



Table with 4 columns and 4 rows containing Policy Information: POL-PP-320, AHS - G2005 - Vitamin D Testing, Original Effective Date: 07/01/2025, Version Number: 001, Revision Date, Policy Status: Active, Next Revision Date: 07/01/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: https://providers.bluekc.com/ContactUs/PaymentPolicies.

Table with 6 columns: PROFESSIONAL (checked), FACILITY (checked), DME (unchecked), AMBULATORY SURGERY (unchecked), LAB (checked), OTHER (unchecked)

Table with 7 columns: COMMERCIAL (checked), BLUE MEDICARE ADVANTAGE (checked), ACA QHP1 (checked), SMALL GROUP ACA (checked), JAA2 (checked), FEP3 (checked), DENTAL (unchecked)

1 ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family 2 JAA: Joint Administrative Account 3 FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
Centers for Medicare and Medicaid
American Medical Association
National Correct Coding Initiative
Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
Affordable Care Act Provider Hotline 866-859-3822
Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.



Description/Application

Vitamin D is a precursor to steroid hormones and plays a key role in calcium absorption and mineral metabolism. Vitamin D promotes enterocyte differentiation and the intestinal absorption of calcium. Other effects include a lesser stimulation of intestinal phosphate absorption, suppression of parathyroid hormone (PTH) release, regulation of osteoblast function, osteoclast activation, and bone resorption (Pazirandeh & Burns, 2023).

Vitamin D is present in nature in two major forms. Ergocalciferol, or vitamin D2, is found in fatty fish (e.g., salmon and tuna) and egg yolks, although very few foods naturally contain significant amounts of vitamin D. Cholecalciferol, or vitamin D3, is synthesized in the skin via exposure to ultraviolet radiation present in sunlight. Some foods are also fortified with vitamin D, most notably milk and cereals (Sahota, 2014).

Though the risk of vitamin D deficiency differ[s] by age, sex, and race and ethnicity”, major risk factors for vitamin D deficiency include inadequate sunlight exposure, inadequate dietary intake of vitamin D-containing foods, and malabsorption syndromes, such as Crohn’s disease and celiac disease (Dedeoglu et al., 2014; Looker et al., 2011).

Policy

For individuals with an underlying disease or condition which is specifically associated with vitamin D deficiency or decreased bone density or for individuals suspected of hypervitaminosis of Vitamin D, 25-hydroxyvitamin D serum testing may be reimbursable.

As part of the total 25-hydroxyvitamin D analysis, testing for D2 and D3 fractions of 25hydroxyvitamin D may be reimbursable.

For individuals who have documented vitamin D deficiency, repeat testing for serum 25hydroxyvitamin D at least 12 weeks after the initiation of vitamin D supplementation may be reimbursable with the following restrictions:

- Twice per year testing for monitoring of supplementation therapy until the therapeutic goal has been achieved.
- Annual testing once the therapeutic range has been achieved.

For the evaluation or treatment of conditions that are associated with defects in vitamin D metabolism (see Note 2), 1,25-dihydroxyvitamin D serum testing may be reimbursable.

The following testing is not reimbursable:

- Measurement of serum 1,25-dihydroxyvitamin D to screen for vitamin D deficiency.
- Routine screening for vitamin D deficiency with serum testing in asymptomatic individuals and/or during general encounters.

Note 1: Indications for serum measurement of 25-hydroxyvitamin D are as follows:

- Biliary cirrhosis and other specified disorders of the biliary tract
- Blind loop syndrome
- Celiac Disease
- Coronary artery disease in individuals where risk of disease progression is being considered against benefits of chronic vitamin D and calcium therapy



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- Dermatomyositis
 - Eating disorders
 - Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion with or without duodenal switch
 - Hypercalcemia, hypocalcemia, or other disorders of calcium metabolism
 - Hyperparathyroidism or hypoparathyroidism
 - Individuals receiving hyperalimentation
 - Inflammatory bowel disease (Crohn's disease and ulcerative colitis)
 - Intestinal malabsorption
 - Liver cirrhosis
 - Long term use of anticonvulsants, glucocorticoids and other medications known to lower vitamin D levels
 - Malnutrition
 - Myalgia and other myositis not specified
 - Myopathy related to endocrine diseases
 - Neoplastic hematologic disorders
 - Osteogenesis imperfecta
 - Osteomalacia
 - Osteopetrosis
 - Osteoporosis
 - Pancreatic steatorrhea
 - Primary or miliary tuberculosis
 - Psoriasis
 - Regional enteritis
 - Renal, ureteral, or urinary calculus
 - Rickets
 - Sarcoidosis
 - Stage III-V Chronic Kidney Disease and End Stage Renal Disease
 - Systemic lupus erythematosus

Note 2: Indications for serum testing of 1,25-dihydroxyvitamin D are as follows:

- Disorders of calcium metabolism
- Familial hypophosphatemia
- Fanconi syndrome
- Hyperparathyroidism or hypoparathyroidism
- Individuals receiving hyperalimentation
- Neonatal hypocalcemia
- Osteogenesis imperfecta
- Osteomalacia
- Osteopetrosis
- Primary or miliary tuberculosis
- Renal, ureteral, or urinary calculus
- Rickets
- Sarcoidosis
- Stage III-V Chronic Kidney Disease and End Stage Renal Disease



Coding

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

CPT	Code Description
82306	Vitamin D; 25 hydroxy, includes fraction(s), if performed
82652	Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
0038U	Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative Proprietary test: Sensieva™ Droplet 250H Vitamin D2/D3 Microvolume LC/MS Assay Lab/Manufacturer: InSource Diagnostics

Related Documents

Policy Number	Policy Title
AHS-G2164	Parathyroid Hormone, Phosphorus, Calcium, and Magnesium Testing

References and Resources

Avalon Medical Policy AHS – G2005 – Vitamin D Testing

Revision History

Version	Date	Summary of Revisions
001	06/01/2025	Initial version