

Vitamin D Assay Testing

LCD ID L34274

Jurisdiction

Tennessee

Original Effective Date

For services performed on or after 10/01/2015

LCD Title

Pathology and Laboratory: Vitamin D Assay Testing

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CMS National Coverage Policy

- Title XVIII of the Social Security Act, Section 1833(e). This section states that no payment shall be made to any provider for any claims that lack the necessary information to process the claim.
- Title XVIII of the Social Security Act, Section 1862(a)(1)(A). This section allows coverage and payment for only those services that are considered to be reasonable and medically necessary, i.e., reasonable and necessary are those tests used in the diagnosis and management of illness or injury or to improve the function of a malformed body part.
- Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.
- Medicare Program Integrity Manual (Pub 100-08), Chapter 13. Local Coverage Determinations.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Background

Vitamin D (calciferol) comprises a group of fat soluble seco-sterols found naturally only in a few foods,

such as fish-liver oils, fatty fish, mushrooms, egg yolks, and liver. The two major physiologically relevant forms of vitamin D are D₂ (ergocalciferol) and D₃ (cholecalciferol). Vitamin D₃ is photosynthesized in the skin of vertebrates by the action of solar ultraviolet (UV) B radiation on 7-dehydrocholesterol. Vitamin D₂ is produced by UV irradiation of ergosterol, which occurs in molds, yeast, and higher-order plants. Under conditions of regular sun exposure, dietary vitamin D intake is of minor importance. However, latitude, season, aging, sunscreen use, and skin pigmentation influence the production of vitamin D₃ by the skin.

The primary determinant for vitamin D deficiencies is 25 OH Vitamin D.

Indications

Measurement of 25 OH vitamin D levels is indicated for patients with:

1. certain chronic medications:
 - A. anti HIV
 - B. anticonvulsants
 - C. glucocorticoids
2. chronic kidney disease stage III or greater
3. cystic fibrosis
4. gastric bypass
5. hypoparathyroidism
6. hyperparathyroidism
7. hypocalcemia
8. hypercalcemia
9. inflammatory bowel disease
10. malabsorption and malnutrition
11. osteomalacia
12. osteopenia
13. osteoporosis
14. rickets
15. vitamin D deficiency on replacement therapy; to monitor the efficacy of treatment

Measurement of 1, 25 (OH)₂ vitamin D levels is indicated for patients with:

1. chronic kidney disease stage III or greater
2. hypercalcemia
3. renal osteodystrophy

Limitations

1. Screening for vitamin D deficiency is not covered.
2. The various component sources of vitamin D (such as stored D or diet derived D) are included in one (1) 25 OH vitamin D assay or one (1) 1, 25 (OH)₂ vitamin D assay.
3. Once a beneficiary has been shown to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Monitoring therapeutic replacement would not be expected to exceed 2 assays per year. Once therapeutic range has been reached, testing would not be expected to exceed one (1) assay per year.
4. Repeated testing with both assays would not be expected.

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.

N/A

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.

N/A

CPT/HCPCS Codes

Group 1 Paragraph: N/A

Group 1 Codes:

82306	Vitamin d 25 hydroxy
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Group 2 Paragraph: N/A

Group 2 Codes:

82652	Vit d 1 25-dihydroxy
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ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph: The correct use of an ICD-10-CM code listed in the "ICD-10 Codes that Support Medical Necessity" section does not guarantee coverage of a service. The service must be reasonable and necessary in the specific case and must meet the criteria specified in this LCD.

ICD-10 codes must be coded to the highest level of specificity. Consult the 'Official ICD-10-CM Guidelines for Coding and Reporting' in the current ICD-10-CM book for correct coding guidelines. This LCD does not take precedence over the Correct Coding Initiative (CCI).

For CPT code 82306:

ICD-10 CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
E20.0	Idiopathic hypoparathyroidism
E20.8 - E21.3- Opens in a new	Other hypoparathyroidism - Hyperparathyroidism, unspecified

window	
E44.0	Moderate protein-calorie malnutrition
E55.0 - E55.9- Opens in a new window	Rickets, active - Vitamin D deficiency, unspecified
E83.30 - E83.39- Opens in a new window	Disorder of phosphorus metabolism, unspecified - Other disorders of phosphorus metabolism
E83.51 - E83.52- Opens in a new window	Hypocalcemia - Hypercalcemia
E84.0 - E84.9- Opens in a new window	Cystic fibrosis with pulmonary manifestations - Cystic fibrosis, unspecified
E89.2	Postprocedural hypoparathyroidism
G40.001 - G40.319- Opens in a new window	Localization-related (focal) (partial) idiopathic epilepsy and epileptic syndromes with seizures of localized onset, not intractable, with status epilepticus - Generalized idiopathic epilepsy and epileptic syndromes, intractable, without status epilepticus
G40.A01 - G40.B19- Opens in a new window	Absence epileptic syndrome, not intractable, with status epilepticus - Juvenile myoclonic epilepsy, intractable, without status epilepticus
G40.401 - G40.919- Opens in a new window	Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus - Epilepsy, unspecified, intractable, without status epilepticus
K50.00 - K55.1- Opens in a new window	Crohn's disease of small intestine without complications - Chronic vascular disorders of intestine
K55.8 - K55.9- Opens in a new window	Other vascular disorders of intestine - Vascular disorder of intestine, unspecified
K90.0 - K90.4- Opens in a new window	Celiac disease - Malabsorption due to intolerance, not elsewhere classified
K90.89 - K90.9- Opens in a new window	Other intestinal malabsorption - Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
M81.0 - M83.9- Opens in a new window	Age-related osteoporosis without current pathological fracture - Adult osteomalacia, unspecified
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N18.3 - N18.6- Opens in a new window	Chronic kidney disease, stage 3 (moderate) - End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin

Z79.51 - Z79.52- Opens in a new window	Long term (current) use of inhaled steroids - Long term (current) use of systemic steroids
Z98.84	Bariatric surgery status

Group 2 Paragraph: For CPT code 82652:

Group 2Codes	
ICD-10 CODE	DESCRIPTION
E83.52	Hypercalcemia
<u>N18.3 - N18.6- Opens in a new window</u>	Chronic kidney disease, stage 3 (moderate) - End stage renal disease
N25.0	Renal osteodystrophy

**Associated Information
Documentation Requirements**

1. All coverage criteria must be clearly documented in the patient's medical record and made available to Medicare upon request.
2. Documentation must support a valid order and a legible identifier who interprets the diagnostic test.
3. Documentation must support the frequency of testing as outlined in the 'Limitations' section.
4. Documentation must support CMS 'signature requirements' as described in the Medicare Program Integrity Manual (Pub. 100-08), Chapter 3.

Utilization Guidelines

Assays of vitamin D would not be expected to be measured more than twice a year.

Sources of Information and Basis for Decision

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Local Coverage Determination (LCD) Disclaimer

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