



MEDICAL COVERAGE POLICY

SERVICE: Vitamin Assays

Policy Number: 242

Effective Date: 12/01/2019

Last Review: 09/26/2019

Next Review Date: 09/26/2020

Important note:

Unless otherwise indicated, this policy will apply to all lines of business.

Even though this policy may indicate that a particular service or supply may be considered medically necessary and thus covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage (EOC) or Summary Plan Description (SPD) to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Medicare-linked plan members, this policy will apply unless there are Medicare policies that provide differing coverage rules, in which case Medicare coverage rules supersede guidelines in this policy. Medicare-linked plan policies will only apply to benefits paid for under Medicare rules, and not to any other health benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website. Similarly, for Medicaid-linked plans, the Texas Medicaid Provider Procedures Manual (TMPPM) supersedes coverage guidelines in this policy where applicable.

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PRIOR AUTHORIZATION: Not required.

POLICY:

SWHP generally considers vitamin assay panels (more than one vitamin assay) a screening procedure and not medically necessary. Similarly, assays for micronutrient testing for nutritional deficiencies that include multiple tests for vitamins, minerals, antioxidants and various metabolic functions are never necessary.

In addition, the following tests have been determined to NOT be medically necessary:

- Assays of selenium (84255)
- Functional intracellular analysis (84999)
- Total antioxidant function (84999)
- Assays of vitamin testing, not otherwise classified* (84591)

Regarding Vitamin D testing (82306 and 82652): Testing for Vitamin D deficiency is not medically necessary for general screening and requires a qualifying diagnosis as listed in the LCD. Once a member has been found to be vitamin D deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Testing more often than annually is not considered medically necessary unless member has a vitamin D deficiency.

The following tests have diagnosis and/or frequency limitations. These limitations may be supported using automated claim edits:

1. Diagnosis to procedure limitations only (86352)
2. Frequency limitations only (82180, 84252, 84425, 84446, 84590, 84597)
3. Diagnosis to procedure and frequency limitations (82306, 82652, 82379, 82607, 82746, 83090, 84207, 85385, 83698)

This policy follows the medically indicated coverage limitations described in detail in LCD L34914. The content of the LCD is found at the end of this policy. Website: <http://www.novitas-solutions.com/>



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MANDATES: None applicable.

CODES:

Important note:

CODES: Due to the wide range of applicable diagnosis codes and potential changes to codes, an inclusive list may not be presented, but the following codes may apply. Inclusion of a code in this section does not guarantee that it will be reimbursed, and patient must meet the criteria set forth in the policy language.

CPT Codes:	82180, 82306, 82379, 82607, 82652, 82746, 83090, 84207, 84252, 84425, 84446, 84590, 84597, 86352
CPT Not Covered:	84255, 84591, 84999
ICD10 codes:	
ICD10 Not covered:	

CMS: LCD L34914

POLICY HISTORY:

Status	Date	Action
New	01/16/2018	New policy
Reviewed	01/08/2019	No changes.
Updated	09/26/2019	Clarified Vitamin D testing limitations

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.

(See reference list at end of LCD)



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LCD Information abbreviated

CMS National Coverage Policy

This LCD supplements but does not replace, modify or supersede existing Medicare applicable National Coverage Determinations (NCDs) or payment policy rules and regulations for vitamins and metabolic function assay services. Federal statute and subsequent Medicare regulations regarding provision and payment for medical services are lengthy. They are not repeated in this LCD. Neither Medicare payment policy rules nor this LCD replace, modify or supersede applicable state statutes regarding medical practice or other health practice professions acts, definitions and/or scopes of practice. All providers who report services for Medicare payment must fully understand and follow all existing laws, regulations and rules for Medicare payment for vitamins and metabolic function assay services and must properly submit only valid claims for them. Please review and understand them and apply the medical necessity provisions in the policy within the context of the manual rules. Relevant CMS manual instructions and policies may be found in the following Internet-Only Manuals (IOMs) published on the CMS Web site:

IOM Citations:

- CMS IOM Publication 100-02, *Medicare Benefit Policy Manual*,
 - Chapter 6, Section 20.4 Outpatient Diagnostic Services
 - Chapter 15, Section 80.1 Clinical Laboratory Services.
- CMS IOM Publication 100-03, *Medicare National Coverage Determinations Manual*, Chapter 1, Part 4, Section 230.19 Levocarnitine for use in the Treatment of Carnitine Deficiency in ESRD Patients.
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*,
 - Chapter 16, Laboratory Services
 - Chapter 23, Section 10 Reporting ICD Diagnosis and Procedure codes and Section 40 Clinical Diagnostic Laboratory Fee Schedule.
- CMS IOM Publication 100-09, *Medicare Contractor Beneficiary and Provider Communications Manual*, Chapter 5 Correct Coding Initiative.

Social Security Act (Title XVIII) Standard References:

- 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 1862(a)(1)(D) states that no payment shall be made for any services that are considered investigational or experimental.
- 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.

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Notice: It is not appropriate to bill Medicare for services that are not covered (as described by this entire LCD) as if they are covered. When billing for non-covered services, use the appropriate modifier.

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

Covered Indications



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Most vitamin deficiencies are suggested by specific clinical findings. The presence of those specific clinical findings may prompt laboratory testing for evidence of a deficiency of that specific vitamin. Certain other clinical states may also lead to vitamin deficiencies (malabsorption syndromes, etc).

Limitations:

For Medicare beneficiaries, screening tests are governed by statute. Vitamin or micronutrient testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

The following tests are considered non-covered services:

- Assays of selenium (84255)
- Functional intracellular analysis (84999)
- Total antioxidant function (84999)
- Assays of vitamin testing, not otherwise classified* (84591)

*Note: Assays of vitamin testing, not otherwise classified (84591) is not covered since all clinically relevant vitamins have specific assays.

Notice: This LCD imposes the following limitations to the tests addressed in this LCD. These limitations will support automated denials as follows:

- Noncovered as described above (84255, 84999, 84591)
- Diagnosis to procedure limitations only (86352)
- Frequency limitations* only (82180, 84252, 84425, 84446, 84590, 84597)
- Diagnosis to procedure and frequency limitations* (82306, 82652, 82379, 82607, 82746, 83090, 84207, 85385, 83698)

*Note: Please refer to the "Utilization Guidelines" section for an outline of the frequency limitations.

