

NGS Vitamin D Assay Testing Summary

LCD L33556

LCD's List of "ICD-10 Codes That Support Medical Necessity" Provided

NGS LCD for New York and Connecticut

NGS is the Medicare Administrative Contractor (MAC) with jurisdiction over claims from New York and Connecticut. Clinical laboratories located in New York or Connecticut that perform Vitamin D assay testing for Medicare beneficiaries are subject to the conditions set forth in this LCD.

Coverage Indications, Limitations, and/or Medical Necessity*

Vitamin D is a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol. An excess of vitamin D may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders. This LCD identifies the indications and limitations of Medicare coverage and reimbursement for these services.

Vitamin D is called a "vitamin" because of its exogenous source, predominately from oily fish in the form of vitamin D2 and vitamin D3. It is really a hormone, synthesized by the skin and metabolized by the kidney to an active hormone, calcitriol, which then acts throughout the body. In the skin, 7-dehydrocholesterol is converted to vitamin D3 in response to sunlight, a process that is inhibited by sunscreen with a skin protection factor (SPF) of 8 or greater. Once in the blood, vitamin D2 and D3 from diet or skin bind with vitamin D binding protein and are carried to the liver where they are hydroxylated to yield calcidiol. Calcidiol then is converted in the kidney to calcitriol by the action of 1 α -hydroxylase (CYP27B1). The CYP27B1 in the kidney is regulated by nearly every hormone involved in calcium homeostasis, and its activity is stimulated by PTH, estrogen, calcitonin, prolactin, growth hormone, low calcium levels, and low phosphorus levels. Its activity is inhibited by calcitriol, thus providing the feedback loop that regulates calcitriol synthesis.

An excess of vitamin D is unusual, but may lead to hypercalcemia. Vitamin D deficiency may lead to a variety of disorders, the most infamous of which is rickets. Evaluating patients' vitamin D levels is accomplished by measuring the level of 25-hydroxyvitamin D. Measurement of other metabolites is generally not medically necessary.

Covered Indications*

NGS covers the measurement of vitamin D levels for patients with the following conditions:

- Chronic kidney disease stage III or greater
- Osteoporosis
- Osteomalacia
- Osteopenia
- Hypocalcemia
- Hypercalcemia
- Hypoparathyroidism
- Hyperparathyroidism
- Hypervitaminosis D
- Rickets
- Vitamin D deficiency to monitor the efficacy of replacement therapy

Limitations on Coverage*

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

Once a beneficiary has been shown to be vitamin D 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.

Documentation Requirements*

The patient's medical record must contain documentation that fully supports the medical necessity for services included within this LCD. (See "Indications and Limitations of Coverage.") This documentation includes, but is not limited to, relevant medical history, physical examination, and results of pertinent diagnostic tests or procedures.

*This language is a direct quote from the LCD.



List of Covered ICD-10-CM Diagnosis Codes**

The ICD-10-CM diagnosis codes listed below are identified as “ICD-10 Codes that Support Medical Necessity” in the NGS LCD.

ICD-10 Code	Description
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
E55.9	Vitamin D deficiency, unspecified
E83.30	Disorder of phosphorus metabolism, unspecified
E83.51	Hypocalcemia
E83.52	Hypercalcemia
M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.8	Other osteoporosis without current pathological fracture
M83.9	Adult osteomalacia, unspecified
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M89.9	Disorder of bone, unspecified
N18.3	Chronic kidney disease, stage 3 (moderate)
N18.4	Chronic kidney disease, stage 4 (severe)
N18.5	Chronic kidney disease, stage 5
N25.81	Secondary hyperparathyroidism of renal origin

To view a full list of medically supportive codes and the complete policy, please refer to the CMS website reference, www.cms.gov

**New York and Connecticut



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