Local Coverage Determination (LCD):  
Assays for Vitamins and Metabolic Function (L31775)

Contractor Information
Contractor Name
Palmetto GBA
Contract Number
11202
Contract Type
MAC - Part B

LCD Information
Document Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>LCD ID</td>
<td>L31775</td>
</tr>
<tr>
<td>LCD Title</td>
<td>Assays for Vitamins and Metabolic Function</td>
</tr>
<tr>
<td>Jurisdiction</td>
<td>South Carolina</td>
</tr>
<tr>
<td>Original Effective Date</td>
<td>For services performed on or after 03/19/2011</td>
</tr>
<tr>
<td>Revision Effective Date</td>
<td>For services performed on or after 04/18/2013</td>
</tr>
<tr>
<td>Revision Ending Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Retirement Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period Start Date</td>
<td>N/A</td>
</tr>
<tr>
<td>Notice Period End Date</td>
<td>N/A</td>
</tr>
</tbody>
</table>

CMS National Coverage Policy
Title XVIII of the Social Security Act, §1862 (a)(1)(A) allows coverage and payment for only those services that are considered to be reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member.

Title XVIII of the Social Security Act, §1862 (a)(1)(D) Investigational or Experimental

Title XVIII of the Social Security Act, §1833(e), prohibits Medicare payment for any claim lacking the necessary documentation to process the claim.

42 Code of Federal Regulations (CFR) §410.32 indicates that diagnostic tests are payable only when ordered by the physician who is treating the beneficiary for a specific medical problem and who uses the results in such treatment.

CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Ch. 6, §20.4.3
CMS Manual System, Pub 100-02, Medicare Benefit Policy Manual, Ch. 15, §231
CMS Manual System, Pub 100-03, Medicare National Coverage Determinations, Ch 1, Part 4, §230.19

Coverage Guidance

Coverage Indications, Limitations, and/or Medical Necessity

Printed on 9/20/2013. Page 1 of 9
Medicare considers vitamin assay panels (more than one vitamin assay) a screening procedure and therefore, non-covered. Similarly, assays for micronutrient testing for nutritional deficiencies that include multiple tests for vitamins, minerals, antioxidants and various metabolic functions are never necessary. Medicare reimburses for covered clinical laboratory studies that are reasonable and necessary for the diagnosis or treatment of an illness. Many vitamin deficiency problems can be determined from a comprehensive history and physical examination. Any diagnostic evaluation should be targeted at the specific vitamin deficiency suspected and not a general screen. Most vitamin deficiencies are nutritional in origin and may be corrected with supplemented vitamins.

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 (Social Security Act 1861(nn)). Vitamin 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.

Assays of selenium (84255), functional intracellular analysis (84999) or total antioxidant function (84999) are non-covered services. Assays of vitamin testing, not otherwise classified (84591), are not covered since all clinically relevant vitamins have specific assays.

The following are pertinent laboratory tests for which frequency limitations will be specified [note this should be all the CPT codes in the list below, except for those that are non-covered]:

- Vitamins and metabolic function assays: 25-OH Vitamin D-3, Carnitine, Vitamin B-12, Folic Acid (Serum), Homocystine, Vitamin B-6, Vitamin B-2, Vitamin B-1, Vitamin E, Fibrinogen, High-Sensitivity C-Reactive Protein and Lipoprotein-associated phospholipase A_2 (Lp-PLA_2); Vitamin A; Vitamin K; and Ascorbic acid.
- Additional inclusion of Vitamin D (with limited coverage not otherwise specified).

**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.

999x Not Applicable

**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.

0999 Patient Convenience Items - Other Convenience Items

Printed on 9/20/2013. Page 2 of 9
CPT/HCPCS Codes

**Group 1 Paragraph: Note:** Providers are reminded to refer to the long descriptors of the CPT codes in their CPT book. The American Medical Association (AMA) and the Centers for Medicare & Medicaid Services (CMS) require the use of short CPT descriptors in policies published on the Web.

