ProMedica Laboratories

Test Update

Vitamin D Testing CMS Billing Rules

Notification Date: September 24, 2026
Effective Date: Immediately

While Vitamin D assays are valuable diagnostic tools, CMS maintains strict coverage limits regarding medical necessity, frequency, and documentation. This notification outlines approved clinical indications and order frequency limits to help clinicians optimize ordering practices, avoid claim denials, and safeguard patients against unexpected medical bills.

Indications for measurement of vitamin D levels:

chronic kidney disease stage III or greater	fibromyalgia
osteoporosis	granuloma forming diseases
osteomalacia	hypovitaminosis D
osteopenia	hypervitaminosis D
osteogenesis imperfecta	long term use of anticonvulsants or glucocorticoids and other medications known to lower vitamin D levels
osteosclerosis	malabsorption states
hypocalcemia	obstructive jaundice
hypercalcemia	cirrhosis
hypoparathyroidism	psoriasis
hyperparathyroidism	Paget's disease of bone
rickets	gastric bypass
vitamin D deficiency to monitor the efficacy of replacement therapy	obesity

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Limitations:

- Vitamin D testing may not be used for routine screening.
- Only one 25 OH vitamin D level will be reimbursed in any 24-hour period. Storage and supplement components will not be reimbursed separately.
- Only one 1,25-OH vitamin D level will be reimbursed in a 24-hour period if medically necessary.
- *Assays of vitamin D levels for conditions other than for rickets, vitamin D deficiency, osteomalacia, and aluminum bone disease will be limited to **once a year. (365 days)***
- Assays of the appropriate vitamin D levels for rickets, vitamin D deficiency, osteomalacia, and aluminum bone disease will be limited to 4 per year, for the previously identified deficient form of vitamin D.

(Because there can be variability in individual 25OHD responses to supplemental vitamin D in high-risk individuals, the serum 25OHD levels could be retested after about 3 months of supplementation to confirm that the target 25OHD level has been reached. If the follow up test shows they have not yet reached the target level, the test can be repeated in another 3 months until the target level is achieved.)

Documentation requirements:

- **Valid Practitioner order for the Vitamin D lab test**
- **Practitioner progress notes indicating the rationale for the Vitamin D lab test**
- History and physical
- Medication list
- Vitamin D lab test results
- Advance Beneficiary Notice of Non-coverage (ABN), if applicable

For additional information on Medicare Coverage, refer to https://www.cms.gov/medicare-coverage-database/search.aspx

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