



POLICY INFORMATION			
Policy Number:	POL-PP-319 AHS – G2014 – Vitamin B12 and Methylmalonic Acid Testing	Original Effective Date:	07/01/2025
Version Number:	001	Revision Date:	
Policy Status:	Active	Next Revision Date:	07/01/2026

**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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<b>PROFESSIONAL</b>	<b>FACILITY</b>	<b>DME</b>	<b>AMBULATORY SURGERY</b>	<b>LAB</b>	<b>OTHER</b>

LINES OF BUSINESS IMPACTED						
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>COMMERCIAL</b>	<b>BLUE MEDICARE ADVANTAGE</b>	<b>ACA QHP<sup>1</sup></b>	<b>SMALL GROUP ACA</b>	<b>JAA<sup>2</sup></b>	<b>FEP<sup>3</sup></b>	<b>DENTAL</b>

<sup>1</sup> ACA QHP: Affordable Care Act Qualified Health Plan for Individual/Family    <sup>2</sup> JAA: Joint Administrative Account    <sup>3</sup> 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

Vitamin B12, also known as cobalamin, is a water-soluble vitamin required for proper red blood cell formation, key metabolic processes, neurological function, and DNA regulation and synthesis. Hematologic and neuropsychiatric disorders caused by a deficiency in B12 can often be reversed by early diagnosis and prompt treatment (Oh & Brown, 2003).

Methylmalonic acid (MMA) is produced from excess methylmalonyl-CoA that accumulates when Vitamin B12 is unavailable and is considered an indicator of functional B12 deficiency (Sobczynska-Malefora et al., 2014).

Holotranscobalamin (holoTC) is the metabolically active fraction of B12 and is an emerging marker of impaired vitamin B12 status (Langan & Goodbred, 2017).

### Policy

Application of coverage criteria is dependent upon an individual's benefit coverage at the time of the request.

Total vitamin B12 (serum cobalamin) testing **may be reimbursable** once every three months for any of the following situations:

For individuals with the following signs and symptoms of vitamin B12 deficiency:

- Cutaneous
  - Hyperpigmentation
  - Jaundice
  - Vitiligo
- Gastrointestinal
  - Glossitis
- Hematologic
  - Anemia (macrocytic, megaloblastic)
  - Leukopenia
  - Pancytopenia
  - Thrombocytopenia
  - Thrombocytosis
- Neuropsychiatric
  - Areflexia
  - Cognitive impairment (including dementia-like symptoms and acute psychosis)
  - Gait abnormalities
  - Irritability
  - Loss of proprioception and vibratory sense



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- Olfactory impairment
  - Peripheral neuropathy

For individuals undergoing treatment for vitamin B12 deficiency.

For individuals with one or more of the following risk factors for vitamin B12 deficiency:

For individuals with decreased ileal absorption due to:

- Crohn's disease
- Ileal resection
- Tapeworm infection
- 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.

For individuals with decreased intrinsic factor due to:

- Atrophic gastritis
- Pernicious anemia
- Post gastrectomy syndrome

For individuals with transcobalamin II deficiency

- For individuals with inadequate B12 intake:
  - Due to alcohol abuse
  - In individuals older than 75 years or elderly individuals being evaluated for dementia
  - In vegans or strict vegetarians (including exclusively breastfed infants of vegetarian/vegan mothers)
  - Due to an eating disorder

For individuals with prolonged medication use:

- Histamine H2 blocker use for more than 12 months
- Metformin use for more than 4 months
- Proton pump inhibitor use for more than 12 months

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**.

For the evaluation of inborn errors of metabolism, methylmalonic acid testing **may be reimbursable**.

In healthy, asymptomatic individuals, screening for vitamin B12 deficiency **may not be reimbursable**.



For the confirmation of vitamin B12 deficiency, homocysteine testing **may not be reimbursable**.

For the screening, testing, or confirmation of vitamin B12 deficiency, holotranscobalamin testing **may not be reimbursable**.

For all other situations not described above, total vitamin B12 (serum cobalamin) testing **may not be reimbursable**

**Coding**

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

Code	Description
82607	Cyanocobalamin (Vitamin B-12);
83090	Homocysteine
83921	Organic acid, single, quantitative
84999	Unlisted chemistry procedure

**Related Documents**

Policy Number	Policy Title
AHS-G2154	Folate Testing
AHS-M2141	Testing of Homocysteine Metabolism-Related Conditions

**References and Resources**

Avalon Medical Policy AHS – G2014 – Vitamin B12 and Methylmalonic Acid Testing

**Revision History**

Version	Date	Summary of Revisions
001	06/01/2025	Initial version