

**LCD L30551 - Vitamin B12 Assays** [Print](#)

**Contractor Information**

<b>Contractor Name:</b> Highmark Medicare Services, Inc.	<b>Contractor Number(s):</b> 12102, 12202, 12302, 12501, 12301, 12201, 12401, 12402, 12101, 12502, 12901	<b>Contractor Type:</b> MAC Part A & B
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**LCD Information**

**Document Information**

<b>LCD ID Number</b> L30551	<b>Primary Geographic Jurisdiction</b> Pennsylvania, Maryland, District of Columbia, New Jersey, Delaware
<b>LCD Title</b> Vitamin B12 Assays	<b>Oversight Region</b> Central Office
<b>Contractor's Determination Number</b> L30551	<b>Original Determination Effective Date</b> For services performed on or after 03/10/2010
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	<b>Revision Effective Date</b> For services performed on or after 10/01/2011
	<b>Revision Ending Date</b> N/A

**CMS National Coverage Policy**

Title XVIII of the Social Security Act, Section 1862(a)(1)(A) states that no Medicare payment shall be made for items or services which are not reasonable and necessary for the diagnosis or treatment of illness or injury.

Title XVIII of the Social Security Act, Section 1862(a)(7). This section excludes routine physical examinations.

Title XVIII of the Social Security Act, Section 1833(e) states that no payment shall be made to any provider for any claim that lacks the necessary information to process the claim.

**Indications and Limitations of Coverage and/or Medical Necessity**

*Compliance with the provisions in this policy may be monitored and addressed through post payment data analysis and subsequent medical review audits.*

Medicare reimburses for covered clinical laboratory studies that are reasonable and necessary for the diagnosis or treatment of an illness. Medicare considers vitamin assay panels (more than one vitamin assay), screening procedures and therefore, non-covered.

Many vitamin deficiency problems can be determined from a comprehensive history and physical examination. The presence of specific clinical findings may prompt laboratory testing for evidence of a deficiency of that specific vitamin. Certain other clinical states may also lead to vitamin deficiencies (malabsorption syndromes, etc). Diagnostic evaluation should be targeted at the specific vitamin deficiency (or deficiencies) suspected.

The serum cyanocobalamin is a quantitative analysis of serum Vitamin B12 levels. It is generally indicated in the evaluation of macrocytic anemias whose cause is unknown, and in patients with malabsorptive states. Vitamin B12 (and / or folate) deficiency may be present when one or more of the following findings are present:

- Oval macrocytic red blood cells on peripheral blood smear, with or without anemia (MCV >100 fL)
- Hypersegmented neutrophils on peripheral blood smear (> 5% with  $\geq$  5 lobes, or  $\geq$  1% with  $\geq$  6 lobes)
- Pancytopenia of uncertain cause (anemia, thrombocytopenia, and neutropenia)
- Unexplained neurologic signs and symptoms; especially dementia, weakness, sensory ataxia, paresthesias (e.g., suspected subacute combined degeneration)
- Increased risk for deficiency due to alcoholism, malnutrition, strict vegan diet, malabsorption, certain medications

While cyanocobalamin testing is primarily indicated for megaloblastic anemias, and in dementias or neuropathies thought to be secondary to B12 deficiencies, the other findings above may also support testing. Sequential cyanocobalamin testing is usually unnecessary to monitor the effects of Vitamin B12 therapy. Since cyanocobalamin is primarily given to treat the macrocytic anemia and / or neurologic signs / symptoms; tests normally used to monitor anemia such as hemoglobin or hematocrit should be used, and / or careful monitoring of the neurological findings.

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### Coding Information

#### Bill Type Codes

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

011x	Hospital Inpatient (Including Medicare Part A)
012x	Hospital Inpatient (Medicare Part B only)
013x	Hospital Outpatient
014x	Hospital - Laboratory Services Provided to Non-patients
083x	Ambulatory Surgery Center
085x	Critical Access Hospital

#### Revenue Codes

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

030X	Laboratory - General Classification

**CPT/HCPCS Codes**

Italicized and/or quoted material is excerpted from the American Medical Association, *Current Procedural Terminology (CPT) codes*.

