NO. 91624

VITAMIN TESTING

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Instructions for use: This document is for informational purposes only. Coverage is subject to member's specific benefits. Group specific policy will supersede this policy when applicable. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion. Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.

Policy scope: This Medical Policy addresses:

- serum vitamin D testing (25-hydroxyvitamin D; [25(OH) D]; calcidiol).
- serum vitamin B12 testing (cyanocobalamin)

Related policies:

- None identified

I. MEDICAL NECESSITY CRITERIA

A. Serum vitamin D testing (25-hydroxyvitamin D; [25(OH) D]; calcidiol).

1. Inclusions: 25-hydroxyvitamin D ([25(OH)D]; calcidiol) serum testing may be considered medically necessary, and therefore a covered benefit, only in patients with clinical documentation of one or more underlying diseases or conditions specifically associated with vitamin D deficiency or decreased bone density.
2. Exclusions: Testing for 25-hydroxyvitamin D ([25(OH)D]; calcidiol) is considered not medically necessary, and therefore not a covered benefit, in any of the following situations:
   a. Routine testing or general population screening

b. In individuals exhibiting no known signs or symptoms of vitamin D deficiency or intoxication
c. In the absence of an underlying disease or condition specifically associated with vitamin D deficiency and for which vitamin D treatment is recommended
d. When ordered in response to a diagnosis NOT listed in Section VI. CODING INFORMATION.

B. Serum vitamin B12 testing (cyanocobalamin)
1. Inclusions: Vitamin B12 (cyanocobalamin) serum testing may be considered medically necessary, and therefore a covered benefit, only in patients with clinical documentation of one or more underlying diseases or conditions specified in Section VI. CODING INFORMATION.
2. Exclusions: Testing for vitamin B12 (cyanocobalamin) is considered not medically necessary, and therefore not a covered benefit, in any of the following situations:
   a. Screening for vitamin B12 deficiency in healthy, asymptomatic individuals.
   b. When ordered in response to a diagnosis NOT listed in Section VI. CODING INFORMATION.

C. Exclusions: The following are considered NOT medically necessary:
1. Comprehensive micronutrient panels
2. Intracellular micronutrient analysis
3. Functional nutrient sufficiency assessment
4. Wellness-oriented nutritional assessments
5. Repeat testing to monitor supplement regimens
6. Testing for nonspecific symptoms without recognized deficiency risk factors

II. CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS) COVERAGE DETERMINATION

Any applicable federal or state mandates will take precedence over this medical coverage policy.

Medicare: Refer to the CMS Online Manual System (IOMs) and Transmittals.
For the most current applicable CMS National Coverage Determination (NCD)/Local Coverage Determination (LCD)/Local Coverage Article (LCA) refer to CMS Medicare Coverage Database.

The information below is current as of the review date for this policy. However, the coverage issues and policies maintained by CMS are updated and/or revised periodically. Therefore, the most current CMS information may not be contained in this document. MAC jurisdiction for purposes of local coverage determinations is governed by the geographic service area where the Medicare Advantage plan is contracted to provide the service. Please refer to the Medicare Coverage Database website for the most current applicable NCD, LCD, LCA, and CMS Online Manual System/Transmittals.

National Coverage Determinations (NCDs)
Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot 150.6
Local Coverage Determinations (LCDs)

CGS Administrators, LLC	Vitamin D Assay Testing L33996 A56798
First Coast Service Options, Inc.	Vitamin D; 25 hydroxy, includes fraction(s), if performed L33771 A56841 Vitamin B12 Injections L33967 A57755
Wellpoint Federal (formerly National Government Services, Inc.)	Vitamin D Assay Testing L37535 A57736
Noridian Healthcare Solutions	Vitamin D Assay Testing L36692 A57718
Novitas Solutions, Inc.	Assays for Vitamins and Metabolic Function L34914 A56416
Palmetto GBA	Vitamin D Assay Testing L39391 A59170
WPS Insurance Corporation	Vitamin D Assay Testing L34658 A57484

