

If a conflict arises between a Clinical Payment and Coding Policy (“CPCP”) and any plan document under which a member is entitled to Covered Services, the plan document will govern. If a conflict arises between a CPCP and any provider contract pursuant to which a provider participates in and/or provides Covered Services to eligible member(s) and/or plans, the provider contract will govern. “Plan documents” include, but are not limited to, Certificates of Health Care Benefits, benefit booklets, Summary Plan Descriptions, and other coverage documents. Blue Cross and Blue Shield of Illinois may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSIL has full and final discretionary authority for their interpretation and application to the extent provided under any applicable plan documents.

Providers are responsible for submission of accurate documentation of services performed. Providers are expected to submit claims for services rendered using valid code combinations from Health Insurance Portability and Accountability Act approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing Editor, American Medical Association, Current Procedural Terminology, CPT® Assistant, Healthcare Common Procedure Coding System, ICD-10 CM and PCS, National Drug Codes, Diagnosis Related Group guidelines, Centers for Medicare and Medicaid Services National Correct Coding Initiative Policy Manual, CCI table edits and other CMS guidelines.

Claims are subject to the code edit protocols for services/procedures billed. Claim submissions are subject to claim review including but not limited to, any terms of benefit coverage, provider contract language, medical policies, clinical payment and coding policies as well as coding software logic. Upon request, the provider is urged to submit any additional documentation.

## **Vitamin B12 and Methylmalonic Acid Testing**

**Policy Number:** CPCPLAB010

**Version 1.0**

**Approval Date:** Jan. 12, 2026

**Plan Effective Date:** May 1, 2026

## Description

The plan has implemented certain lab management reimbursement criteria. Not all requirements apply to each product. Providers are urged to review Plan documents for eligible coverage for services rendered.

## Reimbursement Information:

1. Total vitamin B12 (serum cobalamin) testing **may be reimbursable** once every three months for **any** of the following situations:
  - a. For individuals with the following signs and symptoms of vitamin B12 deficiency:
    - i. Cutaneous
      1. Hyperpigmentation
      2. Jaundice
      3. Vitiligo
    - ii. Gastrointestinal
      1. Glossitis
    - iii. Hematologic
      1. Anemia (macrocytic, megaloblastic)
      2. Leukopenia
      3. Pancytopenia
      4. Thrombocytopenia
      5. Thrombocytosis
    - iv. Neuropsychiatric
      1. Areflexia
      2. Cognitive impairment (including dementia-like symptoms and acute psychosis)
      3. Gait abnormalities
      4. Irritability
      5. Loss of proprioception and vibratory sense
      6. Olfactory impairment
      7. Peripheral neuropathy
  - b. For individuals undergoing treatment for vitamin B12 deficiency.
  - c. For individuals with one or more of the following risk factors for vitamin B12 deficiency:

- i. For individuals with decreased ileal absorption due to:
  1. Crohn's disease.
  2. Ileal resection.
  3. Tapeworm infection.
  4. Having undergone, or for those who have been scheduled for, bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion/duodenal switch.
- ii. For individuals with decreased intrinsic factor due to:
  1. Atrophic gastritis.
  2. Pernicious anemia.
  3. Postgastrectomy syndrome.
- iii. For individuals with transcobalamin II deficiency.
- iv. For individuals with inadequate B12 intake:
  1. Due to alcohol abuse.
  2. In individuals older than 75 years or elderly individuals being evaluated for dementia.
  3. In vegans or strict vegetarians (including exclusively breastfed infants of vegetarian/vegan mothers).
  4. Due to an eating disorder.
- v. For individuals with prolonged medication use:
  1. Histamine H2 blocker use for more than 12 months.
  2. Metformin use for more than four months.
  3. Proton pump inhibitor use for more than 12 months.
2. In asymptomatic high-risk individuals with low-normal levels of vitamin B12 or when vitamin B12 deficiency is suspected but the serum vitamin B12 level is normal or low-normal, methylmalonic acid testing to confirm vitamin B12 deficiency **may be reimbursable**.
3. For the evaluation of inborn errors of metabolism, methylmalonic acid **may be reimbursable**.
4. In healthy, asymptomatic individuals, screening for vitamin B12 deficiency **is not reimbursable**.
5. For the confirmation of vitamin B12 deficiency, homocysteine testing **is not reimbursable**.
6. For the screening, testing, or confirmation of vitamin B12 deficiency, holotranscobalamin testing **is not reimbursable**.

7. For all other situations not described above, total vitamin B12 (serum cobalamin) testing **is not reimbursable**.

## Procedure Codes

The following is not an all-encompassing code list. The inclusion of a code does not guarantee it is a covered service or eligible for reimbursement.

Codes
82607, 83090, 83921, 84999

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## Policy Update History:

Approval Date	Effective Date; Summary of Changes
01/12/2026	05/01/2026; Document updated with literature review. Reimbursement Information unchanged. References revised.
09/05/2025	01/01/2026: New policy.