82607	CYANOCOBALAMIN (VITAMIN B-12)

**ICD-9 Codes that Support Medical Necessity**

It is the provider's responsibility to select codes carried out to the highest level of specificity and selected from the ICD-9-CM code book appropriate to the year in which the service is rendered for the claim(s) submitted

040.2	WHIPPLE'S DISEASE
123.4	DIPHYLLOBOTHRIASIS INTESTINAL
151.0 - 151.9	MALIGNANT NEOPLASM OF CARDIA - MALIGNANT NEOPLASM OF STOMACH UNSPECIFIED SITE
152.0 - 152.9	MALIGNANT NEOPLASM OF DUODENUM - MALIGNANT NEOPLASM OF SMALL INTESTINE UNSPECIFIED SITE
157.0 - 157.9	MALIGNANT NEOPLASM OF HEAD OF PANCREAS - MALIGNANT NEOPLASM OF PANCREAS PART UNSPECIFIED
197.4	SECONDARY MALIGNANT NEOPLASM OF SMALL INTESTINE INCLUDING DUODENUM
197.8	SECONDARY MALIGNANT NEOPLASM OF OTHER DIGESTIVE ORGANS AND SPLEEN
261	NUTRITIONAL MARASMUS
262	OTHER SEVERE PROTEIN-CALORIE MALNUTRITION
263.0	MALNUTRITION OF MODERATE DEGREE
263.2	ARRESTED DEVELOPMENT FOLLOWING PROTEIN-CALORIE

	MALNUTRITION
263.8 - 263.9	OTHER PROTEIN-CALORIE MALNUTRITION - UNSPECIFIED PROTEIN-CALORIE MALNUTRITION
266.2	OTHER B-COMPLEX DEFICIENCIES
270.4	DISTURBANCES OF SULPHUR-BEARING AMINO-ACID METABOLISM
281.0 - 281.3	PERNICIOUS ANEMIA - OTHER SPECIFIED MEGALOBLASTIC ANEMIAS NOT ELSEWHERE CLASSIFIED
281.9	UNSPECIFIED DEFICIENCY ANEMIA
284.11	ANTINEOPLASTIC CHEMOTHERAPY INDUCED PANCYTOPENIA
284.12	OTHER DRUG INDUCED PANCYTOPENIA
284.19	OTHER PANCYTOPENIA
285.21	ANEMIA IN CHRONIC KIDNEY DISEASE
285.9	ANEMIA UNSPECIFIED
290.0	SENILE DEMENTIA UNCOMPLICATED
290.10	PRESENILE DEMENTIA UNCOMPLICATED
290.41	VASCULAR DEMENTIA, WITH DELIRIUM
290.42	VASCULAR DEMENTIA, WITH DELUSIONS
290.43	VASCULAR DEMENTIA, WITH DEPRESSED MOOD
291.1	ALCOHOL-INDUCED PERSISTING AMNESTIC DISORDER
291.2	ALCOHOL-INDUCED PERSISTING DEMENTIA
293.0	DELIRIUM DUE TO CONDITIONS CLASSIFIED ELSEWHERE
294.10	DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITHOUT BEHAVIORAL DISTURBANCE
294.11	DEMENTIA IN CONDITIONS CLASSIFIED ELSEWHERE WITH BEHAVIORAL DISTURBANCE
294.20	DEMENTIA, UNSPECIFIED, WITHOUT BEHAVIORAL DISTURBANCE
294.21	DEMENTIA, UNSPECIFIED, WITH BEHAVIORAL DISTURBANCE
294.8	OTHER PERSISTENT MENTAL DISORDERS DUE TO