III. BACKGROUND

VITAMIN D

Vitamin D is a fat-soluble vitamin. Very few foods naturally contain Vitamin D (fatty fish and eggs are the exception), so Vitamin D is obtained primarily through fortified foods or supplements and dermal synthesis from exposure to sunlight. Vitamin D has two forms, ergocalciferol (Vitamin D2) and cholecalciferol (Vitamin D3), and several metabolites. Estimates of Vitamin D requirements vary and depend in part upon sun exposure and the standards used to define a deficient state. In 2010, the Institute of Medicine (IOM) released a report on dietary intake requirements for calcium and Vitamin D. The IOM committee assumed minimal sun exposure when establishing the dietary reference intakes for Vitamin D. Casual exposure to sunlight provides amounts of Vitamin D that are adequate to prevent rickets in many people, but is influenced by geographic location, season, use of sun block lotion, and skin pigmentation. Vitamin D requirements also may depend on disease states and concomitant medications.

25(OH) D and 1, 25(OH) 2D

Vitamin D from the diet or dermal synthesis is biologically inactive and requires enzymatic conversion to active metabolites. Vitamin D is converted enzymatically:

- in the liver to 25-hydroxyvitamin D (25[OH]D), the major circulating form of Vitamin D; and then
- in the kidney to 1, 25-dihydroxyvitamin D (1, 25[OH] 2D), the active form of Vitamin D.

The concentration of 25(OH) D is almost 1000-fold that of 1, 25(OH) 2D, and the half-life of 25(OH) D is much longer, implying that its concentration is more stable.

25(OH) D (CPT® code 82306)

The best laboratory indicator of Vitamin D adequacy is the serum 25(OH) D concentration. It is the measurement of choice to diagnose Vitamin D deficiency and to assess Vitamin D status. The lower limit of normal for 25(OH) D levels varies depending on the geographic location and sunlight exposure of the reference population (range 8 to 15 ng/mL). However, there is no consensus on the optimal 25(OH) D concentration for skeletal or extraskeletal health. The IOM concluded that a serum 25(OH)D concentration of 20 ng/mL (50 nmol/L) is sufficient for most individuals, but other experts (Endocrine Society, National Osteoporosis Foundation, American Geriatrics Society) suggest that a minimum level of 30 ng/mL (75 nmol/L) is necessary in older adults to minimize the risk of falls and fracture. Additionally, 25(OH) D measurements have had widespread variation in the results. Serum 25-OH-D assays fall into two main categories: (1) those based on a separation step of chromatography, the most popular of which is liquid chromatography–tandem mass spectrometry (LC-MS/MS) and (2) nonchromatographic methods based on antibody or protein binding, such as radioimmunoassay.

Serum 25(OH) D should be assessed in persons at risk for Vitamin D deficiency or insufficiency. Vitamin D deficiency may result from:

- inadequate exposure to sunlight or intake of Vitamin D
- reduced absorption of Vitamin D (e.g., malabsorption syndromes)
- medications or disorders that affect the metabolism of Vitamin D and phosphate (e.g., glucocorticoids, chronic kidney disease)
- resistance to the effects of Vitamin D

Causes of malabsorption may include:

- diseases of the gallbladder, liver, or pancreas
- some conditions such as cystic fibrosis
- damage to the intestine from infection, inflammation, trauma, or surgery
- parasitic diseases
- certain congenital defects such as biliary atresia

Another reason to measure serum 25(OH) D is in hypercalcemic individuals when there is a suspicion of Vitamin D intoxication. This may occur with over-the-counter drugs, fortification errors, or too high doses for a prolonged period.

