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

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 D\textsubscript{2} (ergocalciferol) and D\textsubscript{3} (cholecalciferol). Vitamin D\textsubscript{3} is photosynthesized in the skin of vertebrates by the action of solar ultraviolet (UV) B radiation on 7-dehydrocholesterol. Vitamin D\textsubscript{2} 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 D\textsubscript{3} 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)\textsubscript{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)\textsubscript{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

Group 2 Paragraph: N/A

Group 2 Codes:
82652  Vit d 1 25-dihydroxy

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:

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>B20</td>
<td>Human immunodeficiency virus [HIV] disease</td>
</tr>
<tr>
<td>E20.0</td>
<td>Idiopathic hypoparathyroidism</td>
</tr>
<tr>
<td>E20.8 - E21.3-Opens in a new</td>
<td>Other hypoparathyroidism - Hyperparathyroidism, unspecified</td>
</tr>
<tr>
<td>Code</td>
<td>Description</td>
</tr>
<tr>
<td>------</td>
<td>-------------</td>
</tr>
<tr>
<td>E44.0</td>
<td>Moderate protein-calorie malnutrition</td>
</tr>
<tr>
<td>E55.0 - E55.9</td>
<td>Rickets, active - Vitamin D deficiency, unspecified</td>
</tr>
<tr>
<td>E83.30 - E83.39</td>
<td>Disorder of phosphorus metabolism, unspecified - Other disorders of phosphorus metabolism</td>
</tr>
<tr>
<td>E83.51 - E83.52</td>
<td>Hypocalcemia - Hypercalcemia</td>
</tr>
<tr>
<td>E84.0 - E84.9</td>
<td>Cystic fibrosis with pulmonary manifestations - Cystic fibrosis, unspecified</td>
</tr>
<tr>
<td>E89.2</td>
<td>Postprocedural hypoparathyroidism</td>
</tr>
<tr>
<td>G40.001 - G40.319</td>
<td>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</td>
</tr>
<tr>
<td>G40.A01 - G40.B19</td>
<td>Absence epileptic syndrome, not intractable, with status epilepticus - Juvenile myoclonic epilepsy, intractable, without status epilepticus</td>
</tr>
<tr>
<td>G40.401 - G40.919</td>
<td>Other generalized epilepsy and epileptic syndromes, not intractable, with status epilepticus - Epilepsy, unspecified, intractable, without status epilepticus</td>
</tr>
<tr>
<td>K50.00 - K55.1</td>
<td>Crohn's disease of small intestine without complications - Chronic vascular disorders of intestine</td>
</tr>
<tr>
<td>K55.8 - K55.9</td>
<td>Other vascular disorders of intestine - Vascular disorder of intestine, unspecified</td>
</tr>
<tr>
<td>K90.0 - K90.4</td>
<td>Celiac disease - Malabsorption due to intolerance, not elsewhere classified</td>
</tr>
<tr>
<td>K90.89 - K90.9</td>
<td>Other intestinal malabsorption - Intestinal malabsorption, unspecified</td>
</tr>
<tr>
<td>K91.2</td>
<td>Postsurgical malabsorption, not elsewhere classified</td>
</tr>
<tr>
<td>M81.0 - M83.9</td>
<td>Age-related osteoporosis without current pathological fracture - Adult osteomalacia, unspecified</td>
</tr>
<tr>
<td>M85.9</td>
<td>Disorder of bone density and structure, unspecified</td>
</tr>
<tr>
<td>M89.9</td>
<td>Disorder of bone, unspecified</td>
</tr>
<tr>
<td>M94.9</td>
<td>Disorder of cartilage, unspecified</td>
</tr>
<tr>
<td>N18.3 - N18.6</td>
<td>Chronic kidney disease, stage 3 (moderate) - End stage renal disease</td>
</tr>
<tr>
<td>N25.81</td>
<td>Secondary hyperparathyroidism of renal origin</td>
</tr>
</tbody>
</table>
Group 2 Paragraph: For CPT code 82652:

<table>
<thead>
<tr>
<th>ICD-10 CODE</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>E83.52</td>
<td>Hypercalcemia</td>
</tr>
<tr>
<td>N18.3 - N18.6</td>
<td>Chronic kidney disease, stage 3 (moderate) - End stage renal disease</td>
</tr>
<tr>
<td>N25.0</td>
<td>Renal osteodystrophy</td>
</tr>
</tbody>
</table>

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

- Becker, Carolyn, MD, Pathophysiology and Clinical Manifestations of Osteoporosis; The Best of Clinical Cornerstone; Volume 9, Issue 2 (January 2008)
Local Coverage Determination (LCD) Disclaimer

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