Local Coverage Article: Billing and Coding: Vitamin D Assay Testing (A57719)

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Contractor Information

| CONTRACTOR NAME | CONTRACT TYPE | CONTRACT NUMBER | JURISDICTION | STATE(S) |
|------------------------------------|---------------|-----------------|--------------|--------------|
| Noridian Healthcare Solutions, LLC | A and B MAC | 02101 - MAC A | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02102 - MAC B | J - F | Alaska |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02201 - MAC A | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02202 - MAC B | J - F | Idaho |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02301 - MAC A | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02302 - MAC B | J - F | Oregon |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02401 - MAC A | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 02402 - MAC B | J - F | Washington |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03101 - MAC A | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03102 - MAC B | J - F | Arizona |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03201 - MAC A | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03202 - MAC B | J - F | Montana |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03301 - MAC A | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03302 - MAC B | J - F | North Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03401 - MAC A | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03402 - MAC B | J - F | South Dakota |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03501 - MAC A | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03502 - MAC B | J - F | Utah |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03601 - MAC A | J - F | Wyoming |
| Noridian Healthcare Solutions, LLC | A and B MAC | 03602 - MAC B | J - F | Wyoming |

Article Information

General Information

Article ID A57719

Article Title

Original Effective Date 12/01/2019

Revision Effective Date

Created on 12/10/2019. Page 1 of 17

N/A

N/A

Revision Ending Date

Retirement Date

Article Type

Billing and Coding

AMA CPT / ADA CDT / AHA NUBC Copyright Statement

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CMS National Coverage Policy

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

42CFR410.32(a) requires a clinical diagnostic test be ordered by the physician who is treating the patient for a specific medical problem and uses the results in the management of the beneficiary's specific problem.

MBPM Internet Only Manual (IOM 100-02), chap. 6, §20.4.3 applies 42CFR410.32 to hospitals.

Article Guidance

Article Text:

The following coding and billing guidance is to be used with its associated Local coverage determination.

Documentation must clearly indicate the necessity for the test(s), any and all repeat testing and frequency of testing.

The medical record must be made available to Medicare upon request.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing Medicare.

When the documentation does not meet the criteria for the service rendered or the documentation does not establish the medical necessity for the services, such services will be denied as not reasonable and necessary under Section 1862(a)(1) of the Social Security Act.

Coding Information

CPT/HCPCS Codes

Group 1 Paragraph:

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT)* codes.

Group 1 Codes:

| CODE | DESCRIPTION |
|-------|--|
| 82306 | VITAMIN D; 25 HYDROXY, INCLUDES FRACTION(S), IF PERFORMED |
| 82652 | VITAMIN D; 1, 25 DIHYDROXY, INCLUDES FRACTION(S), IF PERFORMED |

Group 1 Paragraph:

N/A

Group 1 Codes:

ICD-10 Codes that Support Medical Necessity

Group 1 Paragraph:

