

Clinical Policy: Vitamin D Testing Policy

Reference Number: LA.PP.~~500~~ 499

Date of Last Revision~~new Date~~: 8/25/20 02/23

[Coding Implications](#)

[Revision Log](#)

See Important Reminder at the end of this policy for important regulatory and legal information.

Description:

Louisiana Healthcare Connections (LHCC) Operations Claims Reimbursement Policy.

To ensure appropriate reimbursement for vitamin D testing is based upon medical necessity criteria.

Policy/Criteria:

Effective 12/1/2020, It is the policy of LHCC that 25-hydroxy and 1, 25 dihydroxy vitamin D testing in healthy, asymptomatic adults and children is not medically necessary because these tests have not been demonstrated to have a clear clinical benefit.

Frequency limit for screenings will be no more than one per year.

For members diagnosed with Vitamin D deficiency there will be a limit of four per year.

Coding Implications:

This policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2020, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive ~~and are included for informational purposes only~~. Codes referenced in this policy are for informational purposes only and may not support medical necessity. Inclusion or exclusion of any codes does not guarantee coverage.

Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

A claim submitted without a valid ICD-10-CM diagnosis code will be returned to the provider as an incomplete claim.

Documentation:

Documentation must justify the test(s) chosen for a particular disease entity.

CPT® Codes	Description
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF
82652	VITAMIN D; 1 , 25 DIHYDROXY, INCLUDES FRACTION(S), IF

ICD-10 CODES THAT SUPPORT MEDICAL NECESSITY FOR 82306:

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
A15.0	Tuberculosis of lung
A15.4	Tuberculosis of intrathoracic lymph nodes
A15.5	Tuberculosis of larynx, trachea and bronchus
A15.6	Tuberculous pleurisy
A15.7	Primary respiratory tuberculosis
A15.8	Other respiratory tuberculosis
A17.0	Tuberculous meningitis
A17.1	Meningeal Tuberculoma
A17.81	Tuberculoma of brain and spinal cord
A17.82	Tuberculous meningoencephalitis
A17.83	Tuberculous neuritis
A17.89	Other tuberculosis of nervous system
A18.01	Tuberculosis of spine
A18.02	Tuberculous arthritis of other joints
A18.03	Tuberculosis of other bones
A18.09	Other musculoskeletal tuberculosis
A18.11	Tuberculosis of kidney and ureter
A18.12	Tuberculosis of bladder
A18.13	Tuberculosis of other urinary organs
A18.14	Tuberculosis of prostate
A18.15	Tuberculosis of other male genital organs
A18.16	Tuberculosis of cervix
A18.17	Tuberculous female pelvic inflammatory disease
A18.18	Tuberculosis of other female genital organs
A18.2	Tuberculous peripheral lymphadenopathy
A18.31	Tuberculous peritonitis
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.4	Tuberculosis of skin and subcutaneous tissue

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
A18.51	Tuberculous episcleritis
A18.52	Tuberculous keratitis
A18.53	Tuberculous chorioretinitis
A18.54	Tuberculous iridocyclitis
A18.59	Other tuberculosis of eye
A18.6	Tuberculosis of (inner) (middle) ear
A18.7	Tuberculosis of adrenal glands
A18.81	Tuberculosis of thyroid gland
A18.82	Tuberculosis of other endocrine glands
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
A18.84	Tuberculosis of heart
A18.85	Tuberculosis of spleen
A18.89	Tuberculosis of other sites
A19.0	Acute miliary tuberculosis of a single specified site
A19.1	Acute miliary tuberculosis of multiple sites
A19.2	Acute miliary tuberculosis, unspecified
A19.8	Other miliary tuberculosis
B38.0	Acute pulmonary coccidioidomycosis
B38.1	Chronic pulmonary coccidioidomycosis
B38.3	Cutaneous coccidioidomycosis
B38.4	Coccidioidomycosis meningitis
B38.7	Disseminated coccidioidomycosis
B38.81	Prostatic coccidioidomycosis
B38.89	Other forms of coccidioidomycosis
B39.0	Acute pulmonary histoplasmosis capsulati
B39.1	Chronic pulmonary histoplasmosis capsulati
B39.3	Disseminated histoplasmosis capsulati
B39.5	Histoplasmosis duboisii

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of
C82.29	Follicular lymphoma grade III, unspecified, extranodal and
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face,