From the **Endocrine Society Clinical Practice Guideline** (Demay MB et al., 2024):

- *In healthy adults, we suggest against routine screening for 25(OH)D levels.*
  - *In healthy adults, 25(OH)D levels that provide outcome-specific benefits have not been established in clinical trials.*
  - *This recommendation relates to adults who do not otherwise have established indications for testing with 25(OH)D levels (e.g., hypocalcemia).*

- *In adults with dark complexion, we suggest against routine screening for 25(OH)D levels.*
    - *This recommendation relates to generally healthy adults with dark complexion who do not otherwise have established indications for 25(OH)D testing (e.g., hypocalcemia).*
    - *The panel did not identify any clinical trials that related clinical outcomes to skin complexion per se. A secondary analysis did not clearly suggest net benefit with vitamin D in those who self-identify as Black. The panel recognized that self-identified race is an inaccurate and otherwise problematic proxy for dark complexion.*
- *In adults with obesity, we suggest against routine screening for 25(OH)D levels.*
    - *In adults with obesity, 25(OH)D thresholds that provide outcome-specific benefits have not been established in clinical trials.*
    - *This recommendation relates to generally healthy adults with obesity who do not otherwise have established indications for 25(OH)D testing (e.g., hypocalcemia).*

VITAMIN B12

Vitamin B12 is a water-soluble vitamin that is naturally present in some foods, added to others, and available as a dietary supplement and a prescription medication. Because vitamin B12 contains the mineral cobalt, compounds with vitamin B12 activity are collectively called “cobalamins”. Methylcobalamin and 5-deoxyadenosylcobalamin are the metabolically active forms of vitamin B12. However, two other forms, hydroxycobalamin and cyanocobalamin, become biologically active after they are converted to methylcobalamin or 5-deoxyadenosylcobalamin.

Vitamin B12 status is typically assessed by measurements of serum or plasma vitamin B12 levels. The cutoff between normal vitamin B12 levels and deficiency varies by method and laboratory, but most laboratories define subnormal serum or plasma values as those lower than 200 or 250 pg/mL (148 or 185 pmol/L). Levels of serum methylmalonic acid (MMA), a vitamin B12-associated metabolite, are the most sensitive markers of vitamin B12 status, and an MMA level greater than 0.271 micromol/L suggests vitamin B12 deficiency. However, MMA levels also rise with renal insufficiency and tend to be higher in older adults. Another marker is total plasma homocysteine levels, which rise quickly as vitamin B12 status declines; a serum homocysteine level higher than 15 micromol/L, for example, suggests vitamin B12 deficiency. However, this indicator has poor specificity because it is influenced by other factors, such as low folate levels and, especially, by declines in kidney function.

Causes of vitamin B12 deficiency include difficulty absorbing vitamin B12 from food, lack of intrinsic factor (e.g., because of pernicious anemia), surgery in the gastrointestinal tract, prolonged use of certain medications (e.g., metformin or proton pump inhibitors, discussed in more detail below in the section on interactions with medications), and dietary deficiency. Because people who have difficulty absorbing vitamin B12 from food absorb free vitamin B12 normally, their vitamin B12 deficiency tends to be less severe than that of individuals with pernicious anemia, who cannot absorb either food-bound or free vitamin B12. Certain congenital conditions, such as hereditary intrinsic factor

defects and congenital vitamin B12 malabsorption (Imerslund-Gräsbeck disease), can also cause severe vitamin B12 deficiency.

From the National Institute for Health Care Excellence (NICE) (Vitamin B12 2024):

- *Offer an initial diagnostic test for vitamin B12 deficiency to people who have:*
  - *at least 1 common symptom or sign **and***
  - *at least 1 common risk factor for the condition.*
- *Use clinical judgement when deciding whether to test people who have at least 1 common symptom or sign but **no** common risk factors.*

COMPREHENSIVE MICRONUTRIENT OR INTRACELLULAR NUTRIENT TESTING

Comprehensive micronutrient or intracellular nutrient tests are laboratory-developed tests that evaluate multiple vitamins, minerals, amino acids, antioxidants, fatty acids, or intracellular nutrient concentrations in a single assay or testing package. Examples include, but are not limited to,

- SpectraCell Micronutrient Testing®,
- IntraCellular Diagnostics nutrient analysis,
- Vibrant America Micronutrient Panels®,
- Genova NutrEval®,
- Genova Metabolomix+®,
- Mosaic Diagnostics nutritional assessment panels,
- Doctor's Data nutritional profiles,

and similar. The clinical utility of intracellular micronutrient analysis has not been established.

