

Micronutrient Testing

Date of Origin: 06/2011

Last Review Date: 05/22/2024

Effective Date: 06/01/2024

Dates Reviewed: 05/2012, 03/2013, 04/2014, 04/2015, 05/2015, 05/2016, 05/2017, 05/2018, 05/2019, 05/2020, 05/2021, 05/2022, 05/2023, 05/2024

Developed By: Medical Necessity Criteria Committee

I. Description

The micronutrient test assesses how multiple micronutrients function within white blood cells. The biochemical intracellular function of vitamins, minerals, amino acids and antioxidants are measured by manipulating the individual micronutrients in the media followed by mitogenic stimulation and measurement of DNA synthesis. These findings have been reported to be linked to certain disease processes and conditions such as arthritis, cancer, cardiovascular risk, diabetes, various immunological disorders, metabolic disorders, and micronutrient deficiencies.

NOTE: Micronutrient testing is also known as functional intracellular analysis, intracellular micronutrient analysis or leukocyte nutrient analysis.

II. Criteria: CWQI HCS-0051

A. Currently, there is insufficient evidence in published scientific, peer-reviewed medical literature of the effectiveness of micronutrient testing. Moda Health considers micronutrient testing experimental and investigational.

III. Information Submitted with the Prior Authorization Request:

1. None

IV. CPT or HCPC codes NOT covered if related to micronutrient testing:

Note: Typically, this test is billed under a multitude of CPT codes for lab tests for normal non-experimental covered lab tests. Micronutrient testing is identified by the volume of lab tests for vitamins, minerals, amino acids, antioxidants, and metabolites for vague diagnoses such as fatigue.

Codes	Description
82136	Amino acids, 2 to 5 amino acids, quantitative, each specimen
82180	Ascorbic acid (Vitamin C), blood
82310	Calcium; total
82379	Carnitine (total and free), quantitative, each specimen

82495	Chromium
82525	Copper
82607	Cyanocobalamin (Vitamin B-hyphen12)
82725	Fatty acids, nonesterified
82746	Folic acid; serum
82978	Glutathione
83735	Magnesium
83783	Manganese
84207	Pyridoxal phosphate (Vitamin B-hyphen6)
84252	Riboflavin (Vitamin B-hyphen2)
84255	Selenium
84425	Thiamine (Vitamin B-hyphen1)
84446	Tocopherol alpha (Vitamin E)
84590	Vitamin A
84591	Vitamin, not otherwise specified
84597	Vitamin K
84630	Zinc

V. Annual Review History

Review Date	Revisions	Effective Date
03/2013	Annual Review: Added table with review date, revisions, and effective date.	04/03/2013
04/2014	Annual Review: No changes	04/30/2014
04/2015	Annual Review: No changes	04/25/2015
05/2016	Annual Review: No changes	05/25/2016
05/2017	Annual Review: Updated to new template, no changes	5/25/2017
05/2018	Annual Review: No changes; added CPT codes potentially related to micronutrient testing.	05/24/2018
05/2019	Annual Review: No changes	06/01/2019
05/2020	Annual Review: No content changes	06/01/2020
05/2021	Annual Review: No content changes	06/01/2021
05/2022	Annual Review: No content changes	06/01/2022
05/2023	Annual Review: No changes	06/01/2023
05/2024	Annual Review: No changes	06/01/2024

VI. References

1. Spectracell Laboratories: Advanced Clinical Testing. (No date). Nutritional status and health: Implication in common chronic conditions. Accessed on April 25, 2015 at: <http://www.spectracell.com/clinicians/products/mnt/>
2. Filipek PA, Accardo PJ, Ashwal S, Baranek GT, Cook EH Jr, Dawson G, Gordon B, Gravel JS, Johnson CP, Kallen RJ, Levy SE, Minshew NJ, Ozonoff S, Prizant BM, Rapin I, Rogers SJ, Stone WL, Teplin SW, Tuchman RF, Volkmar FR. Practice parameter: screening and diagnosis of autism: report of

the Quality Standards Subcommittee of the American Academy of Neurology and the Child Neurology Society. Neurology. 2000 Aug 22;55(4):468-79.

3. Department of Health and Human Services- Office of Inspector General. CLIA Regulation of Un-established Laboratory tests. July 2001 OEI-05—00-00250. Accessed May 23, 2017 at: <http://www.quackwatch.org/01QuackeryRelatedTopics/Tests/nonstandard.html>
4. Barrett S, Dubious Diagnostic Tests, Quackwatch accessed on April 25, 2015 at: <http://www.quackwatch.com/01QuackeryRelatedTopics/Tests/tests.html>
5. Physician Advisors

Appendix 1 – Centers for Medicare and Medicaid Services (CMS)

Medicare coverage for outpatient (Part B) drugs is outlined in the Medicare Benefit Policy Manual (Pub. 100-2), Chapter 15, §50 Drugs and Biologicals. In addition, National Coverage Determination (NCD) and Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable. They can be found at: <http://www.cms.gov/medicare-coverage-database/search/advanced-search.aspx>. Additional indications may be covered at the discretion of the health plan.

Medicare Part B Covered Diagnosis Codes (applicable to existing NCD/LCD):

Jurisdiction(s): 5, 8	NCD/LCD Document (s):
None	

NCD/LCD Document (s):

Medicare Part B Administrative Contractor (MAC) Jurisdictions		
Jurisdiction	Applicable State/US Territory	Contractor
F (2 & 3)	AK, WA, OR, ID, ND, SD, MT, WY, UT, AZ	Noridian Healthcare Solutions, LLC