	CONDITIONS CLASSIFIED ELSEWHERE
303.91	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE CONTINUOUS DRINKING BEHAVIOR
331.6	CORTICOBASAL DEGENERATION
331.7	CEREBRAL DEGENERATION IN DISEASES CLASSIFIED ELSEWHERE
331.83	MILD COGNITIVE IMPAIRMENT, SO STATED
334.4	CEREBELLAR ATAXIA IN DISEASES CLASSIFIED ELSEWHERE
354.8 - 354.9	OTHER MONONEURITIS OF UPPER LIMB - MONONEURITIS OF UPPER LIMB UNSPECIFIED
355.8 - 355.9	MONONEURITIS OF LOWER LIMB UNSPECIFIED - MONONEURITIS OF UNSPECIFIED SITE
356.4	IDIOPATHIC PROGRESSIVE POLYNEUROPATHY
356.9	UNSPECIFIED IDIOPATHIC PERIPHERAL NEUROPATHY
377.33	NUTRITIONAL OPTIC NEUROPATHY
377.34	TOXIC OPTIC NEUROPATHY
529.0	GLOSSITIS
529.4	ATROPHY OF TONGUE PAPILLAE
529.6	GLOSSODYNIA
535.10 - 535.11	ATROPHIC GASTRITIS (WITHOUT HEMORRHAGE) - ATROPHIC GASTRITIS WITH HEMORRHAGE
536.0	ACHLORHYDRIA
555.0 - 555.9	REGIONAL ENTERITIS OF SMALL INTESTINE - REGIONAL ENTERITIS OF UNSPECIFIED SITE
564.2	POSTGASTRIC SURGERY SYNDROMES
577.1	CHRONIC PANCREATITIS
579.0 - 579.9	CELIAC DISEASE - UNSPECIFIED INTESTINAL MALABSORPTION
751.1	CONGENITAL ATRESIA AND STENOSIS OF SMALL INTESTINE
780.93	MEMORY LOSS
780.97	ALTERED MENTAL STATUS

781.2	ABNORMALITY OF GAIT
781.3	LACK OF COORDINATION
782.0	DISTURBANCE OF SKIN SENSATION
V10.00	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF UNSPECIFIED SITE IN GASTROINTESTINAL TRACT
V10.04	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF STOMACH
V10.09	PERSONAL HISTORY OF MALIGNANT NEOPLASM OF OTHER SITES IN GASTROINTESTINAL TRACT
V12.1	PERSONAL HISTORY OF NUTRITIONAL DEFICIENCY
V44.1	GASTROSTOMY STATUS
V44.2	ILEOSTOMY STATUS
V44.4	STATUS OF OTHER ARTIFICIAL OPENING OF GASTROINTESTINAL TRACT
V45.3	POSTSURGICAL INTESTINAL BYPASS OR ANASTOMOSIS STATUS
V45.72	ACQUIRED ABSENCE OF INTESTINE (LARGE) (SMALL)
V45.75	ACQUIRED ABSENCE OF ORGAN STOMACH
V45.86	BARIATRIC SURGERY STATUS
V58.69	LONG-TERM (CURRENT) USE OF OTHER MEDICATIONS

#### **Diagnoses that Support Medical Necessity**

Conditions that are listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

#### **ICD-9 Codes that DO NOT Support Medical Necessity**

All those not listed under the "ICD-9 Codes that Support Medical Necessity" section of this policy.

#### **ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation**

#### **Diagnoses that DO NOT Support Medical Necessity**

Conditions that are not listed in the "ICD-9 Codes that Support Medical Necessity" section of this policy.

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#### **Other Information**

## Documentation Requirements

1. All documentation must be maintained in the patient's medical record and available to the contractor upon request.
2. Every page of the record must be legible and include appropriate patient identification information (e.g., complete name, dates of service(s)). The record must include the physician or non-physician practitioner responsible for and providing the care of the patient.
3. The submitted medical record should support the use of the selected ICD-9-CM code(s). The submitted CPT/HCPCS code should describe the service performed.

## Appendices

N/A

## Utilization Guidelines

In accordance with CMS Ruling 95-1 (V), utilization of these services should be consistent with locally acceptable standards of practice.

Based on comments received, the utilization guidelines are liberalized to the statement above, "consistent with locally accepted standards of practice". Data from the J12 region was used in the creation of the draft LCD to determine the draft values chosen. This contractor will continue to monitor the data on utilization of this assay and re-address this if aberrant patterns occur.

## Sources of Information and Basis for Decision

**Highmark Medicare Services is not responsible for the continued viability of websites listed.**