Frequency limitations do not establish medical necessity for all testing but does reflect how the medical community uses the tests. Patterns of billing will be monitored for potential utilization of these tests for screening purposes, either by use of a single test or multiple tests together.

Notice: This LCD imposes frequency limitations as well as diagnosis limitations that support diagnosis to procedure code automated denials. However, services performed for any given diagnosis must meet all of the indications and limitations stated in this policy, the general requirements for medical necessity as stated in CMS payment policy manuals, any and all existing CMS national coverage determinations, and all Medicare payment rules.

As published in CMS IOM 100-08, Chapter 13, Section 13.5.1, in order to be covered under Medicare, a service shall be reasonable and necessary. When appropriate, contractors shall describe the circumstances under which the proposed LCD for the service is considered reasonable and necessary under Section 1862(a)(1)(A).

Contractors shall consider a service to be reasonable and necessary if the contractor determines that the service is:



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- Safe and effective.
- Not experimental or investigational (exception: routine costs of qualifying clinical trial services with dates of service on or after September 19, 2000 that meet the requirements of the Clinical Trials NCD are considered reasonable and necessary).
- Appropriate, including the duration and frequency that is considered appropriate for the service, in terms of whether it is:
 - Furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member.
 - Furnished in a setting appropriate to the patient's medical needs and condition.
 - Ordered and furnished by qualified personnel.
 - One that meets, but does not exceed, the patient's medical needs.
 - At least as beneficial as an existing and available medically appropriate alternative.

The redetermination process may be utilized for consideration of services performed outside of the reasonable and necessary requirements in this LCD.

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.

- 012x Hospital Inpatient (Medicare Part B only)
- 013x Hospital Outpatient
- 014x Hospital - Laboratory Services Provided to Non-patients
- 018x Hospital - Swing Beds
- 021x Skilled Nursing - Inpatient (Including Medicare Part A)
- 022x Skilled Nursing - Inpatient (Medicare Part B only)
- 023x Skilled Nursing - Outpatient
- 072x Clinic - Hospital Based or Independent Renal Dialysis Center
- 075x Clinic - Comprehensive Outpatient Rehabilitation Facility (CORF)
- 077x Clinic - Federally Qualified Health Center (FQHC)
- 083x Ambulatory Surgery Center
- 085x Critical Access Hospital

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.

Note: The contractor has identified the Bill Type and Revenue Codes applicable for use with the CPT/HCPCS codes included in this LCD. Providers are reminded that not all CPT/HCPCS codes listed can be billed with all Bill Type and/or Revenue Codes listed. CPT/HCPCS codes are required to be billed with specific Bill Type and Revenue Codes. Providers are encouraged to refer to the CMS Internet-Only Manual Publication 100-04, *Medicare Claims Processing Manual*, for further guidance.

030X Laboratory - General Classification



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CPT/HCPCS Codes

Group 1 Paragraph:

Note: Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book.

Note:

Code 82306 includes fractions, if performed.

Code 82652 includes fractions, if performed.

Group 1 Codes:

82306 Vitamin d 25 hydroxy

82652 Vit d 1 25-dihydroxy

Group 2 Paragraph: N/A

Group 2 Codes:

82379 Assay of carnitine

Group 3 Paragraph: N/A

Group 3 Codes:

82607 Vitamin b-12

82746 Assay of folic acid serum

83090 Assay of homocystine

Group 4 Paragraph: N/A

Group 4 Codes:

84207 Assay of vitamin b-6

Group 5 Paragraph: N/A

Group 5 Codes:

85385 Fibrinogen antigen

Group 6 Paragraph: N/A

Group 6 Codes:

86352 Cell function assay w/stim

Group 7 Paragraph: N/A

Group 7 Codes:

83698 Assay lipoprotein pla2

Group 8 Paragraph:

Note: The following CPT/HCPCS codes associated with the services outlined in this policy **will not have diagnosis limitations applied at this time**. See the "Utilization Guidelines" section for frequency limitations.

Group 8 Codes:

82180 Assay of ascorbic acid

84252 Assay of vitamin b-2



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- 84425 Assay of vitamin b-1
- 84446 Assay of vitamin e
- 84590 Assay of vitamin a
- 84597 Assay of vitamin k

Group 9 Paragraph:

The following CPT/HCPCS codes are non-covered.

***Note:** CPT code **84999** is non-covered when used to report functional intracellular analysis or total antioxidant function.

Group 9 Codes:

- 84255 Assay of selenium
- 84591 Assay of nos vitamin
- 84999 Clinical chemistry test

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-10-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted.

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 82306 and 82652:**

Covered for:

ICD-10 Codes Description

- A15.0 Tuberculosis of lung
- A15.4 Tuberculosis of intrathoracic lymph nodes
- A15.5 Tuberculosis of larynx, trachea and bronchus
- A15.6 Tuberculous pleurisy
- A15.7 Primary respiratory tuberculosis
- A15.8 Other respiratory tuberculosis
- A15.9 Respiratory tuberculosis unspecified
- A17.0 Tuberculous meningitis
- A17.1 Meningeal tuberculoma
- A17.81 Tuberculoma of brain and spinal cord
- A17.82 Tuberculous meningoencephalitis
- A17.83 Tuberculous neuritis
- A17.89 Other tuberculosis of nervous system
- A17.9 Tuberculosis of nervous system, unspecified
- A18.01 Tuberculosis of spine
- A18.02 Tuberculous arthritis of other joints
- A18.03 Tuberculosis of other bones
- A18.09 Other musculoskeletal tuberculosis
- A18.10 Tuberculosis of genitourinary system, unspecified
- A18.11 Tuberculosis of kidney and ureter
- A18.12 Tuberculosis of bladder
- A18.13 Tuberculosis of other urinary organs
- A18.14 Tuberculosis of prostate
- A18.15 Tuberculosis of other male genital organs
- A18.16 Tuberculosis of cervix
- A18.17 Tuberculous female pelvic inflammatory disease
- A18.18 Tuberculosis of other female genital organs



