



July 13, 2011

Dear Client,

Effective September 1, 2011, Regence BlueShield is implementing a new guideline for their vitamin D testing medical coverage. According to the policy, Regence BlueShield has concluded that vitamin D testing is not medically necessary for routine screening purposes and will be denied. Therefore, Regence BlueShield is requesting that a Waiver be obtained each time a vitamin D test is ordered on a patient that is covered by Regence BlueShield, regardless of the diagnosis code being provided.

Please assist us by providing this required information at the time you order the test. The Waiver being utilized for the vitamin D testing is available on the PAML website at www.paml.com, within the "Forms and Brochures" section. The link to this section is on the top right-hand side of the Home Page. In addition, paper versions of the Waiver can be provided upon your request.

If you have any questions regarding this issue, please contact your Billing Coordinator at 1-800-433-1583. If you have questions about the new policy, please contact your Regence provider consultant. The phone number for your Regence provider consultant is available in the Contact Us section of the Regence website at www.wa.regence.com/provider.

Thank you for your assistance facilitating this change.

Sincerely,

Janeen Marrs
Client Billing Manager

Vitamin D Policy Update and Effective Date Change

CPT 82306 *Vitamin D; 25 hydroxy, includes fraction(s), if performed* continues to be considered not medically necessary for routine or initial screening purposes in the absence of clinical documentation of an underlying disease or condition specifically associated with Vitamin D deficiency. A list of these conditions has been added to the policy in an Appendix.

Effective September 1, 2011 the following International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) codes will be considered not medically necessary and denied as a provider write-off:

ICD-9-CM code(s)	Description
780	<i>General symptoms</i>
V70 - V77.1	<i>Persons without reported diagnosis encountered during examination and investigation of individuals and populations</i>
V77.3 - V77.8	Same as above
V77.91	Same as above
V78 - V82.9	Same as above

The scientific literature specifically addressing the clinical utility of 1,25-dihydroxy is limited and of unreliable quality. The test is not recommended for measuring Vitamin D serum levels.

However, based upon recent feedback received from clinicians related to **CPT 82652** *Vitamin D; 1, 25-dihydroxy, includes fraction(s), if performed*, we recognize this test may be helpful to diagnose or direct treatment for a limited number of medical conditions.

We will therefore consider serum testing for calcitriol (1,25[OH]2D) medically necessary only for the following ICD-9-CM diagnoses:

ICD-9-CM code(s)	Description
252.00 - 252.08	Hyperparathyroidism, range
252.1	<i>Hypoparathyroidism</i>
268.0	<i>Rickets, active</i>
268.1	<i>Rickets, late effect</i>
268.2	<i>Osteomalacia, unspecified</i>
275.40	<i>Unspecified disorder of calcium metabolism</i>
275.41	<i>Hypocalcemia</i>
275.42	<i>Hypercalcemia</i>
275.49	<i>Other disorders of calcium metabolism</i>
592.0	<i>Calculus of kidney</i>
592.1	<i>Calculus of ureter</i>
592.9	<i>Urinary calculus, unspecified</i>
775.4	<i>Hypocalcemia and hypomagnesemia of newborn</i>

View our revised [Vitamin D Testing \(Laboratory #52\)](#) medical policy; the effective date for this policy has been changed from July 1 to September 1, 2011.

View related article on use of a [member consent form](#).