IV. GUIDELINES / POSITION STATEMENTS

Medical/Professional Society	Guideline
Endocrine Society	Vitamin D for the Prevention of Disease: An Endocrine Society Clinical Practice Guideline (Demay MB et al., 2024)
United States Preventive Services Task Force (USPSTF)	Screening for Vitamin D Deficiency in Adults: US Preventive Services Task Force Recommendation Statement (US Preventive Services Task Force, 2021)
National Institute for Health and Care Excellence (NICE)	Vitamin B12 deficiency in over 16s: diagnosis and management. NG239 (Vitamin B12 2024)

V. REGULATORY (US FOOD AND DRUG ADMINISTRATION)

See U.S. Food & Drug Administration (FDA) Medical Device Databases for the most current information.

Device	Premarket Approval,	Decision date

	513(f)(2)(De Novo), or 510(k) Number	
Classification Product Code PSL: 25-OH-Vitamin D Mass Spectrometry Test System		
Vitamin D 200M Assay For The Topaz System	DEN170019	05/18/2017
Classification Product Code MRG: System, Test, Vitamin D		
MAGLUMI 25-OH Vitamin D, MAGLUMI X3 Fully-auto chemiluminescence immunoassay analyzer (Shenzhen New Industries Biomedical Engineering Co., Ltd.)	K232587	04/12/2024
Access 25(OH) Vitamin D Total (Beckman Coulter, Inc.)	K223503	01/19/2023
ALFIS Vitamin D, ALFIS-3 Analyzer (Immunostics Inc.)	K221817	09/23/2023
Elecsys Vitamin D total III (Roche Diagnostics)	K210901	09/01/2021
ADVIA Centaur Vitamin D Total (VitD) (Siemens Healthcare Diagnostics, Inc.)	K200509	05/29/2020
MAGLUMI 2000 25-OH Vitamin D (Shenzhen New Industries Biomedical Engineering Co., Ltd.)	K191499	08/01/2019
BioPlex 2200 25-OH Vitamin D Kit (Bio-Rad Laboratories)	K180577	06/22/2018
Diazyme EZ Vitamin D Assay (Diazyme Laboratories)	K172992	01/11/2018
Elecsys Vitamin D total II, Vitamin D total II CalSet, PreciControl Vitamin D total II, Vitamin D CalCheck 5 (Roche Diagnostics)	K162840	02/08/2017
IDS-iSYS 25VitDs, IDS-iSYS 25VitDs Control Set (Immunodiagnostic Systems, Ltd.)	K161831	11/15/2016
Classification Product Code CDD: Radioassay, Vitamin B12		
ARCHITECT Active-B12 (Holotranscobalamin) (Axis-Shield Diagnostics, Ltd.)	K233541	07/31/2024
Access Vitamin B12 (Beckman Coulter, Inc.)	K223289	12/23/2022

LIAISON Vitamin B12 (DiaSorin, Inc.)	K192064	10/02/2019
DxA 5000, DxI 800 Access Immunoassay System, Access Ferritin, Access Folate, Access TSH (3rd IS), Access Vitamin B12 (Beckman Coulter Biomedical GmbH)	K190298	10/04/2019
ADVIA Centaur Active-B12 (Holotranscobalamin) (AB12) Assay (Axis-Shield Diagnostics, Ltd.)	K172133	10/27/2017
ADVIA Centaur Active-B12 (Holotranscobalamin)(AB12) Assay, ADVIA Centaur Active-B12(AB12) Quality Control, and ADVIA Centaur Active-B12 (AB12) Master Curve Materials (MCM) (Axis-Shield Diagnostics Limited)	K160757	07/26/2016

VI. CODING

See also *Priority Health Medical Policy No. 91636 - Category III Current Procedural Terminology (CPT®) Codes ("T" codes)*