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- A18.2 Tuberculous peripheral lymphadenopathy
- A18.31 Tuberculous peritonitis
- A18.32 Tuberculous enteritis
- A18.39 Retroperitoneal tuberculosis
- A18.4 Tuberculosis of skin and subcutaneous tissue
- A18.50 Tuberculosis of eye, unspecified
- A18.51 Tuberculous episcleritis
- A18.52 Tuberculous keratitis
- A18.53 Tuberculous chorioretinitis
- A18.54 Tuberculous iridocyclitis
- A18.59 Other tuberculosis of eye
- A18.6 Tuberculosis of (inner) (middle) ear
- A18.7 Tuberculosis of adrenal glands
- A18.81 Tuberculosis of thyroid gland
- A18.82 Tuberculosis of other endocrine glands
- A18.83 Tuberculosis of digestive tract organs, not elsewhere classified
- A18.84 Tuberculosis of heart
- A18.85 Tuberculosis of spleen
- A18.89 Tuberculosis of other sites
- A19.0 Acute miliary tuberculosis of a single specified site
- A19.1 Acute miliary tuberculosis of multiple sites
- A19.2 Acute miliary tuberculosis, unspecified
- A19.8 Other miliary tuberculosis
- A19.9 Miliary tuberculosis, unspecified
- [B38.1 - B38.9](#) Chronic pulmonary coccidioidomycosis - Coccidioidomycosis, unspecified
- [B39.1 - B39.9](#) Chronic pulmonary histoplasmosis capsulati - Histoplasmosis, unspecified
- [C82.00 -C82.99](#)
- Follicular lymphoma grade I, unspecified site - Follicular lymphoma, unspecified, extranodal and solid organ sites
- D86.0 Sarcoidosis of lung
- D86.1 Sarcoidosis of lymph nodes
- D86.2 Sarcoidosis of lung with sarcoidosis of lymph nodes
- D86.3 Sarcoidosis of skin
- D86.81 Sarcoid meningitis
- D86.82 Multiple cranial nerve palsies in sarcoidosis
- D86.83 Sarcoid iridocyclitis
- D86.84 Sarcoid pyelonephritis
- D86.85 Sarcoid myocarditis
- D86.86 Sarcoid arthropathy
- D86.87 Sarcoid myositis
- D86.89 Sarcoidosis of other sites
- D86.9 Sarcoidosis, unspecified
- E20.0 Idiopathic hypoparathyroidism
- E20.8 Other hypoparathyroidism
- E20.9 Hypoparathyroidism, unspecified
- E21.0 Primary hyperparathyroidism
- E21.1 Secondary hyperparathyroidism, not elsewhere classified
- E21.2 Other hyperparathyroidism
- E21.3 Hyperparathyroidism, unspecified
- E55.0 Rickets, active



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E55.9 Vitamin D deficiency, unspecified
 E67.3 Hypervitaminosis D
 E67.8 Other specified hyperalimentation
 E68 Sequelae of hyperalimentation
 E83.30 Disorder of phosphorus metabolism, unspecified
 E83.31 Familial hypophosphatemia
 E83.32 Hereditary vitamin D-dependent rickets (type 1) (type 2)
 E83.39 Other disorders of phosphorus metabolism
 E83.51 Hypocalcemia
 E83.52 Hypercalcemia
 E83.59 Other disorders of calcium metabolism
 E84.0 Cystic fibrosis with pulmonary manifestations
 E84.19 Cystic fibrosis with other intestinal manifestations
 E84.8 Cystic fibrosis with other manifestations
 E89.2 Postprocedural hypoparathyroidism
 G73.7 Myopathy in diseases classified elsewhere
 J63.2 Berylliosis
 K50.00 Crohn's disease of small intestine without complications
 K50.011 Crohn's disease of small intestine with rectal bleeding
 K50.012 Crohn's disease of small intestine with intestinal obstruction
 K50.013 Crohn's disease of small intestine with fistula
 K50.014 Crohn's disease of small intestine with abscess
 K50.018 Crohn's disease of small intestine with other complication
 K50.019 Crohn's disease of small intestine with unspecified complications
 K50.10 Crohn's disease of large intestine without complications
 K50.111 Crohn's disease of large intestine with rectal bleeding
 K50.112 Crohn's disease of large intestine with intestinal obstruction
 K50.113 Crohn's disease of large intestine with fistula
 K50.114 Crohn's disease of large intestine with abscess
 K50.118 Crohn's disease of large intestine with other complication
 K50.119 Crohn's disease of large intestine with unspecified complications
 K50.80 Crohn's disease of both small and large intestine without complications
 K50.811 Crohn's disease of both small and large intestine with rectal bleeding
 K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
 K50.813 Crohn's disease of both small and large intestine with fistula
 K50.814 Crohn's disease of both small and large intestine with abscess
 K50.818 Crohn's disease of both small and large intestine with other complication
 K50.819 Crohn's disease of both small and large intestine with unspecified complications
 K50.90 Crohn's disease, unspecified, without complications
 K50.911 Crohn's disease, unspecified, with rectal bleeding
 K50.912 Crohn's disease, unspecified, with intestinal obstruction
 K50.913 Crohn's disease, unspecified, with fistula
 K50.914 Crohn's disease, unspecified, with abscess
 K50.918 Crohn's disease, unspecified, with other complication
 K50.919 Crohn's disease, unspecified, with unspecified complications
 K51.00 Ulcerative (chronic) pancolitis without complications
 K51.011 Ulcerative (chronic) pancolitis with rectal bleeding
 K51.012 Ulcerative (chronic) pancolitis with intestinal obstruction



