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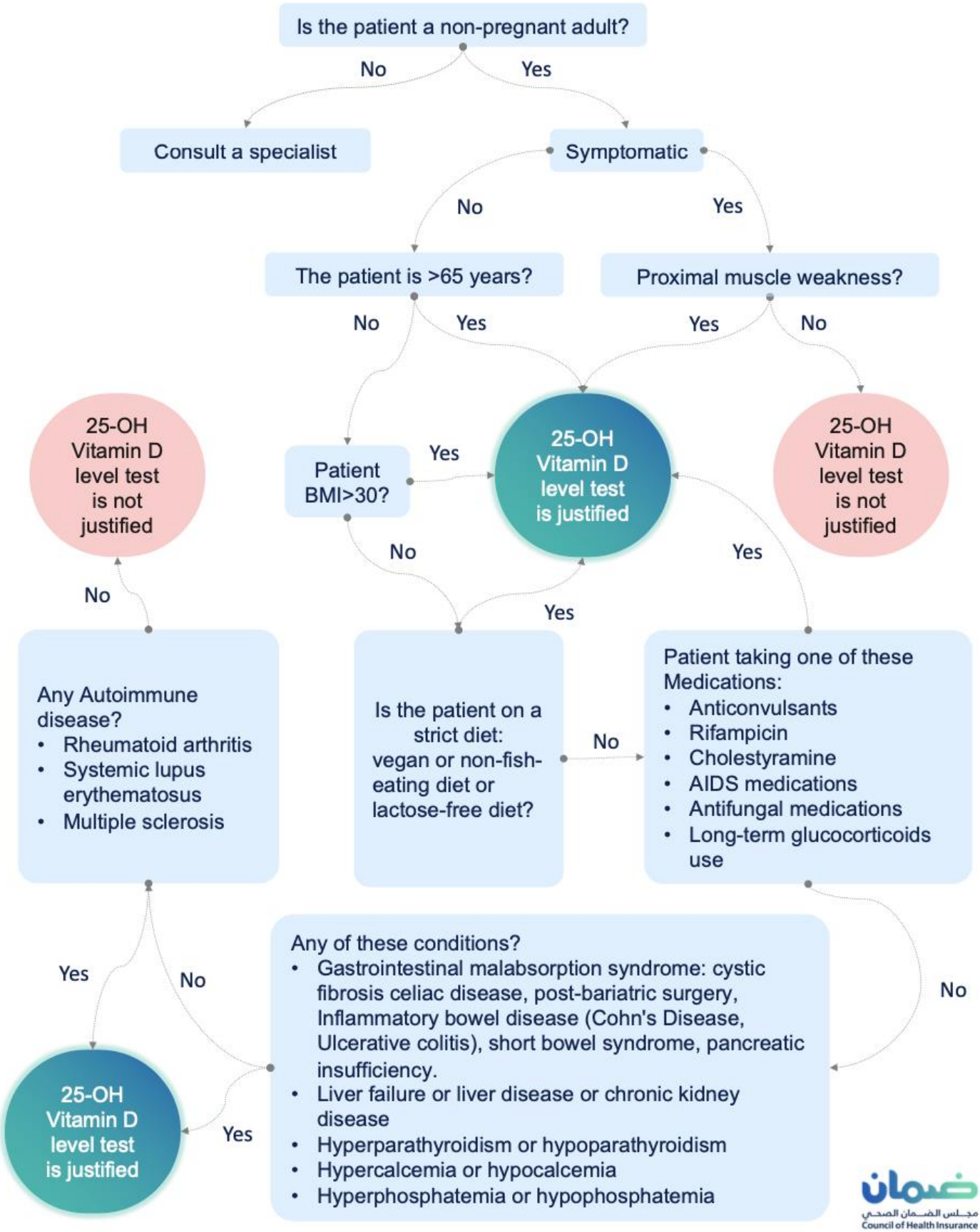
مجلس الضمان الصحي
Council of Health Insurance

Criteria for Insurance Coverage for Vitamin D Testing

Should Your Patient Get a Vitamin D Test? A Decision Guide



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Criteria for Insurance Coverage for 25-Hydroxy Vitamin D Testing (screening)