**Note:** Code 82306 includes fractions, if performed.

**Note:** Code 82652 includes fractions, if performed.

**Group 1 Codes:**
- 82180 Assay of ascorbic acid
- 82306 Vitamin d 25 hydroxy
- 82379 Assay of carnitine
- 82607 Vitamin B-12
- 82652 Vit d 1 25-dihydroxy
- 82746 Assay of folic acid serum
- 83090 Assay of homocystine
- 83698 Assay lipoprotein pla2
- 84207 Assay of vitamin b-6
- 84252 Assay of vitamin b-2
- 84425 Assay of vitamin b-1
- 84446 Assay of vitamin e
- 84590 Assay of vitamin a
- 84591 Assay of nos vitamin
- 84597 Assay of vitamin k
- 85385 Fibrinogen antigen
- 86141 C-reactive protein hs
- 86352 Cell function assay w/stim
- 86353 Lymphocyte transformation

ICD-9 Codes that Support Medical Necessity

**Group 1 Paragraph: Note:** Providers should continue to submit ICD-9-CM diagnosis codes without decimals on their claim forms and electronic claims.

The CPT/HCPCS codes included in this LCD will be subjected to “procedure to diagnosis” editing. The following lists include only those diagnoses for which the identified CPT/HCPCS procedures are covered. If a covered diagnosis is not on the claim, the edit will automatically deny the service as not medically necessary.

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

**Covered for:**

**Group 1 Codes:**
- [252.00 - 252.02 opens in new window](252.00 - 252.02) HYPERPARATHYROIDISM, UNSPECIFIED - SECONDARY
- [252.08 opens in new window](252.08) HYPERPARATHYROIDISM, NON-RENAL
- [252.08](252.08) OTHER HYPERPARATHYROIDISM
- [252.1 opens in new window](252.1) HYPOPARATHYROIDISM
- [268.0 opens in new window](268.0) RICKETS ACTIVE
- [268.2 opens in new window](268.2) OSTEOMALACIA UNSPECIFIED
- [268.9 opens in new window](268.9) UNSPECIFIED VITAMIN D DEFICIENCY
- [275.3 opens in new window](275.3) DISORDERS OF PHOSPHORUS METABOLISM
- [275.41 - 275.42 opens in new window](275.41 - 275.42) HYPOCALCEMIA - HYPERCALCEMIA
- [585.3 - 585.6 opens in new window](585.3 - 585.6) CHRONIC KIDNEY DISEASE, STAGE III (MODERATE) - END STAGE RENAL DISEASE
- [588.81 opens in new window](588.81) SECONDARY HYPERPARATHYROIDISM (OF RENAL ORIGIN)
- [733.00 - 733.03 opens in new window](733.00 - 733.03) OSTEOPOROSIS UNSPECIFIED - DISUSE OSTEOPOROSIS

Printed on 9/20/2013. Page 3 of 9
Group 2 Paragraph: Medicare is establishing the following limited coverage for CPT code 82379:

Covered for:

Group 2 Codes:

- 277.81 - 277.84 opens in new window PRIMARY CARNITINE DEFICIENCY - OTHER SECONDARY CARNITINE DEFICIENCY
- 285.21 ANEMIA IN CHRONIC KIDNEY DISEASE
- 458.21 HYPOTENSION OF HEMODIALYSIS

Group 3 Paragraph: Medicare is establishing the following limited coverage for CPT codes 82607, 82746 and 83090:

Covered for:

Group 3 Codes:

- 040.2 WHIPPLE'S DISEASE
- 261 NUTRITIONAL MARASMUS
- 262 OTHER SEVERE PROTEIN-CALORIE MALNUTRITION
- 263.0 MALNUTRITION OF MODERATE DEGREE
- 263.2 ARRESTED DEVELOPMENT FOLLOWING PROTEIN-CALORIE MALNUTRITION
- 263.8 - 263.9 opens in new window OTHER PROTEIN-CALORIE MALNUTRITION - UNSPECIFIED PROTEIN-CALORIE MALNUTRITION
- 266.2 OTHER B-COMPLEX DEFICIENCIES
- 270.4 DISTURBANCES OF SULPHUR-BEARING AMINO-ACID METABOLISM
- 281.0 - 281.3 opens in new window PERNICIOUS ANEMIA - OTHER SPECIFIED MEGALOBLASTIC ANEMIAS NOT ELSEWHERE CLASSIFIED
- 281.9 UNSPECIFIED DEFICIENCY ANEMIA
- 287.5 THROMBOCYTOPENIA UNSPECIFIED
- 288.00 - 288.59 opens in new window NEUTROPENIA, UNSPECIFIED - OTHER DECREASED WHITE BLOOD CELL COUNT
- 290.0 SENILE DEMENTIA UNCOMPlicated
- 303.91 - 303.92 opens in new window OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR - OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE EPISODIC DRINKING BEHAVIOR
- 331.0 ALZHEIMER'S DISEASE
- 333.99 OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS
- 356.4 IDIOPATHIC PROGRESSIVE POLYNEUROPATHY
- 356.9 UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
- 529.0 GLOSSITIS
- 529.6 GLOSSODYNIA
- 536.0 ACHLORHYDRIA
- 555.0 - 555.2 opens in new window REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
- 555.9 REGIONAL ENTERITIS OF UNSPECIFIED SITE
- 579.0 - 579.4 opens in new window CELIAC DISEASE - PANCREATIC STEATORRHEA
- 579.8 - 579.9 opens in new window OTHER SPECIFIED INTESTINAL MALABSORPTION - UNSPECIFIED INTESTINAL MALABSORPTION
- 780.93 MEMORY LOSS
- 780.99* OTHER GENERAL SYMPTOMS
- 781.2 ABNORMALITY OF GAIT
- 781.3 LACK OF COORDINATION

Printed on 9/20/2013. Page 4 of 9
782.0 DISTURBANCE OF SKIN SENSATION
V12.1 PERSONAL HISTORY OF NUTRITIONAL DEFICIENCY
V12.21 PERSONAL HISTORY OF GESTATIONAL DIABETES
V12.29 PERSONAL HISTORY OF OTHER ENDOCRINE, METABOLIC, AND IMMUNITY DISORDERS
V45.11 RENAL DIALYSIS STATUS
V45.3 POSTSURGICAL INTESTINAL BYPASS OR ANASTOMOSIS STATUS
V58.11 ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY
V58.69 LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

Group 3 Medical Necessity ICD-9 Codes Asterisk Explanation: **Note: Use code 780.99 to identify altered mental status.

Group 4 Paragraph: Medicare is establishing the following limited coverage for CPT code 84207:

Covered for:

Group 4 Codes:
266.1 VITAMIN B6 DEFICIENCY
285.0 SIDEROBLASTIC ANEMIA
333.99 OTHER EXTRAPYRAMIDAL DISEASES AND ABNORMAL MOVEMENT DISORDERS
356.9 UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
529.0 GLOSSITIS

Group 5 Paragraph: Medicare is establishing the following limited coverage for CPT code 85385:

Covered for:

Group 5 Codes:
286.3 CONGENITAL DEFICIENCY OF OTHER CLOTTING FACTORS
286.6 - 286.7 opens in new window DEFIBRINATION SYNDROME - ACQUIRED COAGULATION FACTOR DEFICIENCY
287.30 - 287.33 opens in new window PRIMARY THROMBOCYTOPENIA, UNSPECIFIED - CONGENITAL AND HEREDITARY THROMBOCYTOPENIC PURPURA
287.41 POSTTRANSFUSION PURPURA
287.49 OTHER SECONDARY THROMBOCYTOPENIA
287.5 THROMBOCYTOPENIA UNSPECIFIED
790.92 ABNORMAL COAGULATION PROFILE

Group 6 Paragraph: Medicare is establishing the following limited coverage for CPT codes 86352 and 86353:

Covered for:

Group 6 Codes:
279.10 - 279.13 opens in new window IMMUNODEFICIENCY WITH PREDOMINANT T-CELL DEFECT UNSPECIFIED - NEZELOF'S SYNDROME
996.81 - 996.88 opens in new window COMPLICATIONS OF TRANSPLANTED KIDNEY - COMPLICATIONS OF TRANSPLANTED ORGAN, STEM CELL
V42.0 KIDNEY REPLACED BY TRANSPLANT
V42.1 HEART REPLACED BY TRANSPLANT
V42.6 LUNG REPLACED BY TRANSPLANT
V42.7 LIVER REPLACED BY TRANSPLANT
V42.81 BONE MARROW REPLACED BY TRANSPLANT
V42.83 PANCREAS REPLACED BY TRANSPLANT
Group 7 Paragraph: Medicare is establishing the following limited coverage for CPT code 86141, and 83698:

Covered for:

Group 7 Codes:
414.01 CORONARY ATHEROSCLEROSIS OF NATIVE CORONARY ARTERY
414.4 CORONARY ATHEROSCLEROSIS DUE TO CALCIFIED CORONARY LESION

Group 8 Paragraph: Medicare is establishing the following limited coverage for CPT code 83698:

Group 8 Codes:
250.00 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, NOT STATED AS UNCONTROLLED
250.02 DIABETES MELLITUS WITHOUT MENTION OF COMPLICATION, TYPE II OR UNSPECIFIED TYPE, UNCONTROLLED
272.0 PURE HYPERCHOLESTEROLEMIA
272.1 PURE HYPERGLYCEMERIDEMIA
272.2 MIXED HYPERLIPIDEMIA
272.3 HYPERCHYLOMICRONEMIA
272.4 OTHER AND UNSPECIFIED HYPERLIPIDEMIA

ICD-9 Codes that DO NOT Support Medical Necessity Paragraph: N/A

N/A

General Information

Associated Information

Documentation Requirements

Documentation supporting medical necessity should be legible, maintained in the patient’s medical record and made available to A/B MAC upon request.

Utilization Guidelines

Medicare will not cover more than one test per year, per beneficiary except as noted below.

Certain tests may exceed the stated frequencies, when accompanied by a diagnosis fitting the exception description for exceeding the once per annum maximum.

- Carnitine (82379) may be tested up to three times per year to account for baseline assay followed by evaluations at six-month increments (adapted from “Levocarnitine” NCD).
- Vitamin B-12 (82607) and folate (82746) can be tested up to four times per year for malabsorption syndromes (579.9) or deficiency disorders (266.2, 281.1 and 281.2).
- Vitamin B-12 (82607) can only be tested more frequently than four times per year for postsurgical malabsorption (579.3).
- 25-OH Vitamin D-3 (82306) may be tested up to four times per year for Vitamin D deficiencies (268.0–268.9).

Printed on 9/20/2013. Page 6 of 9
• Fibrinogen, antigen (85385) may be tested up to four times per year for low platelet diagnoses (287.30–287.33, 287.41, 287.49, 287.5).
• Medicare will not cover more than two high-sensitivity C-reactive protein (86141) tests per year per beneficiary. This allows for baseline testing and six-month follow-up tests for statin therapeutic management.
• The same frequency edit (two tests per year per beneficiary) will be applied to Lipoprotein-associated phospholipase A2 (Lp-PLA2) used in the management of patients with coronary artery disease.
• Lymphocyte transformation assays (86353) will not be subjected to any frequency edits.

Sources of Information and Basis for Decision


Refer to the NCDs for the procedure code list of ICD-9-CM codes that support medical necessity. http://www.cms.gov/CoverageGenInfo/ and click “Lab NCDs.”

Jacobs DS DeMott WR, Oxley DK. Jacobs and DeMott. Laboratory Test Handbook with Key Word Index, 5th Edition.


Texas Local Medical Review Policy, Vitamin Assay.

Noridian Local Medical Review Policy: Folic Acid, Serum.

National Government Services, LCD on Vitamin D Assay Testing (L29510).


