



REIMBURSEMENT POLICY STATEMENT OHIO MEDICARE

Original Issue Date	Next Annual Review	Effective Date
03/08/2017	03/08/2018	05/01/2017
Policy Name		Policy Number
Vitamin D Assay Testing		PY-0227
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.

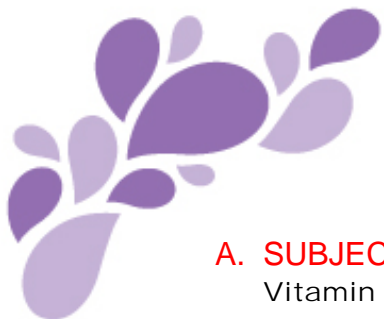
In addition to this Policy, Reimbursement of services is subject to member benefits and eligibility on the date of service, medical necessity, adherence to plan policies and procedures, claims editing logic, provider contractual agreement, and applicable referral, authorization, notification and utilization 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/HCPSC 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. Hypercalciuria
 - 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 Assay 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 CMS fee schedule <https://www.cms.gov/apps/physician-fee-schedule/search/search-criteria.aspx>

- 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-CM: Codes are available on the following PDF document:

<https://www.caresource.com/documents/vitamin-d-assay-testing-icd-10-codes/>

AUTHORIZATION PERIOD

F. RELATED POLICIES/RULES

G. REVIEW/REVISION HISTORY

DATE		ACTION
Date Issued	03/08/2017	
Date Revised		
Date Effective	05/01/2017	

H. REFERENCES

- Local Coverage Determination (LCD) Vitamin D Assay Testing (L33996). Retrieved March 2, 2017, from [https://www.cms.gov/medicare-coverage-database/shared/handlers/highwire.ashx?url=https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx@@@LCDId\\$\\$\\$33996***ContrId\\$\\$\\$238***ver\\$\\$\\$11***ContrVer\\$\\$\\$2***CtrctrSelected\\$\\$\\$238*2***Ctrctr\\$\\$\\$238***name\\$\\$\\$+\(15202,+MAC+-+Part+B\)***s\\$\\$\\$42***DocType\\$\\$\\$Active***bc\\$\\$\\$AggAAAQAAAAAA\\$\\$\\$\\$\\$\\$\\$&session=tpe1u1554jtncludclccjley&kq=781986281](https://www.cms.gov/medicare-coverage-database/shared/handlers/highwire.ashx?url=https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx@@@LCDId$$$33996***ContrId$$$238***ver$$$11***ContrVer$$$2***CtrctrSelected$$$238*2***Ctrctr$$$238***name$$$+(15202,+MAC+-+Part+B)***s$$$42***DocType$$$Active***bc$$$AggAAAQAAAAAA$$$$$$$&session=tpe1u1554jtncludclccjley&kq=781986281)
- 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.