The following ICD-10-CM codes support the medical necessity of CPT code 82306

Group 1 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| A15.0 | Tuberculosis of lung |
| A15.4 | Tuberculosis of intrathoracic lymph nodes |
| A15.5 | Tuberculosis of larynx, trachea and bronchus |
| A15.6 | Tuberculous pleurisy |
| A15.7 | Primary respiratory tuberculosis |
| A15.8 | Other respiratory tuberculosis |
| A17.0 | Tuberculous meningitis |
| A17.1 | Meningeal tuberculoma |
| A17.81 | Tuberculoma of brain and spinal cord |
| A17.82 | Tuberculous meningoencephalitis |
| A17.83 | Tuberculous neuritis |
| A17.89 | Other tuberculosis of nervous system |
| A18.01 | Tuberculosis of spine |
| A18.02 | Tuberculous arthritis of other joints |
| A18.03 | Tuberculosis of other bones |
| A18.09 | Other musculoskeletal tuberculosis |
| A18.11 | Tuberculosis of kidney and ureter |
| A18.12 | Tuberculosis of bladder |
| A18.13 | Tuberculosis of other urinary organs |
| A18.14 | Tuberculosis of prostate |
| A18.15 | Tuberculosis of other male genital organs |
| A18.16 | Tuberculosis of cervix |
| A18.17 | Tuberculous female pelvic inflammatory disease |
| A18.18 | Tuberculosis of other female genital organs |
| A18.2 | Tuberculous peripheral lymphadenopathy |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| A18.31 | Tuberculous peritonitis |
| A18.32 | Tuberculous enteritis |
| A18.39 | Retroperitoneal tuberculosis |
| A18.4 | Tuberculosis of skin and subcutaneous tissue |
| A18.51 | Tuberculous episcleritis |
| A18.52 | Tuberculous keratitis |
| A18.53 | Tuberculous chorioretinitis |
| A18.54 | Tuberculous iridocyclitis |
| A18.59 | Other tuberculosis of eye |
| A18.6 | Tuberculosis of (inner) (middle) ear |
| A18.7 | Tuberculosis of adrenal glands |
| A18.81 | Tuberculosis of thyroid gland |
| A18.82 | Tuberculosis of other endocrine glands |
| A18.83 | Tuberculosis of digestive tract organs, not elsewhere classified |
| A18.84 | Tuberculosis of heart |
| A18.85 | Tuberculosis of spleen |
| A18.89 | Tuberculosis of other sites |
| A19.0 | Acute miliary tuberculosis of a single specified site |
| A19.1 | Acute miliary tuberculosis of multiple sites |
| A19.2 | Acute miliary tuberculosis, unspecified |
| A19.8 | Other miliary tuberculosis |
| B38.0 | Acute pulmonary coccidioidomycosis |
| B38.1 | Chronic pulmonary coccidioidomycosis |
| B38.3 | Cutaneous coccidioidomycosis |
| B38.4 | Coccidioidomycosis meningitis |
| B38.7 | Disseminated coccidioidomycosis |
| B38.81 | Prostatic coccidioidomycosis |
| B38.89 | Other forms of coccidioidomycosis |
| B39.0 | Acute pulmonary histoplasmosis capsulati |
| B39.1 | Chronic pulmonary histoplasmosis capsulati |
| B39.3 | Disseminated histoplasmosis capsulati |
| B39.5 | Histoplasmosis duboisii |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| C82.01 | Follicular lymphoma grade I, lymph nodes of head, face, and neck |
| C82.02 | Follicular lymphoma grade I, intrathoracic lymph nodes |
| C82.03 | Follicular lymphoma grade I, intra-abdominal lymph nodes |
| C82.04 | Follicular lymphoma grade I, lymph nodes of axilla and upper limb |
| C82.05 | Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb |
| C82.06 | Follicular lymphoma grade I, intrapelvic lymph nodes |
| C82.07 | Follicular lymphoma grade I, spleen |
| C82.08 | Follicular lymphoma grade I, lymph nodes of multiple sites |
| C82.09 | Follicular lymphoma grade I, extranodal and solid organ sites |
| C82.11 | Follicular lymphoma grade II, lymph nodes of head, face, and neck |
| C82.12 | Follicular lymphoma grade II, intrathoracic lymph nodes |
| C82.13 | Follicular lymphoma grade II, intra-abdominal lymph nodes |
| C82.14 | Follicular lymphoma grade II, lymph nodes of axilla and upper limb |
| C82.15 | Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb |
| C82.16 | Follicular lymphoma grade II, intrapelvic lymph nodes |
| C82.17 | Follicular lymphoma grade II, spleen |
| C82.18 | Follicular lymphoma grade II, lymph nodes of multiple sites |
| C82.19 | Follicular lymphoma grade II, extranodal and solid organ sites |
| C82.21 | Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck |
| C82.22 | Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes |
| C82.23 | Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes |
| C82.24 | Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb |
| C82.25 | Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb |
| C82.26 | Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes |
| C82.27 | Follicular lymphoma grade III, unspecified, spleen |
| C82.28 | Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites |
| C82.29 | Follicular lymphoma grade III, unspecified, extranodal and solid organ sites |
| C82.31 | Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck |
| C82.32 | Follicular lymphoma grade IIIa, intrathoracic lymph nodes |
| C82.33 | Follicular lymphoma grade IIIa, intra-abdominal lymph nodes |
| C82.34 | Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| C82.35 | Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb |
| C82.36 | Follicular lymphoma grade IIIa, intrapelvic lymph nodes |
| C82.37 | Follicular lymphoma grade IIIa, spleen |
| C82.38 | Follicular lymphoma grade IIIa, lymph nodes of multiple sites |
