REIMBURSEMENT POLICY STATEMENT
OHIO MEDICAID

Original Issue Date	Next Annual Review	Effective Date
03/08/2017	05/01/2018	05/01/2017
Policy Name		**Policy Number**
Vitamin D Assay Testing		PY-0226
Policy Type		
Medical	Administrative	Pharmacy	**REIMBURSEMENT**

Reimbursement Policies prepared by CSMG Co. and its affiliates (including CareSource) are intended to provide a general reference regarding billing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims editing logic, benefits design and other factors are considered in developing Reimbursement Policies.

In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization management guidelines. Medically necessary services include, but are not limited to, those health care services or supplies that are proper and necessary for the diagnosis or treatment of disease, illness, or injury and without which the patient can be expected to suffer prolonged, increased or new morbidity, impairment of function, dysfunction of a body organ or part, or significant pain and discomfort. These services meet the standards of good medical practice in the local area, are the lowest cost alternative, and are not provided mainly for the convenience of the member or provider. Medically necessary services also include those services defined in any federal or state coverage mandate, Evidence of Coverage documents, Medical Policy Statements, Provider Manuals, Member Handbooks, and/or other policies and procedures.

This Policy does not ensure an authorization or Reimbursement of services. Please refer to the plan contract (often referred to as the Evidence of Coverage) for the service(s) referenced herein. If there is a conflict between this Policy and the plan contract (i.e., Evidence of Coverage), then the plan contract (i.e., Evidence of Coverage) will be the controlling document used to make the determination.

CSMG Co. and its affiliates may use reasonable discretion in interpreting and applying this Policy to services provided in a particular case and may modify this Policy at any time.

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A. SUBJECT

Vitamin D Assay Testing

B. BACKGROUND

Reimbursement policies are designed to assist you when submitting claims to CareSource. They are routinely updated to promote accurate coding and policy clarification. These proprietary policies are not a guarantee of payment. Reimbursement for claims may be subject to limitations and/or qualifications. Reimbursement will be established based upon a review of the actual services provided to a member and will be determined when the claim is received for processing. Health care providers and their office staff are encouraged to use self-service channels to verify member's eligibility.

It is the responsibility of the submitting provider to submit the most accurate and appropriate CPT/HCPCS code(s) for the product or service that is being provided. The inclusion of a code does not imply any right to reimbursement or guarantee claims payment.

Although an excess of vitamin D is rare it can lead to hypercalcemia. Vitamin D deficiency may lead to numerous disorders, the most widely known is rickets. Assessing patients' vitamin D levels is achieved by measuring the level of 25-hydroxyvitamin D. Evaluation of other metabolites is generally not medically necessary.

C. DEFINITIONS

- Severe deficiency: 25(OH)D: <10ng/ml
- Mild deficiency: 25(OH)D: 10-24ng/ml
- Optimal : 25(OH)D: 25-80 ng/ml
- Possible Toxicity: 25(OH)D: > 80 ng/ml

D. POLICY

I. CareSource does not require a prior authorization for Vitamin D testing.

II. CareSource considers Vitamin D levels testing medically necessary for patients with the following:
   A. Chronic kidney disease stage III or greater
   B. Osteoporosis
   C. Osteomalacia
   D. Osteopenia
   E. Hypocalcemia
   F. Hypercalciura
   G. Hypoparathyroidism
   H. Malabsorption states
   I. Cirrhosis
   J. Hypervitaminosis D
   K. Osteosclerosis/petrosis
   L. Rickets
   M. Low exposure to sunlight
   N. Vitamin D deficiency to monitor the efficacy of replacement therapy

III. Reimbursement is based on submitting a claim with the appropriate ICD-10 diagnosis code to match the Vitamin D testing CPT code.

IV. If the appropriate ICD-10 diagnosis code is not submitted with the CPT code, the claim will be denied.

Note: Although this service does not require a prior authorization, CareSource may request documentation to support medical necessity. Appropriate and complete documentation must be presented at the time of review to validate medical necessity.

E. CONDITIONS OF COVERAGE

Reimbursement is dependent on, but not limited to, submitting CMS approved HCPCS and CPT codes along with appropriate modifiers. Please refer to the Ohio Medicaid fee schedule http://medicaid.ohio.gov/Portals/0/Providers/FeeScheduleRates/LabServicesPayment.pdf

- The following list(s) of codes is provided as a reference. This list may not be all inclusive and is subject to updates. Please refer to the above referenced source for the most current coding information.