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K51.013 Ulcerative (chronic) pancolitis with fistula
K51.014 Ulcerative (chronic) pancolitis with abscess
K51.018 Ulcerative (chronic) pancolitis with other complication
K51.019 Ulcerative (chronic) pancolitis with unspecified complications
K51.20 Ulcerative (chronic) proctitis without complications
K51.211 Ulcerative (chronic) proctitis with rectal bleeding
K51.212 Ulcerative (chronic) proctitis with intestinal obstruction
K51.213 Ulcerative (chronic) proctitis with fistula
K51.214 Ulcerative (chronic) proctitis with abscess
K51.218 Ulcerative (chronic) proctitis with other complication
K51.219 Ulcerative (chronic) proctitis with unspecified complications
K51.30 Ulcerative (chronic) rectosigmoiditis without complications
K51.311 Ulcerative (chronic) rectosigmoiditis with rectal bleeding
K51.312 Ulcerative (chronic) rectosigmoiditis with intestinal obstruction
K51.313 Ulcerative (chronic) rectosigmoiditis with fistula
K51.314 Ulcerative (chronic) rectosigmoiditis with abscess
K51.318 Ulcerative (chronic) rectosigmoiditis with other complication
K51.319 Ulcerative (chronic) rectosigmoiditis with unspecified complications
K51.40 Inflammatory polyps of colon without complications
K51.411 Inflammatory polyps of colon with rectal bleeding
K51.412 Inflammatory polyps of colon with intestinal obstruction
K51.413 Inflammatory polyps of colon with fistula
K51.414 Inflammatory polyps of colon with abscess
K51.418 Inflammatory polyps of colon with other complication
K51.419 Inflammatory polyps of colon with unspecified complications
K51.50 Left sided colitis without complications
K51.511 Left sided colitis with rectal bleeding
K51.512 Left sided colitis with intestinal obstruction
K51.513 Left sided colitis with fistula
K51.514 Left sided colitis with abscess
K51.518 Left sided colitis with other complication
K51.519 Left sided colitis with unspecified complications
K51.80 Other ulcerative colitis without complications
K51.811 Other ulcerative colitis with rectal bleeding
K51.812 Other ulcerative colitis with intestinal obstruction
K51.813 Other ulcerative colitis with fistula
K51.814 Other ulcerative colitis with abscess
K51.818 Other ulcerative colitis with other complication
K51.819 Other ulcerative colitis with unspecified complications
K51.90 Ulcerative colitis, unspecified, without complications
K51.911 Ulcerative colitis, unspecified with rectal bleeding
K51.912 Ulcerative colitis, unspecified with intestinal obstruction
K51.913 Ulcerative colitis, unspecified with fistula
K51.914 Ulcerative colitis, unspecified with abscess
K51.918 Ulcerative colitis, unspecified with other complication
K51.919 Ulcerative colitis, unspecified with unspecified complications
K52.0 Gastroenteritis and colitis due to radiation
K70.2 Alcoholic fibrosis and sclerosis of liver



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K70.30 Alcoholic cirrhosis of liver without ascites
K70.31 Alcoholic cirrhosis of liver with ascites
K74.0 Hepatic fibrosis
K74.3 Primary biliary cirrhosis
K74.4 Secondary biliary cirrhosis
K74.5 Biliary cirrhosis, unspecified
K74.60 Unspecified cirrhosis of liver
K74.69 Other cirrhosis of liver
K83.5 Biliary cyst
K83.8 Other specified diseases of biliary tract
K87 Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0 Celiac disease
K90.1 Tropical sprue
K90.2 Blind loop syndrome, not elsewhere classified
K90.3 Pancreatic steatorrhea
K90.49 Malabsorption due to intolerance, not elsewhere classified
K90.81 Whipple's disease
K90.89 Other intestinal malabsorption
K90.9 Intestinal malabsorption, unspecified
K91.2 Postsurgical malabsorption, not elsewhere classified
L40.0 Psoriasis vulgaris
L40.1 Generalized pustular psoriasis
L40.2 Acrodermatitis continua
L40.3 Pustulosis palmaris et plantaris
L40.4 Guttate psoriasis
L40.50 Arthropathic psoriasis, unspecified
L40.51 Distal interphalangeal psoriatic arthropathy
L40.52 Psoriatic arthritis mutilans
L40.53 Psoriatic spondylitis
L40.54 Psoriatic juvenile arthropathy
L40.59 Other psoriatic arthropathy
L40.8 Other psoriasis
L40.9 Psoriasis, unspecified
M32.0 Drug-induced systemic lupus erythematosus
M32.10 Systemic lupus erythematosus, organ or system involvement unspecified
M32.11 Endocarditis in systemic lupus erythematosus
M32.12 Pericarditis in systemic lupus erythematosus
M32.13 Lung involvement in systemic lupus erythematosus
M32.14 Glomerular disease in systemic lupus erythematosus
M32.15 Tubulo-interstitial nephropathy in systemic lupus erythematosus
M32.19 Other organ or system involvement in systemic lupus erythematosus
M32.8 Other forms of systemic lupus erythematosus
M32.9 Systemic lupus erythematosus, unspecified
M33.00 Juvenile dermatomyositis, organ involvement unspecified
M33.01 Juvenile dermatomyositis with respiratory involvement
M33.02 Juvenile dermatomyositis with myopathy
M33.09 Juvenile dermatomyositis with other organ involvement
M33.10 Other dermatomyositis, organ involvement unspecified



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M33.11 Other dermatomyositis with respiratory involvement
 M33.12 Other dermatomyositis with myopathy
 M33.19 Other dermatomyositis with other organ involvement
 M33.20 Polymyositis, organ involvement unspecified
 M33.21 Polymyositis with respiratory involvement
 M33.22 Polymyositis with myopathy
 M33.29 Polymyositis with other organ involvement
 M33.90 Dermatopolymyositis, unspecified, organ involvement unspecified
 M33.91 Dermatopolymyositis, unspecified with respiratory involvement
 M33.92 Dermatopolymyositis, unspecified with myopathy
 M33.99 Dermatopolymyositis, unspecified with other organ involvement
 M36.0 Dermato(poly)myositis in neoplastic disease
 M60.80 Other myositis, unspecified site
 M60.811 Other myositis, right shoulder
 M60.812 Other myositis, left shoulder
 M60.819 Other myositis, unspecified shoulder
 M60.821 Other myositis, right upper arm
 M60.822 Other myositis, left upper arm
 M60.829 Other myositis, unspecified upper arm
 M60.831 Other myositis, right forearm
 M60.832 Other myositis, left forearm
 M60.839 Other myositis, unspecified forearm
 M60.841 Other myositis, right hand
 M60.842 Other myositis, left hand
 M60.849 Other myositis, unspecified hand
 M60.851 Other myositis, right thigh
 M60.852 Other myositis, left thigh
 M60.859 Other myositis, unspecified thigh
 M60.861 Other myositis, right lower leg
 M60.862 Other myositis, left lower leg
 M60.869 Other myositis, unspecified lower leg
 M60.871 Other myositis, right ankle and foot
 M60.872 Other myositis, left ankle and foot
 M60.879 Other myositis, unspecified ankle and foot
 M60.88 Other myositis, other site
 M60.89 Other myositis, multiple sites
 M60.9 Myositis, unspecified
 M79.1 Myalgia
 M79.7 Fibromyalgia
[M80.00XA -M80.00XS](#)
 Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified site, sequela
[M80.011A -M80.011S](#)
 Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right shoulder, sequela
[M80.012A -M80.012S](#)
 Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left shoulder, sequela