| C82.39 | Follicular lymphoma grade IIIa, extranodal and solid organ sites |
| C82.41 | Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck |
| C82.42 | Follicular lymphoma grade IIIb, intrathoracic lymph nodes |
| C82.43 | Follicular lymphoma grade IIIb, intra-abdominal lymph nodes |
| C82.44 | Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb |
| C82.45 | Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb |
| C82.46 | Follicular lymphoma grade IIIb, intrapelvic lymph nodes |
| C82.47 | Follicular lymphoma grade IIIb, spleen |
| C82.48 | Follicular lymphoma grade IIIb, lymph nodes of multiple sites |
| ICD-10 CODE | DESCRIPTION |
| C82.49 | Follicular lymphoma grade IIIb, extranodal and solid organ sites |
| C82.51 | Diffuse follicle center lymphoma, lymph nodes of head, face, and neck |
| C82.52 | Diffuse follicle center lymphoma, intrathoracic lymph nodes |
| C82.53 | Diffuse follicle center lymphoma, intra-abdominal lymph nodes |
| C82.54 | Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb |
| C82.55 | Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb |
| C82.56 | Diffuse follicle center lymphoma, intrapelvic lymph nodes |
| C82.57 | Diffuse follicle center lymphoma, spleen |
| C82.58 | Diffuse follicle center lymphoma, lymph nodes of multiple sites |
| C82.59 | Diffuse follicle center lymphoma, extranodal and solid organ sites |
| C82.61 | Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck |
| C82.62 | Cutaneous follicle center lymphoma, intrathoracic lymph nodes |
| C82.63 | Cutaneous follicle center lymphoma, intra-abdominal lymph nodes |
| C82.64 | Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb |
| C82.65 | Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb |
| C82.66 | Cutaneous follicle center lymphoma, intrapelvic lymph nodes |
| C82.67 | Cutaneous follicle center lymphoma, spleen |
| C82.68 | Cutaneous follicle center lymphoma, lymph nodes of multiple sites |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| C82.69 | Cutaneous follicle center lymphoma, extranodal and solid organ sites |
| C82.81 | Other types of follicular lymphoma, lymph nodes of head, face, and neck |
| C82.82 | Other types of follicular lymphoma, intrathoracic lymph nodes |
| C82.83 | Other types of follicular lymphoma, intra-abdominal lymph nodes |
| C82.84 | Other types of follicular lymphoma, lymph nodes of axilla and upper limb |
| C82.85 | Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb |
| C82.86 | Other types of follicular lymphoma, intrapelvic lymph nodes |
| C82.87 | Other types of follicular lymphoma, spleen |
| C82.88 | Other types of follicular lymphoma, lymph nodes of multiple sites |
| C82.89 | Other types of follicular lymphoma, extranodal and solid organ sites |
| C82.91 | Follicular lymphoma, unspecified, lymph nodes of head, face, and neck |
| C82.92 | Follicular lymphoma, unspecified, intrathoracic lymph nodes |
| C82.93 | Follicular lymphoma, unspecified, intra-abdominal lymph nodes |
| C82.94 | Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb |
| C82.95 | Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb |
| C82.96 | Follicular lymphoma, unspecified, intrapelvic lymph nodes |
| C82.97 | Follicular lymphoma, unspecified, spleen |
| C82.98 | Follicular lymphoma, unspecified, lymph nodes of multiple sites |
| C82.99 | Follicular lymphoma, unspecified, extranodal and solid organ sites |
| D80.0 | Hereditary hypogammaglobulinemia |
| D80.1 | Nonfamilial hypogammaglobulinemia |
| D80.2 | Selective deficiency of immunoglobulin A [IgA] |
| D80.3 | Selective deficiency of immunoglobulin G [IgG] subclasses |
| D80.4 | Selective deficiency of immunoglobulin M [IgM] |
| D80.5 | Immunodeficiency with increased immunoglobulin M [IgM] |
| D80.6 | Antibody deficiency with near-normal immunoglobulins or with hyperimmunoglobulinemia |
| D80.7 | Transient hypogammaglobulinemia of infancy |
| D80.8 | Other immunodeficiencies with predominantly antibody defects |
| D80.9 | Immunodeficiency with predominantly antibody defects, unspecified |
| D89.810 | Acute graft-versus-host disease |
| D89.811 | Chronic graft-versus-host disease |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| D89.812 | Acute on chronic graft-versus-host disease |
| D89.813 | Graft-versus-host disease, unspecified |
| E20.0 | Idiopathic hypoparathyroidism |
| E20.8 | Other hypoparathyroidism |
| E20.9 | Hypoparathyroidism, unspecified |
| E21.0 | Primary hyperparathyroidism |
| E21.1 | Secondary hyperparathyroidism, not elsewhere classified |
| E21.2 | Other hyperparathyroidism |
| E21.3 | 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 |
| E83.30 | Disorder of phosphorus metabolism, unspecified |
| E83.31 | Familial hypophosphatemia |
| E83.32 | Hereditary vitamin D-dependent rickets (type 1) (type 2) |
| E83.39 | Other disorders of phosphorus metabolism |
| E83.50* | Unspecified disorder of calcium 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 |
| E84.9 | Cystic fibrosis, unspecified |
| E89.2 | Postprocedural hypoparathyroidism |
| E89.820 | Postprocedural hematoma of an endocrine system organ or structure following an endocrine system procedure |
| E89.821 | Postprocedural hematoma of an endocrine system organ or structure following other |

| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| | procedure |
| E89.822 | Postprocedural seroma of an endocrine system organ or structure following an endocrine system procedure |
| E89.823 | Postprocedural seroma of an endocrine system organ or structure following other procedure |
| J63.2 | Berylliosis |
| 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 |
| K50.019 | Crohn's disease of small intestine with unspecified complications |
| K50.10 | Crohn's disease of large intestine without complications |
| 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 |
| K50.119 | Crohn's disease of large intestine with unspecified complications |
| 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 |
| ICD-10 CODE | DESCRIPTION |
| 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 |
| K50.819 | Crohn's disease of both small and large intestine with unspecified complications |
| К50.90 | 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 |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| K50.914 | Crohn's disease, unspecified, with abscess |
| K50.918 | Crohn's disease, unspecified, 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 |
| K74.3 | Primary biliary cirrhosis |
| K74.4 | Secondary biliary cirrhosis |
| K74.5 | Biliary cirrhosis, unspecified |
| K74.60 | Unspecified cirrhosis of liver |
| K74.69 | Other cirrhosis of liver |
| K76.9 | Liver disease, unspecified |
| K83.5 | Biliary cyst |
| K83.8 | Other specified diseases of biliary tract |
| K85.00 | Idiopathic acute pancreatitis without necrosis or infection |
| K85.01 | Idiopathic acute pancreatitis with uninfected necrosis |
| K85.02 | Idiopathic acute pancreatitis with infected necrosis |
| K85.10 | Biliary acute pancreatitis without necrosis or infection |
| K85.11 | Biliary acute pancreatitis with uninfected necrosis |
| K85.12 | Biliary acute pancreatitis with infected necrosis |
| K85.20 | Alcohol induced acute pancreatitis without necrosis or infection |
| K85.21 | Alcohol induced acute pancreatitis with uninfected necrosis |
| K85.22 | Alcohol induced acute pancreatitis with infected necrosis |
| K85.30 | Drug induced acute pancreatitis without necrosis or infection |
| K85.31 | Drug induced acute pancreatitis with uninfected necrosis |
| K85.32 | Drug induced acute pancreatitis with infected necrosis |
| K85.80 | Other acute pancreatitis without necrosis or infection |
| K85.81 | Other acute pancreatitis with uninfected necrosis |
| K85.82 | Other acute pancreatitis with infected necrosis |
| K85.90 | Acute pancreatitis without necrosis or infection, unspecified |

