

	Bariatrics and B12 Injections	
	Policy Number: POL-PP-220	Original Creation Date: 12/1/2025
	Version Number: 05	Version Effective Date: 12/1/2025
	Policy Status: Active	Next Review Date: 12/1/2026

NOTICE

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Blue KC reserves the right to review and revise these policies when necessary. When there is an update, we will publish the most current policy to: <https://providers.bluekc.com/ContactUs/PaymentPolicies>.

PROVIDER/ENTITY IMPACTED					
<input checked="" type="checkbox"/> PROFESSIONAL	<input checked="" type="checkbox"/> FACILITY	<input type="checkbox"/> DME	<input type="checkbox"/> AMBULATORY SURGERY	<input type="checkbox"/> LAB	<input type="checkbox"/> OTHER

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/> COMMERCIAL	<input checked="" type="checkbox"/> BLUE MEDICARE ADVANTAGE	<input checked="" type="checkbox"/> ACA QHP¹	<input checked="" type="checkbox"/> SMALL GROUP ACA	<input checked="" type="checkbox"/> JAA²	<input checked="" type="checkbox"/> FEP³	<input type="checkbox"/> DENTAL

¹ ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family ² JAA: Joint Administrative Account ³ FEP: Federal Employee Program

Disclaimer

Blue KC has developed Provider Payment Policies to provide guidance on payment methodologies as they pertain to submitted claims. These policies are written following industry standard recommendations from sources such as:

- Current Procedural Terminology
- Centers for Medicare and Medicaid
- American Medical Association
- National Correct Coding Initiative
- Other professional organizations and societies

Coverage of any service is determined by date of service, a member's eligibility and benefit limits for the service or services rendered, all terms of the Provider Service Agreement, and other standards of coding rules and guidelines.

Final payment is subject to the application of claims adjudication and edits common to the industry.

For confirmation of which services may be eligible for coverage and description of when medical services are considered medically necessary, not medically necessary, or investigational, please contact:

- Blue KC Provider Hotline for Commercial lines of Business 816-395-3929
- Affordable Care Act Provider Hotline 866-859-3822
- Blue Medicare Advantage Provider Hotline 866-508-7140

In the event of a conflict between any policies, the Member's coverage document will govern.

Description/Application

"Bariatric" refers to treatments, most commonly surgery, for severe obesity that help people lose weight by altering the digestive system

Vitamin B12, also known as cobalamin, is an essential nutrient that supports healthy nerve function, red blood cell formation, and DNA synthesis. It helps convert food into energy and is found naturally in animal products like meat, eggs, and dairy. Because the body cannot make it, you must get it from food or supplements

Policy

Screening for Vitamin B12 deficiency in healthy, asymptomatic individuals is non-covered.

Homocysteine testing for the confirmation of vitamin B12 deficiency is non-covered.

Reimbursement for holotranscobalamin testing for screening, testing or confirmation of vitamin B12 deficiency is non-covered.

Reimbursement for methylmalonic acid testing is allowed to confirm vitamin B12 deficiency in asymptomatic high-risk patients 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.

When a Vitamin B12 screening reveals a deficiency, any subsequent testing should be performed no sooner than 3 months after initiation of therapy for that deficiency.

B12 injections include time for pre-service evaluation. Submission of an E/M (99202-99215) is allowed only if the E/M is significant and separately identifiable and exceeds the "pre-service evaluation" that is inherent to the injection.

Screening and injections for Vitamin B12 deficiency may be allowed for patients who have undergone bariatric procedures such as Roux-en-Y, gastric bypass sleeve gastrectomy, or biliopancreatic diversion/duodenal switch when performed outside of the global period

Global Surgical Package

A global period is a period of time starting with a surgical procedure and ending a period of time after the procedure. Many surgeries have a follow-up period during which charges for normal post-operative care are bundled into the global surgery fee.

Bariatric surgery has a 90-day global period. This period includes all the necessary services normally furnished by a surgeon before, during, and after surgery. During this 90-day period, Vitamin B-12 (J3420) , and the administration of the injection (96372) is included in the global period, and not separately billable.

Coding

HCPCs Code	Description
82607	Cyanocobalamin (Vitamin B-12);
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity
83921	Organic acid, single, quantitative
83090	Homocysteine
J3425	Injection, hydroxocobalamin, IM, 10 mcg
J3420	Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg
96372	Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular

Related Documents

Blue KC Medical Policy G2014 – Vitamin B12 and Methylmalonic Acid Testing

References

Blue KC Medical Policy G2014 – Vitamin B12 and Methylmalonic Acid Testing

Blue KC Provider Reference Guide

Revision History

Version	Date	Summary of Revisions
001	12/1/2021	Initial version
002	12/1/2022	Annual review, no updates or changes were made to the policy
003	12/1/2023	Annual review, no updates or changes were made to the policy
004	12/1/2024	Annual review, no updates or changes were made to the policy
005	12/1/2025	Annual review, no updates or changes were made to the policy