CLINICAL PAYMENT AND CODING POLICY

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. BCBSTX may use reasonable discretion interpreting and applying this policy to services being delivered in a particular case. BCBSTX 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 (HIPAA) approved code sets. Claims should be coded appropriately according to industry standard coding guidelines including, but not limited to: Uniform Billing (UB) Editor, American Medical Association (AMA), Current Procedural Terminology (CPT®), CPT® Assistant, Healthcare Common Procedure Coding System (HCPCS), ICD-10 CM and PCS, National Drug Codes (NDC), Diagnosis Related Group (DRG) guidelines, Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative (NCCI) 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

Enterprise Medical Policy Committee Approval Date: 1/25/2022

Plan Effective Date: May 1, 2022

Description

BCBSTX 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. Vitamin B12 testing **may be reimbursable** in individuals being evaluated for clinical manifestations of Vitamin B12 deficiency including:

    a. Cutaneous
        i. Hyperpigmentation
        ii. Jaundice
        iii. Vitiligo
    b. Gastrointestinal
        i. Glossitis
    c. Hematologic
        i. Anemia (macrocytic, megaloblastic)
        ii. Leukopenia
        iii. Pancytopenia
        iv. Thrombocytopenia
        v. Thrombocytosis
    d. Neuropsychiatric
        i. Areflexia
        ii. Cognitive impairment (including dementia-like symptoms and acute psychosis)
        iii. Gait abnormalities
        iv. Irritability
        v. Loss of proprioception and vibratory sense
        vi. Olfactory impairment
        vii. Peripheral neuropathy

2. Vitamin B12 testing **may be reimbursable** when performed no sooner than 3 months after initiation of therapy for individuals undergoing treatment for vitamin B12 deficiency.

3. Screening for Vitamin B12 deficiency **may be reimbursable** for individuals with one or more of the following risk factors:
    a. Decreased ileal absorption
        i. Crohn disease
        ii. Ileal resection
        iii. Tapeworm infection
        iv. Patients that have undergone bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion/duodenal switch
    b. Decreased intrinsic factor
        i. Atrophic gastritis
        ii. Pernicious anemia
        iii. Post-gastrectomy syndrome
    c. Genetic
        i. Transcobalamin II deficiency

d. Inadequate intake
    i. Alcohol abuse
    ii. Patients older than 75 years or elderly individuals being evaluated for dementia
    iii. Vegans or strict vegetarians (including exclusively breastfed infants of vegetarian/vegan mothers)
    iv. Eating disorders
e. Prolonged medication use
    i. Histamine H2 blocker use for more than 12 months
    ii. Metformin use for more than four months
    iii. Proton pump inhibitor use for more than 12 months

4. Methylmalonic acid testing **may be reimbursable** 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.

5. Methylmalonic acid **may be reimbursable** for the evaluation of inborn errors of metabolism, which is out of scope for this policy.

The following criteria for Vitamin B12 deficiency **are not reimbursable**:

- Screening for Vitamin B12 deficiency in healthy, asymptomatic individuals; or
- Homocysteine testing for the confirmation of vitamin B12 deficiency; or
- Holotranscobalamin testing for the screening, testing or confirmation of vitamin B12 deficiency.

Procedure Codes

Codes
82607, 83090, 83921, 84999

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Policy Update History:

5/1/2022	New policy