

Use of this template is voluntary / optional

Vitamin and Metabolic Assays

Order Template Guidance

Purpose

This template is designed to assist a physician/Non-Physician Practitioner (NPP)¹ when completing an order for diagnostic clinical laboratory services for vitamin and metabolic assays to meet requirements for Medicare eligibility and coverage. This template meets requirements for ordering vitamin and metabolic assays. To be covered, 42 CFR § 410.32 requires clinical laboratory services to have been ordered by a physician/NPP. This template is available to the clinician and can be kept on file within the patient's medical record or can be used to develop an order template for use with the system containing the patient's electronic medical record.

Order requirements

A provider or a supplier that furnishes covered ordered clinical laboratory services for vitamin and metabolic assays is required to:

- Maintain documentation for 7 years from the date of service; and
- Provide access to that documentation, upon the request of CMS or a Medicare contractor^{42 CFR 424.516(f)}.

The physician/NPP who orders the service must maintain documentation of medical necessity in the beneficiary's medical record.

An "order" is a communication from the treating physician/practitioner requesting that a diagnostic test be performed for a beneficiary. (Medicare Benefit Policy Manual, Pub. 100-02, Chapter 15, 80.6.1)

- *The order may conditionally request an additional diagnostic test for a particular beneficiary if the result of the initial diagnostic test ordered yields to a certain value determined by the treating physician/practitioner (e.g., if test X is negative, then perform test Y). An order may be delivered via the following forms of communication:*
 - *A written document signed by the treating physician/practitioner, which is hand-delivered, mailed, or faxed to the testing facility; (NOTE: No signature is required on orders for clinical diagnostic tests paid on the basis of the clinical laboratory fee schedule, the physician fee schedule, or for physician pathology services);*
 - *A telephone call by the treating physician/practitioner or his/her office to the testing facility; and*
 - *An electronic mail by the treating physician/practitioner or his/her office to the testing facility.*
 - *If the order is communicated via telephone, both the treating physician/practitioner or his/her office, and the testing facility must document the telephone call in their respective copies of the beneficiary's medical records.*

¹ A Medicare allowed NPP as defined is a nurse practitioner, clinical nurse specialist, or physician assistant (as those terms are defined in section 1861 (aa) (5) of the Social Security Act) who is working in accordance with State law.

Medicare does not require the signature of the ordering physician/NPP on a requisition for laboratory tests, but the documentation must confirm that the physician ordered the test and is available upon our request. [42CFR 410.32(II)]

Physicians Reporting Diagnosis Codes When a Diagnostic Test Is Ordered

- Section 4317 of the Balanced Budget Act of 1997 provides, with respect to diagnostic laboratory and certain other services, states that “if the Secretary (or A/B MAC (A) or (B) of the Secretary) requires the entity furnishing the services to provide diagnostic or other medical information to the entity, the physician or practitioner ordering the service shall provide that information to the entity at the time the service is ordered by the physician or practitioner.”
- A laboratory or other provider must report on a claim for Medicare payment the diagnostic code(s) furnished by the ordering physician. In the absence of such coding information, the laboratory or other provider may determine the appropriate diagnostic code based on the ordering physician’s narrative diagnostic statement or seek diagnostic information from the ordering physician/practitioner:
 - However, a laboratory or other provider may not report on a claim for Medicare payment a diagnosis code in the absence of physician-supplied diagnostic information supporting such code.

Patient eligibility

Eligibility for coverage of diagnostic clinical laboratory services for vitamin and metabolic assays under Medicare requires the ordering physician/NPP to order testing that is reasonable and necessary in diagnosing or treating an illness:

- There must be clinical findings, (e.g., History and Physical), documented in the medical record substantiating the need to perform a vitamin assay panel and/or metabolic function assay;
- The vitamin assay panel and/or metabolic function assay should not be performed as a routine screening test or routinely ordered when there is no medical reason to perform the test;
- Once a beneficiary has a documented vitamin deficiency, follow-up tests may be necessary to ensure adequate vitamin replacement has been successfully accomplished. (Annual testing may be appropriate if indicated.)
- Clinical Laboratory Tests ordered and performed in the absence of signs, symptoms, complaints, personal history of disease, or injury are not covered except when there is a National Coverage Determination (NCD) that explicitly covers tests for screening as described.
- If the physician orders a clinical lab test to rule out or confirm a suspected diagnosis, then the test is considered diagnostic and not screening provided the documentation substantiates the patient has signs and/or symptoms supporting the test is reasonable and necessary.

Completing the “Vitamin and Metabolic Assays Order Template” does not guarantee eligibility and coverage but does provide guidance in support for coverage of diagnostic clinical laboratory services for vitamin and metabolic assays under Medicare.

What information is recommended to be included in the order?

- Beneficiary’s name
- Vitamin and/or metabolic assay(s) being ordered
- Diagnosis or clinical indication supporting the need for the assay(s) ordered
- Physician/NPP name
- Ordering Physician or an allowed NPP signature
- Date of the order

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- The prescribing practitioner's National Provider Identifier (NPI)
- Priority of test results report:
 - Routine;
 - Expedite;
 - Urgent.
- Phone number, and/or
- Fax number, and/or
- Physician/NPP mailing address.

Who can complete the Vitamin and Metabolic Assays Order Template?

Physician/NPP who has recently examined and is treating the patient.

Note: If the order template is used:

- 1) CDEs in black Calibri are required
- 2) CDEs in *burnt orange Italics Calibri* are required if the condition is met
- 3) CDEs in blue Times New Roman are recommended but not required

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Vitamin and Metabolic Assays Order Template	
Patient Information:	
Last name: _____ First name: _____ MI: _____	
DOB (MM/DD/YYYY): _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other Medicare ID: _____	
Patient diagnoses relevant to need for vitamin and metabolic assays ordered (see Appendix A)	
ICD-10	Description
_____	_____
_____	_____
_____	_____
and/or clinical indicators for tests ordered	

Priority: <input type="checkbox"/> Routine <input type="checkbox"/> Expedite <input type="checkbox"/> Urgent	
Vitamin and metabolic assays ordered (diagnosis or clinical indicators supplied above)	
Tests allowed once per year HCPCS Analyte _____ 82180 Ascorbic acid _____ 83090 Homocystine _____ 83698 Lipoprotein pla2 _____ 84425 Vitamin B-1 _____ 84252 Vitamin B-2 _____ 84207 Vitamin B-6 _____ 84590 Vitamin A _____ 84446 Vitamin eE _____ 84597 Vitamin K	Tests allowed up to three times per year HCPCS Analyte _____ 82379 Carnitine _____ 85385 Fibrinogen antigen _____ 82746 Folic acid serum _____ 82607 Vitamin B-12 _____ 82652 Vitamin D 1 25-dihydroxy _____ 82306 Vitamin D 25 hydroxy Test with frequency not determined HCPCS Analyte _____ 86352 Cell function assay w/stimulation
Signature, name, date ordered and NPI (if written order prior to delivery)	
Signature: _____	
Name (Printed): _____	
Date (MM/DD/YYYY): _____ NPI: _____	
Telephone number and extension: (____) _____ - _____ x _____	
Fax number: (____) _____ - _____	
Direct address: _____	
Address: _____	
City: _____ State: _____ Zip: _____	