Use of this template is voluntary / optional

Vitamin and Metabolic Assays

Progress Note 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 in meeting requirements for Medicare eligibility and coverage. 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 a progress note for use with the system containing the patient’s electronic medical record.

Section 1833 and 1861 of the Act provides for payment of clinical laboratory services under Medicare Part B. Clinical laboratory services involve the biological, microbiological, serological, chemical, immunohematological, hematological, biophysical, cytological, pathological, or other examination of materials derived from the human body for the diagnosis, prevention, or treatment of a disease or assessment of a medical condition. Laboratory services must meet all applicable requirements of the Clinical Laboratory Improvement Amendments of 1988 (CLIA), as set forth at 42 CFR part 493. Section 1862(a)(1)(A) of the Act provides that Medicare payment may not be made for services that are not reasonable and necessary. Clinical laboratory services must be ordered and used promptly by the physician who is treating the beneficiary as described in 42 CFR 410.32(a), or by a qualified nonphysician practitioner, as described in 42 CFR 410.32(a)(3). (MBPM 100-02, Chapter 15, §80.1)

Services excluded from coverage include routine physical examinations and other services that are not reasonable and necessary for the diagnosis or treatment of an illness or injury. [§1862(a)]

\[CMS\text{ interprets these provisions to prohibit coverage of ‘screening’ services, including laboratory test services furnished in the absence of signs, symptoms, or personal history of disease or injury, except as explicitly authorized by statute. A test service might be considered medically appropriate, but nonetheless might be excluded from Medicare coverage by statute. (2016300 ICD 10 NCD Manual_05_16_2016)}\]

Patient Eligibility

Eligibility for coverage of diagnostic clinical laboratory services for vitamin and metabolic assays under Medicare requires the medical record to contain documentation that supports the vitamin and/or metabolic assay order to be reasonable and necessary in diagnosing or treating an illness:

\[\text{\ldots}\]

\(^{1}\) 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.
• 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.) (See Appendix A)
• 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.
• 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 Progress Note 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.

Who can complete the progress note template?
A physician or allowed NPP who performs an in-person evaluation:

Note: If this 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

Version R1.0b
### Vitamin and Metabolic Assay Progress Note Template

**Patient information:**

Last name: __________________________ First name: __________________________ MI: ______

DOB (MM/DD/YYYY): __________ Gender: _____M _____F _____Other Medicare ID: __________

**Provider (physician/NPP) who performed the in-person evaluation if different than signing provider:**

Last name: __________________________ First name: __________________________ MI: _____Suffix: ______

NPI: __________________________

**Patient diagnoses relevant to need for vitamin and metabolic assays (see Appendix A)**

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<th>ICD-10</th>
<th>Description</th>
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**Clinical indications for vitamin and metabolic assays (see Appendix A)**

________________________

**Note:** Complete 1) chief complaint and relevant history, 2) medications, 3) review of systems, 4) physical exam, 5) assessment, 6) treatment plan and 7) orders if they provide relevant documentation to support the need for vitamin and metabolic assays.

**Chief complaint / history of present illness and associated signs / symptoms:**

________________________

________________________

________________________

**Related past medical / surgical history:**

________________________
### Medications (Status: N=New, C=Current, M=Modified, D=Discontinued)

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<tr>
<th>RxNorm</th>
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<th>Dose</th>
<th>Frequency</th>
<th>Route</th>
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Other medications

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<th>RxNorm</th>
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<th>Frequency</th>
<th>Route</th>
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### Allergies (Include RxNorm if known)

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<th>RxNorm</th>
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### Review of systems (Significant as per history of present problem and need for a vitamin and metabolic assays):

#### General:

- weight gain, weight loss, sleeping problems, fatigue, fever, chills, night sweats / diaphoresis
- other:

#### Skin:

- pressure ulcers, rashes, changes in nails/hair, eczema, pruritus
- other:

#### Lymphatic:

- swollen glands/masses: in the neck, axilla, groin
- other:

#### Head:

- fainting, dizziness, headaches
- other:

#### Eyes:

- diplopia, glasses/contact lenses, redness/discharge, blurred vision, glaucoma, cataracts
- other:

#### Ears:

- tinnitus, discharge, hearing loss
- other:

#### Nose:

- epistaxis, sinus infections, discharge, polyps
- other:

#### Oral:

- dysphagia, hoarseness, teeth/dentures
- other:

#### Neck:

- lumps, pain on movement
- other:
<table>
<thead>
<tr>
<th>Category</th>
<th>Symptoms</th>
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<tbody>
<tr>
<td>Breast</td>
<td>masses/tumors, tenderness, discharge, gynecomastia, other:</td>
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<tr>
<td>Pulmonary</td>
<td>cough, shortness of breath, pain, wheezing, hemoptysis, sputum production other:</td>
</tr>
<tr>
<td>Cardiac</td>
<td>chest pain, palpitations, orthopnea, murmur, syncope other:</td>
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<tr>
<td>Vascular</td>
<td>edema, claudication, varicose veins, thrombophlebitis, ulcers other:</td>
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<tr>
<td>Gastrointestinal</td>
<td>swallowing problems, abdominal pain, constipation, diarrhea, incontinence, nausea, vomiting, ulcers, melena, rectal bleeding, jaundice, heartburn, hematemesis other:</td>
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<tr>
<td>Renal</td>
<td>dysuria, frequency, urgency, hesitation, flank pain, hematuria, incontinence, nocturia, polyuria, other:</td>
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<tr>
<td>Musculoskeletal</td>
<td>pain, swelling, stiffness, limitation of range of motion, arthritis gout, cramps, myalgia, fasciculation, atrophy, fracture, deformity, weakness, other:</td>
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<tr>
<td>Neurologic</td>
<td>seizures, poor memory, poor concentration, numbness / tingling, pins and needles sensation, hyperpathia, dysesthesia, weakness, paralysis, tremors, involuntary movements, unstable gait, fall, vertigo, headache, stroke, speech disorders other:</td>
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<tr>
<td>Psychiatric</td>
<td>hallucinations, delusions, anxiety, nervous breakdown, mood changes other:</td>
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<tr>
<td>Hematology</td>
<td>anemia, bruising, bleeding disorders (conditional) other:</td>
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<tr>
<td>Endocrine</td>
<td>heat or cold intolerance, diabetes, lipid disorders, goiter other:</td>
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<tr>
<td>Other</td>
<td>other:</td>
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</table>
Physical examination:
Vital signs: T=_______P=_______R=_______BP=_______/_____ Height=_______Weight=_______

General appearance: ________________________________________________________________
________________________________________________________________________________

Head and neck: ________________________________________________________________
________________________________________________________________________________

Chest / lungs: ________________________________________________________________
________________________________________________________________________________

Cardiovascular: ________________________________________________________________
________________________________________________________________________________

Abdominal: ________________________________________________________________
________________________________________________________________________________

Musculoskeletal / extremities: ____________________________________________________
________________________________________________________________________________

Neurological: ________________________________________________________________
________________________________________________________________________________

Psychiatric: ________________________________________________________________
________________________________________________________________________________

Visual Exam: ________________________________________________________________
________________________________________________________________________________

Other: ________________________________________________________________
________________________________________________________________________________

Physician/NPP assessment / summary: ______________________________________________
________________________________________________________________________________

________________________________________________________________________________
________________________________________________________________________________
Treatment plan:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Orders:

Medications: _____________________________________________________________

________________________________________________________________________

Supplies: ________________________________________________________________

________________________________________________________________________

Investigations (Diagnostic Testing): _________________________________________

________________________________________________________________________

Consults: ________________________________________________________________

________________________________________________________________________

Other: _________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature, Name, Date and NPI of physician or allowed NPP

Signature: _______________________________________________________________

Name (Printed): ___________________________________________________________

Date (MM/DD/YYYY): ___________________________ NPI: ________________________