VITAMIN D-RELEVANT CODES

CPT/HCPCS Codes

82306 Vitamin D; 25 hydroxy, includes fraction(s), if performed
82652 Vitamin D; 1, 25 dihydroxy, includes fraction(s), if performed
0038U Vitamin D, 25 hydroxy D2 and D3, by LC-MS/MS, serum microsample, quantitative (Sensieva™ Droplet 25OH Vitamin D2/D3 Microvolume LC/MS Assay; InSource Diagnostics) *(not medically necessary)*

The following diagnosis codes support the medical necessity of CPT codes 82306 (Vitamin D, 25-hydroxy) and 82652 (Vitamin D, 1,25-dihydroxy) commercial and Medicaid members.

A15.0 – A15.9	Respiratory Tuberculosis
A17.0 – A17.9	Tuberculosis of nervous system
A18.01 – A18.89	Tuberculosis of other organs
A19.0 – A19.9	Miliary tuberculosis
B38.0 - B38.89	Coccidioidomycosis
B39.0 - B39.5	Histoplasmosis

C22.0 -C22.9	Malignant neoplasm of liver and intrahepatic bile ducts
C23	Malignant neoplasm of gallbladder
C24.0 – C24.9	Malignant neoplasm of other and unspecified parts of biliary tract
C25.0 – C25.9	Malignant neoplasm of pancreas
C26.0 – C26.9	Malignant neoplasm of other and ill-defined digestive organs
C82.00 - C82.99	Follicular lymphoma
D13.0 – D13.9	Benign neoplasm of other and ill-defined parts of digestive system
D86.0 - D86.89	Sarcoidosis
E20.0	Idiopathic hypoparathyroidism
E20.8	Other hypoparathyroidism
E20.9	Hypoparathyroidism, unspecified
E21.0 - E21.5	Hyperparathyroidism and other disorders of parathyroid gland
E55.0 – E55.9	Vitamin D deficiency
E64.3	Sequelae of rickets
E66.01	Morbid (severe) obesity due to excess calories
E66.9	Obesity unspecified
E67.2	Megavitamin-B6 syndrome
E67.3	Hypervitaminosis D
E67.8	Other specified hyperalimentation
E68	Sequelae of hyperalimentation
E83.30-E83.39	Disorders of phosphorus metabolism and phosphatases
E83.50-E83.59	Disorders of calcium metabolism
E84.0-E84.9	Cystic fibrosis
E89.2	Post procedural hypoparathyroidism
G73.7	Myopathy in diseases classified elsewhere
I12.9	Hypertensive chronic kidney disease with stage 1 through stage 4 chronic kidney disease, or unspecified chronic kidney disease
J63.2	Berylliosis
K50.00 - K50.919	Crohn’s disease [regional enteritis]
K51.00 - K51.919	Ulcerative colitis
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30 - K70.31	Alcoholic cirrhosis of liver
K74.0 - K74.69	Fibrosis and cirrhosis of liver
K75.81	Nonalcoholic steatohepatitis (NASH)
K76.0	Fatty (change of) liver, not elsewhere classified
K76.89	Other specified diseases of liver
K80.01	Calculus of gallbladder with acute cholecystitis with obstruction
K80.11	Calculus of gallbladder with chronic cholecystitis with obstruction

