



MEDICAL COVERAGE POLICY

SERVICE: Vitamin Assays

Policy Number: 242

Effective Date: 12/01/2020

Last Review: 10/24/2020

Next Review Date: 10/24/2021

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: Please review the plan's EOC (Evidence of Coverage) or Summary Plan Description (SPD) for coverage details.

For Medicare plans, please refer to appropriate Medicare LCD (Local Coverage Determination). If there is no applicable LCD, use the criteria set forth below.

For Medicaid plans, please confirm coverage as outlined in the Texas Medicaid TMPPM.

SWHP/FirstCare 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.

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/LCA A56416. The content of the LCD can be found at this web location: <http://www.novitas-solutions.com/>

MANDATES: None applicable.



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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:	
ICD10 codes:	
ICD10 Not covered:	

CMS: LCD L34914 and LCA A56416

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
Updated	10/24/2020	Aligned with LCD

REFERENCES:

The following scientific references were utilized in the formulation of this medical policy. SWHP/FirstCare 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/FirstCare 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.

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.
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.



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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.
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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