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| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| K85.91 | Acute pancreatitis with uninfected necrosis, unspecified |
| K85.92 | Acute pancreatitis with infected necrosis, unspecified |
| K86.0 | Alcohol-induced chronic pancreatitis |
| K86.1 | Other chronic pancreatitis |
| K86.2 | Cyst of pancreas |
| K86.3 | Pseudocyst of pancreas |
| K86.81 | Exocrine pancreatic insufficiency |
| K86.89 | Other specified diseases of pancreas |
| 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 |
| L40.0 | Psoriasis vulgaris |
| L40.1 | Generalized pustular psoriasis |
| L40.2 | Acrodermatitis continua |
| L40.3 | Pustulosis palmaris et plantaris |
| L40.4 | Guttate psoriasis |
| L40.50 | Arthropathic psoriasis, unspecified |
| L40.51 | Distal interphalangeal psoriatic arthropathy |
| L40.52 | Psoriatic arthritis mutilans |
| L40.53 | Psoriatic spondylitis |
| L40.54 | Psoriatic juvenile arthropathy |
| L40.59 | Other psoriatic arthropathy |
| L40.8 | Other psoriasis |
| L40.9 | Psoriasis, unspecified |
| M81.0 | Age-related osteoporosis without current pathological fracture |
| M81.8 | Other osteoporosis without current pathological fracture |

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| ICD-10 CODE | DESCRIPTION |
|-------------|---|
| M83.0 | Puerperal osteomalacia |
| M83.1 | Senile osteomalacia |
| M83.2 | Adult osteomalacia due to malabsorption |
| M83.3 | Adult osteomalacia due to malnutrition |
| M83.4 | Aluminum bone disease |
| M83.5 | Other drug-induced osteomalacia in adults |
| M83.8 | Other adult osteomalacia |
| M83.9 | Adult osteomalacia, unspecified |
| M85.80 | Other specified disorders of bone density and structure, unspecified site |
| M85.88 | Other specified disorders of bone density and structure, other site |
| N18.3 | Chronic kidney disease, stage 3 (moderate) |
| N18.4 | Chronic kidney disease, stage 4 (severe) |
| N18.5 | Chronic kidney disease, stage 5 |
| N18.6 | End stage renal disease |
| N25.81 | Secondary hyperparathyroidism of renal origin |
| Q78.2 | Osteopetrosis |
| Z68.30 | Body mass index (BMI) 30.0-30.9, adult |
| Z68.31 | Body mass index (BMI) 31.0-31.9, adult |
| Z68.32 | Body mass index (BMI) 32.0-32.9, adult |
| Z68.33 | Body mass index (BMI) 33.0-33.9, adult |
| Z68.34 | Body mass index (BMI) 34.0-34.9, adult |
| Z68.35 | Body mass index (BMI) 35.0-35.9, adult |
| Z68.36 | Body mass index (BMI) 36.0-36.9, adult |
| Z68.37 | Body mass index (BMI) 37.0-37.9, adult |
| Z68.38 | Body mass index (BMI) 38.0-38.9, adult |
| Z68.39 | Body mass index (BMI) 39.0-39.9, adult |
| Z68.41 | Body mass index (BMI) 40.0-44.9, adult |
| Z68.42 | Body mass index (BMI) 45.0-49.9, adult |
| ICD-10 CODE | DESCRIPTION |
| Z68.43 | Body mass index (BMI) 50.0-59.9, adult |
| Z68.44 | Body mass index (BMI) 60.0-69.9, adult |
| Z68.45 | Body mass index (BMI) 70 or greater, adult |