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[M80.019A -M80.019S](#)

Age-related osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified shoulder, sequela

[M80.021A -M80.021S](#)

Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right humerus, sequela

[M80.022A -M80.022S](#)

Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left humerus, sequela

[M80.029A -M80.029S](#)

Age-related osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified humerus, sequela

[M80.031A -M80.031S](#)

Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right forearm, sequela

[M80.032A -M80.032S](#)

Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left forearm, sequela

[M80.039A -M80.039S](#)

Age-related osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified forearm, sequela

[M80.041A -M80.041S](#)

Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right hand, sequela

[M80.042A -M80.042S](#)

Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left hand, sequela

[M80.049A -M80.049S](#)

Age-related osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified hand, sequela

[M80.051A -M80.051S](#)

Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right femur, sequela

[M80.052A -M80.052S](#)

Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left femur, sequela

[M80.059A -M80.059S](#)

Age-related osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified femur, sequela

[M80.061A -M80.061S](#)

Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right lower leg, sequela



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M80.062A -M80.062S

Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left lower leg, sequela

M80.069A -M80.069S

Age-related osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified lower leg, sequela

M80.071A -M80.071S

Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, right ankle and foot, sequela

M80.072A -M80.072S

Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, left ankle and foot, sequela

M80.079A -M80.079S

Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture - Age-related osteoporosis with current pathological fracture, unspecified ankle and foot, sequela

M80.08XA -M80.08XS

Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture - Age-related osteoporosis with current pathological fracture, vertebra(e), sequela

M80.80XA -M80.80XS

Other osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified site, sequela

M80.811A -M80.811S

Other osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, right shoulder, sequela

M80.812A -M80.812S

Other osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, left shoulder, sequela

M80.819A -M80.819S

Other osteoporosis with current pathological fracture, unspecified shoulder, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified shoulder, sequela

M80.821A -M80.821S

Other osteoporosis with current pathological fracture, right humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, right humerus, sequela

M80.822A -M80.822S

Other osteoporosis with current pathological fracture, left humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, left humerus, sequela

M80.829A -M80.829S

Other osteoporosis with current pathological fracture, unspecified humerus, initial encounter for fracture - Other osteoporosis with current pathological fracture, unspecified humerus, sequela

M80.831A -M80.831S

Other osteoporosis with current pathological fracture, right forearm, initial encounter for fracture - Other osteoporosis with current pathological fracture, right forearm, sequela

M80.832A -M80.832S



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Other osteoporosis with current pathological fracture, left forearm, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, left forearm, sequela
[M80.839A -M80.839S](#)
 Other osteoporosis with current pathological fracture, unspecified forearm, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, unspecified forearm, sequela
[M80.841A -M80.841S](#)
 Other osteoporosis with current pathological fracture, right hand, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, right hand, sequela
[M80.842A -M80.842S](#)
 Other osteoporosis with current pathological fracture, left hand, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, left hand, sequela
[M80.849A -M80.849S](#)
 Other osteoporosis with current pathological fracture, unspecified hand, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, unspecified hand, sequela
[M80.851A -M80.851S](#)
 Other osteoporosis with current pathological fracture, right femur, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, right femur, sequela
[M80.852A -M80.852S](#)
 Other osteoporosis with current pathological fracture, left femur, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, left femur, sequela
[M80.859A -M80.859S](#)
 Other osteoporosis with current pathological fracture, unspecified femur, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, unspecified femur, sequela
[M80.861A -M80.861S](#)
 Other osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
 - Other osteoporosis with current pathological fracture, right lower leg, sequela
[M80.862A -M80.862S](#)
 Other osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
 -
 Other osteoporosis with current pathological fracture, left lower leg, sequela
[M80.869A -M80.869S](#)
 Other osteoporosis with current pathological fracture, unspecified lower leg, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, unspecified lower leg, sequela
[M80.871A -M80.871S](#)
 Other osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, right ankle and foot, sequela
[M80.872A -M80.872S](#)
 Other osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, left ankle and foot, sequela
[M80.879A -M80.879S](#)
 Other osteoporosis with current pathological fracture, unspecified ankle and foot, initial encounter for fracture -
 Other osteoporosis with current pathological fracture, unspecified ankle and foot, sequela
[M80.88XA -M80.88XS](#)
 Other osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture -
 Other osteoporosis with current pathological fracture, vertebra(e), sequela
 M81.0 Age-related osteoporosis without current pathological fracture



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- M81.6 Localized osteoporosis [Lequesne]
- M81.8 Other osteoporosis without current pathological fracture
- M83.0 Puerperal osteomalacia
- M83.1 Senile osteomalacia
- M83.2 Adult osteomalacia due to malabsorption
- M83.3 Adult osteomalacia due to malnutrition
- M83.4 Aluminum bone disease
- M83.5 Other drug-induced osteomalacia in adults
- M83.8 Other adult osteomalacia
- M83.9 Adult osteomalacia, unspecified
- M85.80 Other specified disorders of bone density and structure, unspecified site
- M85.9 Disorder of bone density and structure, unspecified
- M89.9 Disorder of bone, unspecified
- M94.9 Disorder of cartilage, unspecified
- N18.3 Chronic kidney disease, stage 3 (moderate)
- N18.4 Chronic kidney disease, stage 4 (severe)
- N18.5 Chronic kidney disease, stage 5
- N18.6 End stage renal disease
- N25.81 Secondary hyperparathyroidism of renal origin
- Q78.0 Osteogenesis imperfecta
- Q78.2 Osteopetrosis
- [Z68.30 -Z68.45](#) Body mass index (BMI) 30.0-30.9, adult - Body mass index (BMI) 70 or greater, adult
- Z79.3 Long term (current) use of hormonal contraceptives
- Z79.51 Long term (current) use of inhaled steroids
- Z79.52 Long term (current) use of systemic steroids
- Z79.891 Long term (current) use of opiate analgesic
- Z79.899 Other long term (current) drug therapy
- Z98.0 Intestinal bypass and anastomosis status
- Z98.84 Bariatric surgery status

Group 2 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 82379:**

Covered for:

Group 2 Codes:

ICD-10 Codes Description

- D63.1 Anemia in chronic kidney disease
- E71.40 Disorder of carnitine metabolism, unspecified
- E71.41 Primary carnitine deficiency
- E71.42 Carnitine deficiency due to inborn errors of metabolism
- E71.43 Iatrogenic carnitine deficiency
- E71.440 Ruvalcaba-Myhre-Smith syndrome
- E71.448 Other secondary carnitine deficiency
- I95.3 Hypotension of hemodialysis

Group 3 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS codes 82607, 82746 and 83090:**



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Covered for:

Group 3 Codes:

ICD-10 Codes Description

D51.0 Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1 Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.2 Transcobalamin II deficiency
D51.3 Other dietary vitamin B12 deficiency anemia
D51.8 Other vitamin B12 deficiency anemias
D51.9 Vitamin B12 deficiency anemia, unspecified
D52.0 Dietary folate deficiency anemia
D52.1 Drug-induced folate deficiency anemia
D52.8 Other folate deficiency anemias
D52.9 Folate deficiency anemia, unspecified
D53.1 Other megaloblastic anemias, not elsewhere classified
D53.9 Nutritional anemia, unspecified
D69.6 Thrombocytopenia, unspecified
D81.818 Other biotin-dependent carboxylase deficiency
D81.819 Biotin-dependent carboxylase deficiency, unspecified
E41 Nutritional marasmus
E43 Unspecified severe protein-calorie malnutrition
E45 Retarded development following protein-calorie malnutrition
E46 Unspecified protein-calorie malnutrition
E53.8 Deficiency of other specified B group vitamins
E64.0 Sequelae of protein-calorie malnutrition
E72.10 Disorders of sulfur-bearing amino-acid metabolism, unspecified
E72.11 Homocystinuria
E72.12 Methylene tetrahydrofolate reductase deficiency
E72.19 Other disorders of sulfur-bearing amino-acid metabolism
F03.90 Unspecified dementia without behavioral disturbance
F03.91 Unspecified dementia with behavioral disturbance
F10.20 Alcohol dependence, uncomplicated
G25.70 Drug induced movement disorder, unspecified
G25.71 Drug induced akathisia
G25.79 Other drug induced movement disorders
G25.89 Other specified extrapyramidal and movement disorders
G25.9 Extrapyramidal and movement disorder, unspecified
G26 Extrapyramidal and movement disorders in diseases classified elsewhere
G30.0 Alzheimer's disease with early onset
G30.1 Alzheimer's disease with late onset
G30.8 Other Alzheimer's disease
G30.9 Alzheimer's disease, unspecified
G60.3 Idiopathic progressive neuropathy
G60.9 Hereditary and idiopathic neuropathy, unspecified
K14.0 Glossitis
K14.6 Glossodynia
K31.83 Achlorhydria
K50.00 Crohn's disease of small intestine without complications



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K50.011 Crohn's disease of small intestine with rectal bleeding
K50.012 Crohn's disease of small intestine with intestinal obstruction
K50.013 Crohn's disease of small intestine with fistula
K50.014 Crohn's disease of small intestine with abscess
K50.018 Crohn's disease of small intestine with other complication
K50.019 Crohn's disease of small intestine with unspecified complications
K50.10 Crohn's disease of large intestine without complications
K50.111 Crohn's disease of large intestine with rectal bleeding
K50.112 Crohn's disease of large intestine with intestinal obstruction
K50.113 Crohn's disease of large intestine with fistula
K50.114 Crohn's disease of large intestine with abscess
K50.118 Crohn's disease of large intestine with other complication
K50.119 Crohn's disease of large intestine with unspecified complications
K50.80 Crohn's disease of both small and large intestine without complications
K50.811 Crohn's disease of both small and large intestine with rectal bleeding
K50.812 Crohn's disease of both small and large intestine with intestinal obstruction
K50.813 Crohn's disease of both small and large intestine with fistula
K50.814 Crohn's disease of both small and large intestine with abscess
K50.818 Crohn's disease of both small and large intestine with other complication
K50.819 Crohn's disease of both small and large intestine with unspecified complications
K50.90 Crohn's disease, unspecified, without complications
K50.911 Crohn's disease, unspecified, with rectal bleeding
K50.912 Crohn's disease, unspecified, with intestinal obstruction
K50.913 Crohn's disease, unspecified, with fistula
K50.914 Crohn's disease, unspecified, with abscess
K50.918 Crohn's disease, unspecified, with other complication
K50.919 Crohn's disease, unspecified, with unspecified complications
K90.0 Celiac disease
K90.1 Tropical sprue
K90.2 Blind loop syndrome, not elsewhere classified
K90.3 Pancreatic steatorrhea
K90.49 Malabsorption due to intolerance, not elsewhere classified
K90.81 Whipple's disease
K90.89 Other intestinal malabsorption
K90.9 Intestinal malabsorption, unspecified
K91.2 Postsurgical malabsorption, not elsewhere classified
R20.0 Anesthesia of skin
R20.1 Hypoesthesia of skin
R20.2 Paresthesia of skin
R20.3 Hyperesthesia
R20.8 Other disturbances of skin sensation
R20.9 Unspecified disturbances of skin sensation
R26.0 Ataxic gait
R26.1 Paralytic gait
R26.81 Unsteadiness on feet
R26.89 Other abnormalities of gait and mobility
R26.9 Unspecified abnormalities of gait and mobility
R27.0 Ataxia, unspecified



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- R27.8 Other lack of coordination
- R27.9 Unspecified lack of coordination
- R41.1 Anterograde amnesia
- R41.2 Retrograde amnesia
- R41.3 Other amnesia
- R41.82 Altered mental status, unspecified
- R41.9 Unspecified symptoms and signs involving cognitive functions and awareness
- R45.84 Anhedonia
- Z51.11 Encounter for antineoplastic chemotherapy
- Z79.3 Long term (current) use of hormonal contraceptives
- Z79.891 Long term (current) use of opiate analgesic
- Z79.899 Other long term (current) drug therapy
- Z86.39 Personal history of other endocrine, nutritional and metabolic disease
- Z98.0 Intestinal bypass and anastomosis status
- Z99.2 Dependence on renal dialysis

Group 4 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 84207:**

Covered for:

Group 4 Codes:

