## Contractor Information

<table>
<thead>
<tr>
<th>CONTRACTOR NAME</th>
<th>CONTRACT TYPE</th>
<th>CONTRACT NUMBER</th>
<th>JURISDICTION</th>
<th>STATE(S)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01111 - MAC A</td>
<td>J - E</td>
<td>California - Entire State</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01112 - MAC B</td>
<td>J - E</td>
<td>California - Northern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01182 - MAC B</td>
<td>J - E</td>
<td>California - Southern</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01211 - MAC A</td>
<td>J - E</td>
<td>American Samoa, Guam, Hawaii, Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01212 - MAC B</td>
<td>J - E</td>
<td>American Samoa, Guam, Hawaii, Northern Mariana Islands</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01311 - MAC A</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01312 - MAC B</td>
<td>J - E</td>
<td>Nevada</td>
</tr>
<tr>
<td>Noridian Healthcare Solutions, LLC</td>
<td>A and B MAC</td>
<td>01911 - MAC A</td>
<td>J - E</td>
<td>American Samoa, California - Entire State, Guam, Hawaii, Nevada, Northern Mariana Islands</td>
</tr>
</tbody>
</table>

## LCD Information

### Document Information

**LCD ID**

**Original Effective Date**

Created on 02/06/2020. Page 1 of 10
LCD Title
Vitamin D Assay Testing

Proposed LCD in Comment Period
N/A

Source Proposed LCD
DL36692

AMA CPT / ADA CDT / AHA NUBC Copyright Statement
CPT codes, descriptions and other data only are copyright 2019 American Medical Association. All Rights Reserved. Applicable FARS/HHSARS apply.

Current Dental Terminology © 2019 American Dental Association. All rights reserved.

Copyright © 2019, the American Hospital Association, Chicago, Illinois. Reproduced with permission. No portion of the AHA copyrighted materials contained within this publication may be copied without the express written consent of the AHA. AHA copyrighted materials including the UB-04 codes and descriptions may not be removed, copied, or utilized within any software, product, service, solution or derivative work without the written consent of the AHA. If an entity wishes to utilize any AHA materials, please contact the AHA at 312-893-6816. Making copies or utilizing the content of the UB-04 Manual, including the codes and/or descriptions, for internal purposes, resale and/or to be used in any product or publication; creating any modified or derivative work of the UB-04 Manual and/or codes and descriptions; and/or making any commercial use of UB-04 Manual or any portion thereof, including the codes and/or descriptions, is only authorized with an express license from the American Hospital Association. To license the electronic data file of UB-04 Data Specifications, contact Tim Carlson at (312) 893-6816 or Laryssa Marshall at (312) 893-6814. You may also contact us at ub04@healthforum.com.

CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items

For services performed on or after 02/03/2017

Revision Effective Date
For services performed on or after 12/01/2019

Revision Ending Date
N/A

Retirement Date
N/A

Notice Period Start Date
12/19/2016

Notice Period End Date
02/02/2017
or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

42CFR410.32(a) requires a clinical diagnostic test be ordered by the physician who is treating the patient for a specific medical problem and uses the results in the management of the beneficiary’s specific problem.

MBPM Internet Only Manual(IOM 100-02), chap. 6, §20.4.3 applies 42CFR410.32 to hospitals.

**Coverage Guidance**

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

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D$_2$ and vitamin D$_3$. It is more accurate to consider fat-soluble Vitamin D as a steroid hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. Clinical disorders related to vitamin D may arise because of altered availability of the parent vitamin D, altered conversion of vitamin D to its predominant metabolites, altered organ responsiveness to dihydroxylated metabolites and disturbances in the interactions of the vitamin D metabolites with PTH and calcitonin. Normal levels of Vitamin D range from 20 – 50 ng/dl. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for the lab assay.

**Indications:**

Measurement of 25-OH Vitamin D level is indicated for patients with:

- chronic kidney disease stage III or greater

- cirrhosis

- hypocalcemia

- hypercalcemia

- hypercalciuria
• hypervitaminosis D

• parathyroid disorders

• malabsorption states

• obstructive jaundice

• osteomalacia

• osteoporosis if
  i. T score on DEXA scan
  ii. History of fragility fractures or
  iii. FRAX > 3% 10-year probability of hip fracture or 20% 10-year probability of other major osteoporotic fracture or
  iv. FRAX > 3% (any fracture) with T-score v. Initiating bisphosphonate therapy (Vit D level should be determined and managed as necessary

before bisphosphonate is initiated)

• osteosclerosis/petrosis
• rickets
• vitamin D deficiency on replacement therapy related to a condition listed above; to monitor the efficacy of treatment.

