

Cyanocobalamin (Vitamin B-12) Testing

CPT Codes: 82607

MEDI-CAL COVERAGE DETERMINATION

The list of ICD codes provided below is a complete compilation from the Pathology: Chemistry section of the Medi-Cal General Medicine provider manual, last updated on December 16, 2021.

- To view the Medi-Cal Coverage Determination for Cyanocobalamin (Vitamin B-12) testing and other chemistry lab tests visit the following website: <https://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/pathchem.pdf>
- It is the responsibility of the ordering provider to ensure appropriate diagnostic coding for a test.

COVERAGE INDICATIONS AND/OR MEDICAL NECESSITY

Item/Service Description

According to the Pathology: Chemistry section of the Medi-Cal General Medicine provider manual, the cyanocobalamin (vitamin B-12) test (CPT code 82607) is reimbursable only when an appropriate diagnosis on the claim documents the medical necessity for the test.

Code 82607 is reimbursable only when billed in conjunction with one of the following ICD10-CM diagnosis codes:

| ICD-10-CM | Code Description |
|---------------------|--------------------------------------------------------------------------|
| A52.15 | Late syphilitic neuropathy |
| B70.0 | Diphyllobothriasis, intestinal |
| C16.0 thru C16.9 | Malignant neoplasm of stomach |
| D51.0 thru D51.9 | Vitamin B-12 deficiency anemia |
| D53.1 | Other megaloblastic anemias not elsewhere classified |
| D53.9 | Unspecified deficiency anemia |
| D77 | Other disorders of blood-forming organs in diseases classified elsewhere |
| D81.818 | Other biotin-dependent carboxylase deficiency |
| E53.8 | Deficiency of other specified B group vitamins |
| F01.50, F01.51 | Vascular dementia |
| F02.80, F02.81 | Dementia in other diseases classified elsewhere |
| F06.8 | Other specified mental disorders due to known physiological condition |
| F07.0 | Personality change due to known physiological condition |
| G60.9 | Hereditary and idiopathic peripheral neuropathy; unspecified |
| G63 | Polyneuropathy in diseases classified elsewhere |
| G65.0 thru G65.2 | Sequela of inflammatory and toxic polyneuropathies |
| G93.3 | Postviral fatigue syndrome |
| K14.6 | Glossodynia |
| K29.30, K29.31 | Chronic superficial gastritis |
| K29.40, K29.41 | Chronic atrophic gastritis |
| K29.50, K29.51 | Unspecified chronic gastritis |
| K50.00 thru K50.919 | Crohn's disease |
| K86.0 | Alcohol-induced chronic pancreatitis |

Medi-Cal and CenCal ICD-10 Code Coverage Policy

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K86.1 Other chronic pancreatitis

COVERAGE INDICATIONS AND/OR MEDICAL NECESSITY, Continued

| ICD-10-CM | Code Description |
|-------------------|-------------------------------------------------------------|
| K86.81 | Exocrine pancreatic insufficiency |
| K86.89 | Other specified diseases of pancreas |
| K90.0 thru K90.49 | Intestinal malabsorption |
| K90.89, K90.9 | Other and unspecified intestinal malabsorption |
| K91.1 | Postgastric surgery syndromes |
| K91.2 | Postsurgical malabsorption, not elsewhere classified |
| M34.83 | Systemic sclerosis with polyneuropathy |
| Q41.0 thru Q41.9 | Congenital absence, atresia and stenosis of small intestine |
| R20.0 thru R20.9 | Disturbances of skin sensation |
| R53.0 thru R53.83 | Malaise and fatigue |
| Z93.2 | Ileostomy status |
| Z93.4 | Other artificial opening of gastrointestinal tract status |
| Z97.8 | Presence of other specified devices |
| Z98.0 | Intestinal bypass and anastomosis statu |
| Z98.3 | Post therapeutic collapse of lung status |
| Z98.62 | Peripheral vascular angioplasty status |
| Z98.890 | Other specified postprocedural state |