



LCD L30273 - Vitamin D Assay Testing

Contractor Information

Contractor Name:

Highmark Medicare Services, Inc.

Contractor Number:

12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502

Contractor Type:

MAC Part A & B

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LCD Information

LCD Database ID Number

L30273

LCD Title

Vitamin D Assay Testing

Contractor's Determination Number

L30273

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

Primary Geographic Jurisdiction

Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware

Oversight Region

Central Office

Original Determination Effective Date

For services performed on or after 10/28/2009

Original Determination Ending Date

N/A

Revision Effective Date

For services performed on or after N/A

Revision Ending Date

N/A

Indications and Limitations of Coverage and/or Medical Necessity

Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is more accurate to consider fat-soluble Vitamin D as a steroid hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. Clinical disorders related to vitamin D may arise because of altered availability of the parent vitamin D, altered conversion of vitamin D to its predominant metabolites, altered organ responsiveness to dihydroxylated metabolites and disturbances in the interactions of the vitamin D metabolites with PTH and calcitonin. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

Indications:

Measurement of vitamin D levels is indicated for patients with:

- chronic kidney disease stage III or greater
- cirrhosis
- fibromyalgia
- granuloma forming diseases
- hypocalcemia
- hypercalcemia
- hypovitaminosis D
- hypervitaminosis D
- long term use of anticonvulsants or glucocorticoids and other medications known to lower vitamin D levels
- malabsorption states
- obstructive jaundice
- osteomalacia
- osteoporosis
- osteogenesis imperfecta
- osteosclerosis
- psoriasis
- rickets
- vitamin D deficiency on replacement therapy; to monitor the efficacy of treatment

Limitations:

For Medicare, testing may not be used for routine screening.

All assays of vitamin D and its metabolites need not be performed for each of the above conditions. Often, one type is more appropriate for a certain disease state than another. The most common type of vitamin D deficiency is that of 25 OH vitamin D. A much smaller percentage of 1, 25 dihydroxy vitamin D deficiency exists; mostly in those with renal disease. It is expected that the medical record will justify the tests chosen for a particular disease entity, that all available components of 25 OH vitamin D and other metabolite levels will not be performed routinely on every patient and that supportive documentation for test choices will be available to the

Contractor upon request.

This Contractor does not expect to receive billing for the various component sources of 25 OH vitamin D separately (such as stored D or diet derived D). Only one 25 OH vitamin D assay will be considered for reimbursement on any particular day, if medically necessary, for the patient's condition.

Once a beneficiary has been shown to be vitamin D deficient, further testing may be medically necessary only to ensure adequate replacement has been accomplished for this vitamin deficiency, although, generally, other parameters are measured.

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Coding Information

Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

- 11x Hospital-inpatient (including Part A)
- 12x Hospital-inpatient or home health visits (Part B only)
- 13x Hospital-outpatient (HHA-A also) (under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00)
- 14x Non-Patient Laboratory Specimens
- 18x Hospital-swing beds
- 21x SNF-inpatient, Part A
- 22x SNF-inpatient or home health visits (Part B only)
- 23x SNF-outpatient (HHA-A also)
- 72x Clinic-hospital based or independent renal dialysis facility
- 83x Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPS payment -- eff. 7/00)
- 85x Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

- 0300 Laboratory-general classification
- 0301 Laboratory-chemistry
- 0309 Laboratory-other laboratory

CPT/HCPCS Codes

Italicized and/or quoted material is excerpted from the American Medical Association, Current Procedural Terminology (CPT) codes.

- 82306 *CALCIFEDIOL (25-OH VITAMIN D-3)*
- 82307 *CALCIFEROL (VITAMIN D)*

82652 DIHYDROXYVITAMIN D, 1, 25-

ICD-9 Codes that Support Medical Necessity

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

The following ICD-9-CM codes support the medical necessity of CPT codes 82306 and 82307.