K80.13	Calculus of gallbladder with acute and chronic cholecystitis with obstruction
K80.19	Calculus of gallbladder with other cholecystitis with obstruction
K80.21	Calculus of gallbladder without cholecystitis with obstruction
K80.31	Calculus of bile duct with cholangitis, unspecified, with obstruction
K80.33	Calculus of bile duct with acute cholangitis with obstruction
K80.35	Calculus of bile duct with chronic cholangitis with obstruction
K80.37	Calculus of bile duct with acute and chronic cholangitis with obstruction
K80.41	Calculus of bile duct with cholecystitis, unspecified, with obstruction
K80.43	Calculus of bile duct with acute cholecystitis with obstruction
K80.45	Calculus of bile duct with chronic cholecystitis with obstruction
K80.47	Calculus of bile duct with acute and chronic cholecystitis with obstruction
K80.51	Calculus of bile duct without cholangitis or cholecystitis with obstruction
K80.61	Calculus of gallbladder and bile duct with cholecystitis, unspecified, with obstruction
K80.63	Calculus of gallbladder and bile duct with acute cholecystitis with obstruction
K80.65	Calculus of gallbladder and bile duct with chronic cholecystitis with obstruction
K80.67	Calculus of gallbladder and bile duct with acute and chronic cholecystitis with obstruction
K80.71	Calculus of gallbladder and bile duct without cholecystitis with obstruction
K80.81	Other cholelithiasis with obstruction
K82.0	Obstruction of gallbladder
K82.8	Other specified diseases of gallbladder
K82.9	Disease of gallbladder, unspecified
K82.A1	Gangrene of gallbladder in cholecystitis
K82.A2	Perforation of gallbladder in cholecystitis
K83.0 - K83.9	Other diseases of biliary tract
K85.10 - K85.12	Biliary acute pancreatitis
K86.2	Cyst of pancreas
K86.3	Pseudocyst of pancreas
K86.81 - K86.89	Other specified diseases of pancreas
K86.9	Disease of pancreas, unspecified
K87	Disorders of gallbladder, biliary tract and pancreas in diseases classified elsewhere
K90.0 - K90.49	Intestinal malabsorption
K90.89	Other intestinal malabsorption

K90.9	Intestinal malabsorption, unspecified
K91.2	Postsurgical malabsorption, not elsewhere classified
L40.0 - L40.4	Psoriasis
L40.8	Other psoriasis
L40.9	Psoriasis, unspecified
L90.0	Lichen sclerosus et atrophicus
L94.0	Localized scleroderma [morphea]
L94.1	Linear scleroderma
L94.3	Sclerodactyly
M32.0 - M32.9	Systemic lupus erythematosus (SLE)
M33.01 - M33.09	Juvenile dermatomyositis
M33.11 - M33.19	Other dermatomyositis
M33.91 - M33.99	Dermatopolymyositis
M36.0	Dermato (poly) myositis in neoplastic disease
M60.811	Other myositis, right shoulder
M60.812	Other myositis, left shoulder
M60.821	Other myositis, right upper arm
M60.822	Other myositis, left upper arm
M60.831	Other myositis, right forearm
M60.832	Other myositis, left forearm
M60.841	Other myositis, right hand
M60.842	Other myositis, left hand
M60.851	Other myositis, right thigh
M60.852	Other myositis, left thigh
M60.861	Other myositis, right lower leg
M60.862	Other myositis, left lower leg
M60.871	Other myositis, right ankle and foot
M60.872	Other myositis, left ankle and foot
M60.88	Other myositis, other site
M60.89	Other myositis, multiple sites
M79.10 - M79.18	Myalgia
M79.7	Fibromyalgia
M80.00XA-M80.88XS	Osteoporosis with current pathological fracture
M81.0 - M81.8	Osteoporosis without current pathological fracture
M83.0 - M83.9	Adult osteomalacia
M85.80	Other specified disorders of bone density and structure, unspecified site
M85.811	Other specified disorders of bone density and structure, right shoulder
M85.812	Other specified disorders of bone density and structure, left shoulder