ICD-10 Codes Description

- D64.0 Hereditary sideroblastic anemia
- D64.1 Secondary sideroblastic anemia due to disease
- D64.2 Secondary sideroblastic anemia due to drugs and toxins
- D64.3 Other sideroblastic anemias
- E53.1 Pyridoxine deficiency
- E67.2 Megavitamin-B6 syndrome
- E83.39 Other disorders of phosphorus metabolism
- G25.70 Drug induced movement disorder, unspecified
- G25.71 Drug induced akathisia
- G25.79 Other drug induced movement disorders
- G25.89 Other specified extrapyramidal and movement disorders
- G25.9 Extrapyramidal and movement disorder, unspecified
- G26 Extrapyramidal and movement disorders in diseases classified elsewhere
- G60.9 Hereditary and idiopathic neuropathy, unspecified
- K14.0 Glossitis
- R74.8 Abnormal levels of other serum enzymes

Group 5 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 85385:**

Covered for:

Group 5 Codes:

ICD-10 Codes Description

- D47.3 Essential (hemorrhagic) thrombocythemia
- D65 Disseminated intravascular coagulation [defibrination syndrome]
- D68.2 Hereditary deficiency of other clotting factors
- D68.32 Hemorrhagic disorder due to extrinsic circulating anticoagulants
- D68.4 Acquired coagulation factor deficiency



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- D69.3 Immune thrombocytopenic purpura
- D69.41 Evans syndrome
- D69.42 Congenital and hereditary thrombocytopenia purpura
- D69.49 Other primary thrombocytopenia
- D69.51 Posttransfusion purpura
- D69.59 Other secondary thrombocytopenia
- D69.6 Thrombocytopenia, unspecified
- R79.1 Abnormal coagulation profile

Group 6 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 86352**

Covered for:

Group 6 Codes:

ICD-10 Codes Description

- D81.4 Nezelof's syndrome
- D82.0 Wiskott-Aldrich syndrome
- D82.1 Di George's syndrome
- D83.1 Common variable immunodeficiency with predominant immunoregulatory T-cell disorders
- T86.00 Unspecified complication of bone marrow transplant
- T86.01 Bone marrow transplant rejection
- T86.02 Bone marrow transplant failure
- T86.03 Bone marrow transplant infection
- T86.09 Other complications of bone marrow transplant
- T86.10 Unspecified complication of kidney transplant
- T86.11 Kidney transplant rejection
- T86.12 Kidney transplant failure
- T86.13 Kidney transplant infection
- T86.19 Other complication of kidney transplant
- T86.20 Unspecified complication of heart transplant
- T86.21 Heart transplant rejection
- T86.22 Heart transplant failure
- T86.23 Heart transplant infection
- T86.290 Cardiac allograft vasculopathy
- T86.298 Other complications of heart transplant
- T86.30 Unspecified complication of heart-lung transplant
- T86.31 Heart-lung transplant rejection
- T86.32 Heart-lung transplant failure
- T86.33 Heart-lung transplant infection
- T86.39 Other complications of heart-lung transplant
- T86.40 Unspecified complication of liver transplant
- T86.41 Liver transplant rejection
- T86.42 Liver transplant failure
- T86.43 Liver transplant infection
- T86.49 Other complications of liver transplant
- T86.5 Complications of stem cell transplant
- T86.810 Lung transplant rejection
- T86.811 Lung transplant failure



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- T86.812 Lung transplant infection
- T86.818 Other complications of lung transplant
- T86.819 Unspecified complication of lung transplant
- T86.850 Intestine transplant rejection
- T86.851 Intestine transplant failure
- T86.852 Intestine transplant infection
- T86.858 Other complications of intestine transplant
- T86.859 Unspecified complication of intestine transplant
- T86.890 Other transplanted tissue rejection
- T86.891 Other transplanted tissue failure
- T86.892 Other transplanted tissue infection
- T86.898 Other complications of other transplanted tissue
- T86.899 Unspecified complication of other transplanted tissue
- Z48.21 Encounter for aftercare following heart transplant
- Z48.22 Encounter for aftercare following kidney transplant
- Z48.23 Encounter for aftercare following liver transplant
- Z48.24 Encounter for aftercare following lung transplant
- Z48.280 Encounter for aftercare following heart-lung transplant
- Z48.290 Encounter for aftercare following bone marrow transplant
- Z94.0 Kidney transplant status
- Z94.1 Heart transplant status
- Z94.2 Lung transplant status
- Z94.3 Heart and lungs transplant status
- Z94.4 Liver transplant status
- Z94.81 Bone marrow transplant status
- Z94.82 Intestine transplant status
- Z94.83 Pancreas transplant status

Group 7 Paragraph:

Medicare is establishing the following limited coverage for **CPT/HCPCS code 83698:**

Covered for:

Group 7 Codes:

- ICD-10 Codes Description
- E11.65 Type 2 diabetes mellitus with hyperglycemia
- E11.9 Type 2 diabetes mellitus without complications
- E13.9 Other specified diabetes mellitus without complications
- E78.00 Pure hypercholesterolemia, unspecified
- E78.01 Familial hypercholesterolemia
- E78.1 Pure hyperglyceridemia
- E78.2 Mixed hyperlipidemia
- E78.3 Hyperchylomicronemia
- E78.4 Other hyperlipidemia
- I25.10 Atherosclerotic heart disease of native coronary artery without angina pectoris

General Information

Associated Information

Documentation Requirements



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1. All documentation must be maintained in the patient’s medical record and made 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 documentation must include the legible signature of the physician or non-physician practitioner responsible for and providing the care to the patient.
3. The submitted medical record must support the use of the selected ICD-10-CM code(s). The submitted CPT/HCPCS code must describe the service performed.
4. The medical record documentation must support the medical necessity of the services as directed in this policy.

Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice. Medicare recognizes certain tests may exceed the stated frequencies. Should a denial occur, additional documentation can be submitted to support medical necessity. Payment for additional tests may be allowed in selected circumstances when, upon medical review, the medical necessity of additional services is demonstrated.