Revision History Information

Please note: The Revision History information included in this LCD prior to 1/24/2013 will now display with a Revision History Number of "R1" at the bottom of this table. All new Revision History information entries completed on or after 1/24/2013 will display as a row in the Revision History section of the LCD and numbering will begin with "R2".

<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>04/18/2013 R3</td>
<td>Under ICD-9 Codes That Support Medical Necessity for Group 6 changed 996.81-996.87 to 996.81-996.88.</td>
<td></td>
</tr>
<tr>
<td>02/27/2013 R2</td>
<td>Rev #2 effective 2/27/2013. Under the section ICD-9 Codes that Support Medical Necessity Group 8 codes added the code 250.00. This code was inadvertently left off previous revision. Annual review of the policy was also performed at this time with no additional revisions made.</td>
<td></td>
</tr>
</tbody>
</table>

• Request for Coverage by a Practitioner (Part B)
• Reconsideration Request
• Other

Printed on 9/20/2013. Page 7 of 9
<table>
<thead>
<tr>
<th>Revision History Date</th>
<th>Revision History Number</th>
<th>Revision History Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/14/2013 R1</td>
<td></td>
<td><strong>ICD-9 codes that support medical necessity</strong> added code group 8 with limited coverage for CPT code 83698 for the following ICD-9 codes 250.02, 272.0, 272.1, 272.2, 272.3 and 272.4</td>
</tr>
<tr>
<td>11/20/2011</td>
<td></td>
<td>Revision Effective Date: Services performed on or after 11/20/11 (Grp 3) Medicare is establishing the following limited coverage for CPT codes 82607, 82746 and 83090: Add: 288.00-288.59</td>
</tr>
<tr>
<td>10/01/2011</td>
<td></td>
<td>Revision Effective Date: Services performed on or after 10/01/11 2010/2011 ICD-9-CM code update applied. CPT codes 82607, 82746 and 83090: (grp 3) Add: V12.21, V12.29 CPT codes 86141, and 83698: (GRP 7) Add: 414.4</td>
</tr>
<tr>
<td>06/18/2011</td>
<td></td>
<td>Revision Effective Date: Services performed on or after 06/18/2011 Per scheduled J11 implementation, LCD added to South Carolina #11202 and West Virginia #11402.</td>
</tr>
<tr>
<td>05/28/2011</td>
<td></td>
<td>Revision Effective Date: Services performed on or after 05/28/2011 Per scheduled J11 implementation, LCD added to North Carolina MAC# 11502.</td>
</tr>
<tr>
<td>3/19/2011</td>
<td></td>
<td>Effective Date: 3/19/2011 In accordance with the Medicare Modernization Act of 2003, LCD# L30835 from Carrier# 00904 has been selected for the J11 implementation. 11/21/2011 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document: 86141 descriptor was changed in Group 1</td>
</tr>
</tbody>
</table>
11/25/2012 - For the following CPT/HCPCS codes either the short description and/or the long description was changed. Depending on which description is used in this LCD, there may not be any change in how the code displays in the document:
82746 descriptor was changed in Group 1
85385 descriptor was changed in Group 1
86141 descriptor was changed in Group 1

Associated Documents
Attachments
N/A

Related Local Coverage Documents
N/A

Related National Coverage Documents
N/A

Public Version(s)
Updated on 03/13/2013 with effective dates 04/18/2013 - N/A
Updated on 02/07/2013 with effective dates 02/27/2013 - 04/17/2013
Updated on 01/18/2013 with effective dates 02/14/2013 - 02/26/2013
Updated on 01/17/2013 with effective dates 02/14/2013 - N/A
Updated on 11/25/2012 with effective dates 11/08/2012 - 02/13/2013
Updated on 11/02/2012 with effective dates 11/08/2012 - N/A
Updated on 11/21/2011 with effective dates 11/20/2011 - N/A
Updated on 10/18/2011 with effective dates 11/20/2011 - N/A
Some older versions have been archived. Please visit the MCD Archive Site opens in new window to retrieve them.

Keywords
• Assays for Vitamins

Read the LCD Disclaimer opens in new window

Back to Top