Anthem Blue Cross Coverage Determination Policy Cyanocobalamin (Vitamin B-12) Testing



ANTHEM BLUE CROSS LOCAL COVERAGE CLINICAL UM GUIDELINE #CG-LAB-19

Anthem Blue Cross has issued a coverage clinical UM guideline [CG-LAB-19] applicable to Cyanocobalamin (Vitamin B-12), CPT Code 82607 and 82608. The full text of the guideline for Vitamin B-12 Testing is <u>available online</u>. This Reference Guide sets forth excerpts of key information from the guideline, which PDL believes can assist providers to determine:

- (1) whether Vitamin B-12 Testing is medically appropriate for your patient
- (2) circumstances and diagnoses for which Anthem Blue Cross will pay for Vitamin B-12 Testing

The Reference Guide also sets forth (page 2) ICD-10-CM Codes commonly used for Vitamin B-12 Testing The list of ICD codes provided below consists of *commonly utilized diagnosis codes*.

- To view the Anthem Blue Cross full guideline for Vitamin B-12 Testing visit the following website: https://www.anthem.com/dam/medpolicies/abc/active/guidelines/gl_pw_e001422.html
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.

COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY

This document addresses the use of vitamin B12 blood test, methylmalonic acid blood test, and holotranscobalamin blood test for individuals with suspected or known vitamin B12 deficiency. Vitamin B12, also known as cyanocobalamin, is a water-soluble vitamin occurring naturally in food sources derived from animal products. Vitamin B12 is also available as a mineral/multivitamin supplement in various doses and may be prescribed by a medical professional. Vitamin B12 is necessary for the development, myelination, and proper function of the central nervous system, hematopoietic cell formation, DNA synthesis, and also serves as cofactor for 2 enzymes. Vitamin B12 testing is not recommended for adults with average risk of deficiency. Risk factors for vitamin B12 deficiency include dietary deficiency, decreased absorption, autoimmune conditions, genetic conditions, or prolonged use of certain medications such as metformin or proton pump inhibitors. Deficiency symptoms in adults may lead to nerve damage, neurologic changes, depression, difficulty maintaining balance, and anemia. Vitamin B12 deficiency in the pediatric population include failure to thrive, developmental delays, movement disorders, and megaloblastic anemia.

Clinical Indications:

Vitamin B12 blood testing is considered **medically necessary** for **any** of the following indications:

- 1. Alcohol dependence; or
- 2. Anemia: or
- 3. Autoimmune condition such as intrinsic factor deficiency, thyroid disease, or pernicious anemia; or
- 4. Blood dyscrasia (for example cytopenia, leukopenia, or thrombocytopenia); or
- 5. Diabetes mellitus with neurologic symptoms; or
- 6. Disorders of sulphur amino acid metabolism; or
- 7. Disruption of gastrointestinal anatomy or function (for example achlorhydria, gastrectomy, gastric bypass, gastric cancer, ileal resection, inflammatory bowel disease); **or**
- 8. Failure to thrive (pediatric); or
- 9. Glossitis; or
- 10. Homocystinuria; or
- 11. Inadequate dietary intake of vitamin B12 such as strict vegan diet without vitamin B12 supplementation; **or**
- 12. Infection known to be associated with vitamin B12 deficiency such as bacterial overgrowth syndrome, fish tapeworm infection, Helicobacter pylori infection, or human immunodeficiency virus (HIV); **or**
- 13. Malabsorption; or
- 14. Malignancy affecting absorption of nutrients or affecting blood or hematopoiesis; or

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COVERAGE INDICATIONS, LIMITATIONS, AND/OR MEDICAL NECESSITY, Continued

- 15. Malnutrition; or
- 16. Methylenetetrahydrofolate Reductase (MTHFR) deficiency; or
- 17. Neurologic or motor symptom abnormality; or
- 18. Pancreatic insufficiency; or
- 19. Unexplained mental status or cognitive changes; or
- 20. Chronic use of H₂ blocking agent and proton pump inhibitor (PPI) minimum of 1 year or metformin minimum of 4 months

The following codes for treatments and procedures applicable to this guideline are included below for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

REMINDER:

The ordering provider is solely responsibility for assigning diagnosis (codes) for Vitamin B-12 Testing. PDL does not – through this Reference Guide or otherwise – recommend any particular diagnosis codes. PDL will submit to Anthem Blue Cross only the diagnosis (codes) provided to PDL by the ordering provider and/or his/her authorized staff.

ICD-10-CM Codes commonly used for Vitamin B-12 Testing (CPT 82607, 82608)

CODE	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease
B96.81	Helicobacter pylori [H. pylori] as the cause of diseases classified elsewhere
D50.0-D53.9	Nutritional anemias
D55.0-D59.9	Hemolytic anemias
D60.0-D64.9	Aplastic and other anemias and other bone marrow failure syndromes
E00.0-E07.9	Disorders of thyroid gland
E08.40-E08.49	Diabetes mellitus due to underlying condition with neurological complications
E09.40-E09.49	Drug or chemical induced diabetes mellitus wit neurological complications
E10.40-E10.49	Type 1 diabetes mellitus with neurological complications
E11.40-E11.49	Type 2 diabetes mellitus with neurological complications
E13.40-E13.49	Other specified diabetes mellitus with neurological complications
E40-E46	Malnutrition
E72.10-E72.19	Disorders of sulfur-bearing amino-acid metabolism
F10.20-F10.29	Alcohol dependence
K14.0-K14.4	Glossitis
K31.83	Achlorhydria
K50.00-K50.919	Crohn's disease
K51.00-K51.919	Ulcerative colitis
K85.00-K86.89	Acute pancreatitis, other diseases of pancreas
K90.0-K90.9	Intestinal malabsorption

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CODE	DESCRIPTION
K91.0-K91.2	Vomiting following gastrointestinal surgery, postgastric surgery syndromes,
	postsurgical malabsorption, not elsewhere classified
O90.81	Anemia of the puerperium
P05.00-P05.9	Disorders of newborn related to slow fetal growth and fetal malnutrition
P92.6	Failure to thrive in newborn
R62.51	Failure to thrive (child)
Z98.0	Intestinal bypass and anastomosis status
Z98.84	Bariatric surgery status