CPT Codes	Definition
82306	VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED

ICD 10 codes	Description
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E21.0 - E21.3	Primary hyperparathyroidism - Hyperparathyroidism, unspecified
E41	Nutritional marasmus
E43	Unspecified severe protein-calorie malnutrition
E55.0	Rickets, active
E55.9	Vitamin D deficiency, unspecified
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
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
E84.0	Cystic fibrosis with pulmonary manifestations
E84.11	Meconium ileus in cystic fibrosis
E84.19	Cystic fibrosis with other intestinal manifestations
E84.8	Cystic fibrosis with other manifestations
E89.2	Postprocedural hypoparathyroidism
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
K50.111	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
K50.80	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
K50.90	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
K51.00	Ulcerative (chronic) pancolitis without complications
K51.011	Ulcerative (chronic) pancolitis with rectal bleeding
K51.012	Ulcerative (chronic) pancolitis with intestinal obstruction
K51.013	Ulcerative (chronic) pancolitis with fistula
K51.014	Ulcerative (chronic) pancolitis with abscess
K51.018	Ulcerative (chronic) pancolitis with other complication
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

K51.30	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
K51.40	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
K51.50	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
K52.0	Gastroenteritis and colitis due to radiation
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K76.9	Liver disease, unspecified
K90.0	Celiac disease
K90.1	Tropical sprue
K90.2	Blind loop syndrome, not elsewhere classified
K90.3	Pancreatic steatorrhea
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified

M80.00XA	Age-related osteoporosis with current pathological fracture, unspecified site, initial encounter for fracture
M80.011A	Age-related osteoporosis with current pathological fracture, right shoulder, initial encounter for fracture
M80.012A	Age-related osteoporosis with current pathological fracture, left shoulder, initial encounter for fracture
M80.021A	Age-related osteoporosis with current pathological fracture, right humerus, initial encounter for fracture
M80.022A	Age-related osteoporosis with current pathological fracture, left humerus, initial encounter for fracture
M80.031A	Age-related osteoporosis with current pathological fracture, right forearm, initial encounter for fracture
M80.032A	Age-related osteoporosis with current pathological fracture, left forearm, initial encounter for fracture
M80.041A	Age-related osteoporosis with current pathological fracture, right hand, initial encounter for fracture
M80.042A	Age-related osteoporosis with current pathological fracture, left hand, initial encounter for fracture
M80.051A	Age-related osteoporosis with current pathological fracture, right femur, initial encounter for fracture
M80.052A	Age-related osteoporosis with current pathological fracture, left femur, initial encounter for fracture
M80.061A	Age-related osteoporosis with current pathological fracture, right lower leg, initial encounter for fracture
M80.062A	Age-related osteoporosis with current pathological fracture, left lower leg, initial encounter for fracture
M80.071A	Age-related osteoporosis with current pathological fracture, right ankle and foot, initial encounter for fracture
M80.072A	Age-related osteoporosis with current pathological fracture, left ankle and foot, initial encounter for fracture
M80.08XA	Age-related osteoporosis with current pathological fracture, vertebra(e), initial encounter for fracture
M81.0	Age-related osteoporosis without current pathological fracture
M81.6	Localized osteoporosis [Lequesne]
M81.8	Other osteoporosis without current pathological fracture
M83.0 - M83.5	Puerperal osteomalacia - Other drug-induced osteomalacia in adults
M83.8	Other adult osteomalacia
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.811	Other specified disorders of bone density and structure, right shoulder
M85.812	Other specified disorders of bone density and structure, left shoulder
M85.821	Other specified disorders of bone density and structure, right upper arm
M85.822	Other specified disorders of bone density and structure, left upper arm
M85.831	Other specified disorders of bone density and structure, right forearm
M85.832	Other specified disorders of bone density and structure, left forearm
M85.841	Other specified disorders of bone density and structure, right hand

M85.842	Other specified disorders of bone density and structure, left hand
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.861	Other specified disorders of bone density and structure, right lower leg
M85.862	Other specified disorders of bone density and structure, left lower leg
M85.871	Other specified disorders of bone density and structure, right ankle and foot
M85.872	Other specified disorders of bone density and structure, left ankle and foot
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N18.3 - N18.6	Chronic kidney disease, stage 3 (moderate) - End stage renal disease
N25.81	Secondary hyperparathyroidism of renal origin
Q78.2	Osteoporosis

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

	DATE	ACTION
Date Issued	03-08-2017	
Date Revised	03/19/2019	Updated code list based on revised LCD
Date Effective	05/01/2017	

H. REFERENCES

1. Local Coverage Determination (LCD) Vitamin D Assay Testing (L33996). Retrieved March 19, 2019
2. Vitamin D Insufficiency. Retrieved March 2, 2017, from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2912737/

The Reimbursement Policy Statement detailed above has received due consideration as defined in the Reimbursement Policy Statement Policy and is approved.