

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 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:

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.

DRAFT

- 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

Use of this template is voluntary / optional

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:	
<i>Last name:</i> _____ <i>First name:</i> _____ <i>MI:</i> _____ <i>Suffix:</i> _____	
<i>NPI:</i> _____	
Patient diagnoses relevant to need for vitamin and metabolic assays (see Appendix A)	
ICD-10	Description
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
<i>Clinical indications for vitamin and metabolic assays (see Appendix A)</i>	

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.	
<i>Chief complaint / history of present illness and associated signs / symptoms:</i> _____	

<i>Related past medical / surgical history:</i> _____	

DRAFT

<i>Medications (Status: N=New, C=Current, M=Modified, D=Discontinued)</i>					
<i>RxNorm</i>	<i>Description</i>	<i>Dose</i>	<i>Frequency</i>	<i>Route</i>	<i>Status</i>
<i>Other medications</i>					

<i>Allergies (Include RxNorm if known)</i>			
<i>RxNorm</i>	<i>Description</i>	<i>RxNorm</i>	<i>Description</i>

<i>Review of systems (Significant as per history of present problem and need for a vitamin and metabolic assays):</i>	
<i>General:</i>	<i>___ weight gain, ___ weight loss, ___ sleeping problems, ___ fatigue, ___ fever, ___ chills, ___ night sweats / diaphoresis ___ other: _____</i>
<i>Skin:</i>	<i>___ pressure ulcers, ___ rashes, ___ changes in nails/hair, ___ eczema, ___ pruritus, ___ other: _____</i>
<i>Lymphatic:</i>	<i>___ swollen glands/masses: ___ in the neck, ___ axilla, ___ groin, ___ other: _____</i>
<i>Head:</i>	<i>___ fainting, ___ dizziness, ___ headaches, ___ other: _____</i>
<i>Eyes:</i>	<i>___ diplopia, ___ glasses/contact lenses, ___ redness/discharge, ___ blurred vision, ___ glaucoma, ___ cataracts, ___ other: _____</i>
<i>Ears:</i>	<i>___ tinnitus, ___ discharge, ___ hearing loss, ___ other: _____</i>
<i>Nose:</i>	<i>___ epistaxis, ___ sinus infections, ___ discharge, ___ polyps, ___ other: _____</i>
<i>Oral:</i>	<i>___ dysphagia, ___ hoarseness, ___ teeth/dentures, ___ other: _____</i>
<i>Neck:</i>	<i>___ lumps, ___ pain on movement ___ other: _____</i>

DRAFT

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

DRAFT

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: _____