The following recommendations are based on medical evidence, clinician input, and expert opinion. The content of the document is dynamic and will be revised as new information becomes available. The purpose of this document is to assist practitioners in clinical decision-making, to standardize and improve the quality of patient care, and to promote cost-effective test ordering. **THE CLINICIAN SHOULD UTILIZE THIS GUIDANCE AND INTERPRET IT IN THE CLINICAL CONTEXT OF THE INDIVIDUAL PATIENT.**

Scope:

This guidance is currently limited to the screening for vitamin D deficiency or insufficiency in adults.

Should any of the following populations be selected for treatment, their clinical management should be overseen by specialists with expertise in the corresponding fields:

- Individuals in the pediatric age range.
- Women who are pregnant or breastfeeding.
- Patients with specialized medical conditions, such as Paget's disease or severe renal impairment (eGFR < 30 ml/min).

Recommendations:

- Routine testing of vitamin D levels is not recommended for asymptomatic individuals.
- Indications for 25(OH) vitamin D measurement (candidates for screening):

1. **Clinical Symptoms Indicative of Severe Vitamin D Deficiency**
    - Documented proximal muscle weakness causing difficulty or pain in standing or walking.

2. **Medical Conditions Predisposing to Vitamin D Deficiency**

   Gastrointestinal Issues:

   - Malabsorption syndromes (e.g., Cystic Fibrosis, Celiac Disease, Inflammatory Bowel Diseases like Crohn's and Ulcerative Colitis, Short Bowel Syndrome, Pancreatic Insufficiency)
   - Post-bariatric surgery

   Metabolic and Endocrine Disorders

   - Obesity (BMI > 30)
   - Liver disease or failure
   - Chronic kidney disease and nephrotic syndrome
   - Hyperparathyroidism and hypoparathyroidism
   - Hypercalcemia and hypocalcemia
   - Hyperphosphatemia and hypophosphatemia
   - Granulomatous forming disorders (Tuberculosis, Sarcoidosis, Histoplasmosis, Coccidiomycosis, Berylliosis, and Lymphoma)
   - Isolated elevation of alkaline phosphatase
   - Deeply pigmented skin
   - Fibromyalgia

3. **Medication-Induced Risk**
   - Anticonvulsants
   - Rifampicin
   - Cholestyramine
   - AIDS medications
   - Antifungal medications
   - Long-term glucocorticoid use (exceeding 30 days)

4. **Dietary Factors**
   - Strict vegan diet
   - Exclusive non-fish diet
   - Lactose-free diet

5. **Autoimmune Diseases**
    - Rheumatoid arthritis
    - Systemic lupus erythematosus
    - Multiple sclerosis
    - Psoriasis

6. **Age-Related Risk**
    - Elderly individuals aged 65 and above

7. **High Risk for Bone Fractures**
    - Two or more prevalent osteoporotic fractures
    - A single hip fracture
    - Low bone mass (T-score lower than -1)
    - Secondary osteoporosis
    - Primary osteoporosis alongside diseases increasing fall risk (e.g., CVA, Rheumatologic or Parkinson's Disease)

Follow-up and Monitoring

- If the vitamin D level is found to be low, initiate appropriate treatment.
- Re-check the vitamin D levels for 4-6 months, following a vitamin D loading regimen.
- Monitoring should not exceed three tests per year.

Source

- McChesney, C., Singer, A., Forouhi, N. G., & Levinson, W. (2022). Do not routinely test for vitamin D. *bmj*, *378*.
- Burnett-Bowie SAM, Cappola AR. The USPSTF 2021 recommendations on screening for asymptomatic vitamin D deficiency in adults: the challenge for clinicians continues. JAMA. 2021;325(14):1401-1402.
- Holick, M. F., Binkley, N. C., Bischoff-Ferrari, H. A., Gordon, C. M., Hanley, D. A., Heaney, R. P., ... & Weaver, C. M. (2011). Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. *The Journal of clinical endocrinology & metabolism*, *96*(7), 1911-1930.