010.00 - 018.96	PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION - UNSPECIFIED MILIARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
135	SARCOIDOSIS
268.0	RICKETS ACTIVE
268.2	OSTEOMALACIA UNSPECIFIED
268.9	UNSPECIFIED VITAMIN D DEFICIENCY
275.3	DISORDERS OF PHOSPHORUS METABOLISM
275.41	HYPOCALCEMIA
275.42	HYPERCALCEMIA
278.8	OTHER HYPERALIMENTATION
359.5	MYOPATHY IN ENDOCRINE DISEASES CLASSIFIED ELSEWHERE
555.0 - 555.9	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
556.0 - 556.9	ULCERATIVE (CHRONIC) ENTEROCOLITIS - ULCERATIVE COLITIS UNSPECIFIED
571.2	ALCOHOLIC CIRRHOSIS OF LIVER
571.5	CIRRHOSIS OF LIVER WITHOUT ALCOHOL
571.6	BILIARY CIRRHOSIS
576.8	OTHER SPECIFIED DISORDERS OF BILIARY TRACT
579.0 - 579.9	CELIAC DISEASE - UNSPECIFIED INTESTINAL MALABSORPTION
585.3	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
585.5	CHRONIC KIDNEY DISEASE, STAGE V
585.6	END STAGE RENAL DISEASE
696.1	OTHER PSORIASIS AND SIMILAR DISORDERS
710.0	SYSTEMIC LUPUS ERYTHEMATOSUS
710.3	DERMATOMYOSITIS
729.1	MYALGIA AND MYOSITIS UNSPECIFIED
733.00 - 733.09	OSTEOPOROSIS UNSPECIFIED - OTHER OSTEOPOROSIS
733.90	DISORDER OF BONE AND CARTILAGE UNSPECIFIED
756.51	OSTEOGENESIS IMPERFECTA
756.52	OSTEOPETROSIS
V58.65*	LONG-TERM (CURRENT) USE OF STEROIDS
V58.69*	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

*Use V58.65 with 268.2, to describe current long term use of glucocorticoids and V58.69 with 268.2 to describe long term use of anticonvulsants and other medication known to lower Vitamin D levels.

The following ICD-9-CM codes support the medical necessity of CPT code 82652.

010.00 - 018.96	PRIMARY TUBERCULOUS COMPLEX UNSPECIFIED EXAMINATION - UNSPECIFIED MILIARY TUBERCULOSIS TUBERCLE BACILLI NOT FOUND BY BACTERIOLOGICAL OR HISTOLOGICAL EXAMINATION BUT TUBERCULOSIS CONFIRMED BY OTHER METHODS (INOCULATION OF ANIMALS)
135	SARCOIDOSIS
268.0	RICKETS ACTIVE
278.8	OTHER HYPERALIMENTATION
585.3	CHRONIC KIDNEY DISEASE, STAGE III (MODERATE)
585.4	CHRONIC KIDNEY DISEASE, STAGE IV (SEVERE)
585.5	CHRONIC KIDNEY DISEASE, STAGE V
585.6	END STAGE RENAL DISEASE
756.51	OSTEOGENESIS IMPERFECTA
756.52	OSTEOPETROSIS

Diagnoses that Support Medical Necessity

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

ICD-9 Codes that DO NOT Support Medical Necessity

Not Applicable

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**Diagnoses that DO NOT Support Medical Necessity**

Not Applicable

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Other Information**Documentation Requirements**

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

Appendices

N/A

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

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 ICD 9-CM codes 268.0-268.9 will be limited to

once a year.

Assays of the appropriate vitamin D levels for ICD-9 CM codes 268.0-268.9 will be limited to 4 per year, for the previously identified deficient form of vitamin D.

Sources of Information and Basis for Decision

Highmark Medicare Services is not responsible for the continued viability of websites listed.

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Other Contractor(s)' Policies

Highmark Medicare Services Contractor Medical Directors

Advisory Committee Meeting Notes

This policy does not reflect the sole opinion of the contractor or Contractor Medical Directors. Although the final decision rests with the contractor, this policy was developed in cooperation with advisory groups, which includes representatives from the appropriate specialty (ies).

CAC Distribution: 05/21/2009

Start Date of Comment Period

05/21/2009

End Date of Comment Period:

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Revision History

Revision History Number

L30273

Revision History Explanation

Date	Policy #	Description
09/11/2009	L30273	LCD Posted for Notice. LCD to become effective 10/28/2009
05/21/2009	DL30273	Draft LCD posted for comment.

Last Reviewed On

09/10/2009

Related Documents

This LCD has no related documents.

LCD Attachments

There are no attachments for this LCD.

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