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face,
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face,
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head,
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple
C82.69	Cutaneous follicle center lymphoma, extranodal and solid
C82.81	Other types of follicular lymphoma, lymph nodes of head,
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple
C82.89	Other types of follicular lymphoma, extranodal and solid
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face,
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immunodeficiencies with predominantly antibody
D80.9	Immunodeficiency with predominantly antibody defects,
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
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
C82.89	Other types of follicular lymphoma, extranodal and solid
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face,
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
D80.0	Hereditary hypogammaglobulinemia
D80.1	Nonfamilial hypogammaglobulinemia
D80.2	Selective deficiency of immunoglobulin A [IgA]
D80.3	Selective deficiency of immunoglobulin G [IgG] subclasses
D80.4	Selective deficiency of immunoglobulin M [IgM]
D80.5	Immunodeficiency with increased immunoglobulin M [IgM]
D80.6	Antibody deficiency with near-normal immunoglobulins or
D80.7	Transient hypogammaglobulinemia of infancy
D80.8	Other immune deficiencies with predominantly antibody
D80.9	Immunodeficiency with predominantly antibody defects,
D89.810	Acute graft-versus-host disease
D89.811	Chronic graft-versus-host disease
D89.812	Acute on chronic graft-versus-host disease
D89.813	Graft-versus-host disease, unspecified
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
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0	Rickets, active
E55.9*	Vitamin D deficiency, unspecified
E66.01	Morbid (severe) obesity due to excess calories
E66.09	Other obesity due to excess calories
E66.1	Drug-induced obesity

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
E66.2	Morbid (severe) obesity with alveolar hypoventilation
E66.8	Other obesity
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
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
E83.50*	Unspecified disorder of calcium metabolism
E83.51	Hypocalcemia
E83.52	Hypercalcemia
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E84.9	Cystic fibrosis, unspecified
E89.2	Post procedural hypoparathyroidism
E89.820	Post procedural hematoma of an endocrine system organ or
E89.821	Post procedural hematoma of an endocrine system organ or
E89.822	Post procedural seroma of an endocrine system organ or
E89.823	Post procedural seroma of an endocrine system organ or
J63.2	Berylliosis
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without
K50.811	Crohn's disease of both small and large intestine with rectal
K50.812	Crohn's disease of both small and large intestine with
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other
K50.819	Crohn's disease of both small and large intestine with
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K52.0	Gastroenteritis and colitis due to radiation
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.9	Liver disease, unspecified
K83.5	Biliary cyst
K83.8	Other specified diseases of biliary tract
K85.00	Idiopathic acute pancreatitis without necrosis or infection
K85.01	Idiopathic acute pancreatitis with uninfected necrosis
K85.02	Idiopathic acute pancreatitis with infected necrosis
K85.10	Biliary acute pancreatitis without necrosis or infection
K85.11	Biliary acute pancreatitis with uninfected necrosis
K85.12	Biliary acute pancreatitis with infected necrosis
K85.20	Alcohol induced acute pancreatitis without necrosis or
K85.21	Alcohol induced acute pancreatitis with uninfected necrosis
K85.22	Alcohol induced acute pancreatitis with infected necrosis
K85.30	Drug induced acute pancreatitis without necrosis or infection
K85.31	Drug induced acute pancreatitis with uninfected necrosis
K85.32	Drug induced acute pancreatitis with infected necrosis
K85.80	Other acute pancreatitis without necrosis or infection
K85.81	Other acute pancreatitis with uninfected necrosis
K85.82	Other acute pancreatitis with infected necrosis
K85.90	Acute pancreatitis without necrosis or infection, unspecified
K85.91	Acute pancreatitis with uninfected necrosis, unspecified
K85.92	Acute pancreatitis with infected necrosis, unspecified
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0	Psoriasis vulgaris
L40.1	Generalized pustular psoriasis
L40.2	Acrodermatitis continua
L40.3	Pustulosis palmaris et plantaris
L40.4	Guttate psoriasis
L40.50	Arthropathic psoriasis, unspecified
L40.51	Distal interphalangeal psoriatic arthropathy
L40.52	Psoriatic arthritis mutilans
L40.53	Psoriatic spondylitis
L40.54	Psoriatic juvenile arthropathy
L40.59	Other psoriatic arthropathy
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
M80.00XA - M80.88XS	Age-related osteoporosis with current pathological fracture,
M81.0	Age-related osteoporosis without current pathological fracture