Following a review of utilization data at various percentiles of units billed per year, the following frequency limitations are established and are as follows:

- 82180 (Assay of ascorbic acid) 1 time per year
- 82306 (Vitamin d 25 hydroxy) up to 3 times per year
- 82379 (Assay of carnitine) up to 3 times per year
- 82607 (Vitamin b-12) up to 3 times per year
- 82652 (Vit d 1 25-dihydroxy) up to 2 times per year
- 82746 (Assay of folic acid serum) up to 3 times per year
- 83090 (Assay of homocysteine) 1 time per year
- 83698 (Assay lipoprotein pla2) 1 time per year
- 84207 (Assay of vitamin b-6) 1 time per year
- 84252 (Assay of vitamin b-2) 1 time per year
- 84425 (Assay of vitamin b-1) 1 time per year
- 84446 (Assay of vitamin e) 1 time per year
- 84590 (Assay of vitamin a) 1 time per year
- 84597 (Assay of vitamin k) 1 time per year
- 85385 (Fibrinogen antigen) up to 3 times per year
- 86352 (Cell function assay w/stim) frequencies not determined

Notice: This LCD imposes utilization guideline limitations. Despite Medicare's allowing up to these maximums, each patient’s condition and response to treatment must medically warrant the number of services reported for payment. Medicare requires the medical necessity for each service reported to be clearly demonstrated in the patient’s medical record. Medicare expects that patients will not routinely require the maximum allowable number of services.

Sources of Information

Contractor is not responsible for the continued viability of websites listed.

1. Albert MA, et al. The Effect of Statin Therapy on Lipoprotein Associated Phospholipase A2 Levels. *Atherosclerosis* 2005; 182: pp. 193–198.
2. Anderson, JL. Lipoprotein-Associated Phospholipid A2: An Independent Predictor of Coronary Artery Disease Events in Primary and Secondary Prevention. *Am J Cardiol* 2008 Jun 16; 101(12A): 23F-33F.



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3. American College of Cardiology and American Heart Association, ACC/AHA 2002 Guideline Update for Management of Patients with Chronic Stable Angina, *Circulation*, 2003, 107: pp. 1–10.
4. Centers for Medicare & Medicaid Services, Levocarnitine for Use in the Treatment of Carnitine Deficiency in ESRD Patients, Program Memorandum Transmittal AB-02-165, November 8, 2002.
5. Colley KJ, Wolfert RL, Cobble ME. Lipoprotein associated phospholipase A2: role in atherosclerosis and utility as a biomarker for cardiovascular risk. *EPMA J*. 2011 Mar;2(1):27-38.
6. Lp-PLA(2) Studies Collaboration, Thompson A, Gao P, et al. Lipoprotein-associated phospholipase A2 and risk of coronary disease, stroke, and mortality: collaborative analysis of 32 prospective studies. *Lancet*. 2010 May 1;375(9725):1536-44.
7. Davidson MH, Corson MA, Alberts MJ, et al. Consensus Panel Recommendation For Incorporating Lipoprotein-Associated Phospholipase A2 Testing into Cardiovascular Disease Risk Assessment Guidelines. *Am J Cardiol*. 2008 Jun 16;101(12A):51F-57F.
8. Epps KC, Wilensky RL. Lp-PLA2- a novel risk factor for high-risk coronary and carotid artery disease. *J Intern Med*. 2011 Jan;269(1):94-106.
9. Federal Register, Vol. 66, No. 226, November 23, 2001, pp. 58788–58890.
10. Hackam, DG, Anand SS. Emerging Risk Factors for Atherosclerotic Vascular Disease. *JAMA*, 2003, 290: pp. 932–940.
11. Holick, MF et al. Evaluation, Treatment, and Prevention of Vitamin D Deficiency: An Endocrine Society Clinical Practice Guidelines. *Journal of Clinical Endocrinology and Metabolism* 2011 Jan; 96(7):1911-1930.
12. Homocysteine Studies Collaboration. Homocysteine and Risk of Ischemic Heart Disease and Stroke: A Metaanalysis. *JAMA* 288 (16): pp. 2015–22, 2002.
13. Hypophosphatasia. Review. <https://ghr.nlm.nih.gov/condition/hypophosphatasia>
14. Jacobs DS, DeMott WR, Oxley DK. Jacobs and DeMott. *Laboratory Test Handbook with Key Word Index*, 5th Edition.
15. Kelly JL et al. Vitamin D and Non-Hodgkin Lymphoma Risk in Adults: A Review. *Clinical Invest*. 2009 November; 27(9): 942-951.
16. Kowalshi RJ, et al. Assessing Relative Risks of Infection and Rejection: A Meta-Analysis Using an Immune Function Assay (manuscript accepted for publication in *Transplantation*, April 25, 2006).
17. Pasternak RC, Abrams J, Greenland P, et al. 34th Bethesda Conference: Task Force #1-- Identification of Coronary Heart Disease Risk: Is There a Detection Gap? *J Am Coll Cardiol*. 2003 Jun 4;41(11):1863-74.
18. Pitt B, Waters D, Brown WV, et al. Aggressive lipid-lowering therapy compared with angioplasty in stable coronary artery disease. Atorvastatin versus Revascularization Treatment Investigators. *N Engl J Med*. 1999 Jul 8;341(2):70-6.
19. Tikkanen MJ, Szarek M, Fayyad R, et al. Total Cardiovascular Disease Burden: Comparing Intensive With Moderate Statin Therapy Insights From the IDEAL (Incremental Decrease in End Points Through Aggressive Lipid Lowering) Trial. *J Am Coll Cardiol*. 2009 Dec 15;54(25):2353-7.
20. Timbie JW, Hayward RA, Vijan S. Variation in the Net Benefit Of Aggressive Cardiovascular Risk Factor Control



MEDICAL COVERAGE POLICY

SERVICE: Vitamin Assays

Policy Number:	242
Effective Date:	12/01/2019
Last Review:	09/26/2019
Next Review Date:	09/26/2020

21. Across the US Population Of Patients With Diabetes Mellitus. *Arch Intern Med.* 2010 Jun 28;170(12):1037-44.
22. Novitas Solutions, Inc. Local Coverage Determination (LCD): Vitamin D Assay Testing (L34888)
23. Other Contractor Policies
24. Palmetto GBA Local Coverage Determination (LCD): Assays for Vitamins and Metabolic Function (L33418)
25. Palmetto GBA Local Coverage Determination (LCD): MoIDX: Biomarkers in Cardiovascular Risk Assessment (L36129)
26. Noridian Healthcare Solutions, LLC Local Coverage Determination (LCD): Non Covered Services (L36219)
27. National Government Services, LCD on Vitamin D assay testing (L29510).
28. Noridian Local Medical Review Policy, "Folic Acid, Serum."
29. Texas Local Medical Review Policy, "Vitamin Assay."