Measurement of 1, 25-OH Vitamin D level is indicated for patients with:

• unexplained hypercalcemia (suspected granulomatous disease or lymphoma)

• unexplained hypercalciuria (suspected granulomatous disease or lymphoma)
• suspected genetic childhood rickets

• suspected tumor-induced osteomalacia

• nephrolithiasis or hypercalciuria

**Limitations:**

Testing may not be used for routine or other screening.

Both assays of vitamin D need not be performed for each of the above conditions. Often, one type is more appropriate for a certain disease state than another. The most common type of vitamin D deficiency is 25-OH vitamin D. A much smaller percentage of 1, 25-dihydroxy vitamin D deficiency exists; mostly, in those with renal disease. Although it is not the active form of the hormone, 25-OH vitamin D is much more commonly measured because it better reflects the sum total of vitamin D produced endogenously and absorbed from the diet than does the level of the active hormone 1, 25-dihydroxy vitamin D. Deficiency of 1, 25-dihydroxy vitamin D, which is present at much lower concentrations, does not necessarily reflect deficiency of 25-OH vitamin D and its measurement should be limited to the indications listed. Documentation must justify the test(s) chosen for a particular disease entity. Various component sources of 25-OH vitamin D, such as stored D or diet-derived D, should not be billed separately.

Once a beneficiary has been shown to be vitamin D deficient, further testing may be medically necessary only to ensure adequate replacement has been accomplished. If Vitamin D level is between 20 and 50 ng/dl and patient is clinically stable, repeat testing is often unnecessary; if performed, documentation most clearly indicate the necessity of the test. If level 60 ng/dl, a subsequent level(s) may be reimbursed until the level is within the normal range.

**Summary of Evidence**

N/A

**Analysis of Evidence**

(Rationale for Determination)

N/A

**General Information**

**Associated Information**
Documentation must clearly indicate the necessity for the test(s), any and all repeat testing and frequency of testing.

The medical record must be made available to Medicare upon request.

**Sources of Information**


48. Other Contractor(s)' Policies.

Bibliography

N/A
## Revision History Information

<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>12/01/2019</td>
<td>R4</td>
<td>The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD.</td>
<td>Other (The LCD is revised to remove CPT/HCPCS codes in the Keyword Section of the LCD. )</td>
</tr>
<tr>
<td></td>
<td></td>
<td>At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy.</td>
<td></td>
</tr>
</tbody>
</table>
| 12/01/2019            | R3                      | 12/01/2019: At this time 21st Century Cures Act will apply to new and revised LCDs that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the LCD are applicable as noted in this policy. | Provider Education/Guidance  
Revisions Due To Code Removal |
|                       |                         | As required by CR 10901, all billing and coding information has been moved to the companion article, this article is linked to the LCD |                      |
| 10/01/2018            | R2                      | At this time 21st Century Cures Act will apply to new and revised Articles that restrict coverage which requires comment and notice. This revision is not a restriction to the coverage determination; and, therefore not all the fields included on the Article are applicable as noted in this policy. | Revisions Due To ICD-10-CM Code Changes |
|                       |                         | 08/09/2018 - For the following ICD-10 code descriptions were changed in the ICD-10 Codes that Support Medical Necessity field: Z68.43 descriptor was changed in Group 1 Effective 10/01/2018 |                      |
| 02/03/2017            | R1                      | Codes added from 2016 ICD-10 Coding update E89.820; E89.821; E89.822; E89.823 | Revisions Due To ICD-10-CM Code Changes |

### Associated Documents

Created on 02/06/2020. Page 9 of 10
Attachments
N/A

Related Local Coverage Documents
Article(s)
A57718 - Billing and Coding: Vitamin D Assay Testing
A55372 - Response to Comments: Vitamin D Assay Testing
LCD(s)
DL36692
- (MCD Archive Site)

Related National Coverage Documents
N/A

Public Version(s)
Updated on 01/29/2020 with effective dates 12/01/2019 - N/A
Updated on 11/08/2019 with effective dates 12/01/2019 - N/A
Updated on 09/10/2018 with effective dates 10/01/2018 - 11/30/2019
Some older versions have been archived. Please visit the MCD Archive Site to retrieve them.

Keywords
N/A