, T, and Colon-Emeric, C. Comparison of cost-effectiveness of vitamin D screening with that of universal supplementation in preventing falls in community-dwelling older adults. J Am Geriatr Soc. 2013;61(5):707-714.
14. Local Coverage Determination (LCD): Vitamin D Assay Testing (L37535). Centers for Medicare and Medicaid Services; 2018. Revised 10/01/2021.
15. Local Coverage Determination (LCD): Vitamin D Assay Testing (L34658). Centers for Medicare and Medicaid Services; 2015. Revised 10/01/2021.
16. Medical Advisory Secretariat, OMoHaL-TC. Clinical utility of vitamin d testing: an evidence-based analysis. Ont Health Technol Assess Ser. 2010; c10(2):1-93.

## APPROVAL HISTORY

November 17, 2021: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC) for integration purposes with Harvard Pilgrim Health Care for an effective date of April 1, 2022.

Subsequent endorsement dates and changes made:

- December 1, 2022: Reviewed by MPAC, renewed without changes effective March 1, 2023

## BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.

Provider Services