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
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,
M85.831*	Other specified disorders of bone density and structure, right
M85.832*	Other specified disorders of bone density and structure, left
M85.839*	Other specified disorders of bone density and structure,
M85.851*	Other specified disorders of bone density and structure, right
M85.852*	Other specified disorders of bone density and structure, left
M85.859*	Other specified disorders of bone density and structure,
M85.88*	Other specified disorders of bone density and structure, other
M85.89*	Other specified disorders of bone density and structure,
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
Q78.2	Osteopetrosis
Z68.30	Body mass index (BMI) 30.0-30.9, adult

The following ICD-10-CM codes support the medical necessity of CPT code 82306	DESCRIPTION <u>Description</u>
Z68.31	Body mass index (BMI) 31.0-31.9, adult
Z68.32	Body mass index (BMI) 32.0-32.9, adult
Z68.33	Body mass index (BMI) 33.0-33.9, adult
Z68.34	Body mass index (BMI) 34.0-34.9, adult
Z68.35	Body mass index (BMI) 35.0-35.9, adult
Z68.36	Body mass index (BMI) 36.0-36.9, adult
Z68.37	Body mass index (BMI) 37.0-37.9, adult
Z68.38	Body mass index (BMI) 38.0-38.9, adult
Z68.39	Body mass index (BMI) 39.0-39.9, adult
Z68.41	Body mass index (BMI) 40.0-44.9, adult
Z68.42	Body mass index (BMI) 45.0-49.9, adult
Z68.43	Body mass index (BMI) 50.0-59.9, adult
Z68.44	Body mass index (BMI) 60.0-69.9, adult
Z68.45	Body mass index (BMI) 70 or greater, adult
Z79.3	Long term (current) use of hormonal contraceptives
Z79.4	Long term (current) use of insulin
Z79.51	Long term (current) use of inhaled steroids
Z79.52	Long term (current) use of systemic steroids
Z79.810	Long term (current) use of selective estrogen receptor modulators (SERMs)
Z79.811	Long term (current) use of aromatase inhibitors
Z79.818	Long term (current) use of other agents affecting estrogen
Z79.82	Long term (current) use of aspirin
Z79.83	Long term (current) use of bisphosphonates
Z79.84	Long term (current) use of oral hypoglycemic drugs
Z79.890	Hormone replacement therapy
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy

E55.9* If more than one LCD-listed condition contributes to vitamin D deficiency in a given patient and/or is improved by vitamin D administration, coders should use: **ICD-10 E55.9 UNSPECIFIED VITAMIN D DEFICIENCY**. This code should not be used for any other indication. **E83.50*** Use only for **HYPERCALCIURIA**

***Osteopenia** should be reported using **ICD-10-CM codes M85.80, M85.831-M85.839, M85.851-M85.859, M85.88, M85.89, M85.9 or M89.9**

The following ICD-10-CM codes support the medical necessity of CPT code 82652

The following ICD-10-CM codes support the medical necessity of CPT code 82652	Description
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E83.50*	Unspecified disorder of calcium metabolism
E83.52*	Hypercalcemia
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
N20.0	Calculus of kidney
N20.1	Calculus of ureter
N20.2	Calculus of kidney with calculus of ureter
N20.9	Urinary calculus, unspecified
N22	Calculus of urinary tract in diseases classified elsewhere

ICD-10 Codes that DO NOT Support Medical Necessity Group 1 Paragraph:

All ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Policy Created	8/20	
<u>Annual Review; update reference date. No significant change</u>	<u>02/23</u>	

References

1. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: an Endocrine Society Clinical Practice Guideline. The Journal of Clinical Endocrinology & Metabolism, Volume 96, Issue 7, 1 July 2011, Pages 1911–1930. Accessed Oct 24 2018. Available at: <https://academic.oup.com/jcem/article-lookup/doi/10.1210/jc.2011-0385>
2. United States Preventive Services Task Force. Vitamin D Deficiency: Screening November 2014 April 2021

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. LHCC makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable LHCC -administrative policies and procedures.

This clinical policy is effective as of the date determined by LHCC. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. LHCC retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to

exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom LHCC has no control or right of control. Providers are not agents or employees of LHCC.

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