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| Z79.3 | Long term (current) use of hormonal contraceptives |
| Z79.4 | Long term (current) use of insulin |
| Z79.51 | Long term (current) use of inhaled steroids |
| Z79.52 | Long term (current) use of systemic steroids |
| Z79.810 | Long term (current) use of selective estrogen receptor modulators (SERMs) |
| Z79.811 | Long term (current) use of aromatase inhibitors |
| Z79.818 | Long term (current) use of other agents affecting estrogen receptors and estrogen levels |
| Z79.82 | Long term (current) use of aspirin |
| Z79.83 | Long term (current) use of bisphosphonates |
| Z79.84 | Long term (current) use of oral hypoglycemic drugs |
| Z79.890 | Hormone replacement therapy |
| Z79.891 | Long term (current) use of opiate analgesic |
| Z79.899 | Other long term (current) drug therapy |

Group 1 Medical Necessity ICD-10 Codes Asterisk Explanation:

E55.9* If more than one LCD-listed condition contributes to Vit. D deficiency in a given patient and/or is improved by Vit. D administration, coders should use: ICD-10 E55.9 UNSPECIFIED VITAMIN D DEFICIENCY. This code should not be used for any other indication.

E83.50* Use only for HYPERCALCIURIA

Group 2 Paragraph:

The following ICD-10-CM codes support the medical necessity of CPT code 82652

Group 2 Codes:

| ICD-10 CODE | DESCRIPTION |
|-------------|--|
| E55.0 | Rickets, active |
| E55.9 | Vitamin D deficiency, unspecified |
| E83.50* | Unspecified disorder of calcium metabolism |
| E83.52* | Hypercalcemia |
| M83.0 | Puerperal osteomalacia |
| M83.1 | Senile osteomalacia |
| M83.2 | Adult osteomalacia due to malabsorption |
| M83.3 | Adult osteomalacia due to malnutrition |

| DESCRIPTION | |
|--|---|
| Aluminum bone disease | |
| Other drug-induced osteomalacia in adults | |
| Other adult osteomalacia | |
| Adult osteomalacia, unspecified | |
| Calculus of kidney | |
| Calculus of ureter | |
| Calculus of kidney with calculus of ureter | |
| Urinary calculus, unspecified | |
| Calculus of urinary tract in diseases classified elsewhere | |
| | Aluminum bone disease Other drug-induced osteomalacia in adults Other adult osteomalacia Adult osteomalacia, unspecified Calculus of kidney Calculus of ureter Calculus of kidney with calculus of ureter Urinary calculus, unspecified |

Group 2 Medical Necessity ICD-10 Codes Asterisk Explanation:

M83.9* Use only for tumor-induced osteomalacia E83.50* Use only for unexplained hypercalciuria E83.52* Use only for unexplained hypercalcemia

ICD-10 Codes that DO NOT Support Medical Necessity

Group 1 Paragraph:

<u>All</u> ICD-10-CM codes not listed in this policy under ICD-10-CM Codes that Support Medical Necessity above.

Group 1 Codes:

N/A

Additional ICD-10 Information

N/A

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.

| CODE | DESCRIPTION |
|------|--|
| 012x | Hospital Inpatient (Medicare Part B only) |
| 013x | Hospital Outpatient |
| 022x | Skilled Nursing - Inpatient (Medicare Part B only) |

| CODE | DESCRIPTION |
|------|------------------------------|
| 023x | Skilled Nursing - Outpatient |
| 085x | Critical Access Hospital |
| 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.

N/A

| DESCRIPTION |
|-------------------------------------|
| Laboratory - General Classification |
| Laboratory - Chemistry |
| Laboratory - Other Laboratory |
| |

| Other Coding Information | |
|--------------------------|--|
| Group 1 Paragraph: | |
| N/A | |
| Group 1 Codes: | |
| N/A | |

Revision History Information

N/A

Associated Documents

Related Local Coverage Document(s)

Article(s) A55373 - Response to Comments: Vitamin D Assay Testing LCD(s) L34051 - Vitamin D Assay Testing Created on 12/10/2019. Page 16 of 17

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DL34051
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- (MCD Archive Site)

Related National Coverage Document(s)

N/A

Statutory Requirements URL(s)

N/A

Rules and Regulations URL(s)

N/A

CMS Manual Explanations URL(s)

N/A

Other URL(s)

N/A

Public Version(s)

Updated on 11/09/2019 with effective dates 12/01/2019 - N/A

Keywords

- Osteopenia
- Bone Density
- •

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