M85.821	Other specified disorders of bone density and structure, right upper arm
M85.822	Other specified disorders of bone density and structure, left upper arm
M85.831	Other specified disorders of bone density and structure, right forearm
M85.832	Other specified disorders of bone density and structure, left forearm
M85.841	Other specified disorders of bone density and structure, right hand
M85.842	Other specified disorders of bone density and structure, left hand
M85.851	Other specified disorders of bone density and structure, right thigh
M85.852	Other specified disorders of bone density and structure, left thigh
M85.861	Other specified disorders of bone density and structure, right lower leg
M85.862	Other specified disorders of bone density and structure, left lower leg
M85.871	Other specified disorders of bone density and structure, right ankle and foot
M85.872	Other specified disorders of bone density and structure, left ankle and foot
M85.88	Other specified disorders of bone density and structure, other site
M85.89	Other specified disorders of bone density and structure, multiple sites
M85.9	Disorder of bone density and structure, unspecified
M88.0	Osteitis deformans of skull
M88.1	Osteitis deformans of vertebrae
M88.811	Osteitis deformans of right shoulder
M88.812	Osteitis deformans of left shoulder
M88.821	Osteitis deformans of right upper arm
M88.822	Osteitis deformans of left upper arm
M88.831	Osteitis deformans of right forearm
M88.832	Osteitis deformans of left forearm
M88.841	Osteitis deformans of right hand
M88.842	Osteitis deformans of left hand
M88.851	Osteitis deformans of right thigh
M88.852	Osteitis deformans of left thigh
M88.861	Osteitis deformans of right lower leg
M88.862	Osteitis deformans of left lower leg
M88.871	Osteitis deformans of right ankle and foot
M88.872	Osteitis deformans of left ankle and foot

M88.88	Osteitis deformans of other bones
M88.89	Osteitis deformans of multiple sites
M88.9	Osteitis deformans of unspecified bone
M89.9	Disorder of bone, unspecified
M94.9	Disorder of cartilage, unspecified
N18.2 - N18.9	Chronic kidney disease (CKD)
N25.0	Renal osteodystrophy
N25.81	Secondary hyperparathyroidism of renal origin
O07.0 - O9a.53	Pregnancy, Childbirth and the Puerperium
O99.841 - O99.845	Bariatric surgery status complicating pregnancy, childbirth and the puerperium
Q78.0	Osteogenesis imperfecta
Q78.2	Osteopetrosis
T30.0 - T30.4	Burn and corrosion, body region unspecified
Z32.00 - Z32.3	Encounter for pregnancy test and childbirth and childcare instruction
Z33.1 - Z33.3	Pregnant state
Z34.00 - Z34.93	Encounter for supervision of normal pregnancy
Z36.0 - Z36.9	Encounter for antenatal screening of mother
Z37.0 - Z37.9	Outcome of delivery
Z38.00 - Z38.8	Liveborn infants according to place of birth and type of delivery
Z39.0 - Z39.2	Encounter for maternal postpartum care and examination
Z3A.00 - Z3A.49	Weeks of gestation
Z68.30 - Z68.45	Body mass index (BMI) 30.0-30.9, adult - Body mass index (BMI) 70 or greater, adult
Z68.54	Pediatric body weight > 95% for age
Z79.3	Long term (current) use of hormonal contraceptives
Z79.51 - Z79.52	Long term (current) use of steroids
Z79.891	Long term (current) use of opiate analgesic
Z79.899	Other long term (current) drug therapy
Z98.0	Intestinal bypass and anastomosis status
Z98.84	Bariatric surgery status

VITAMIN B12-RELEVANT CODES

CPT/HCPCS codes

82607 Cyanocobalamin (Vitamin B-12)

The following diagnosis codes support the medical necessity of CPT code 82607 for Commercial and Medicaid plans:

A52.15	Late syphilitic neuropathy
B70.0	Diphyllobothriasis, intestinal
C16.0-C16.9	Malignant neoplasm of stomach
D51.0-D51.9	Vitamin B-12 deficiency anemia
D53.1	Other megaloblastic anemias not elsewhere classified
D53.9	Unspecified deficiency anemia
D77	Other disorders of blood-forming organs
D81.818	Other biotin-dependent carboxylase deficiency
F01.50- F01.54	Vascular dementia
F02.80- F02.818	Dementia in other diseases classified elsewhere
F06.8	Other specified mental disorders due to known physiological condition
F07.0	Personality change due to known physiological condition
G60.9	Hereditary and idiopathic peripheral neuropathy; unspecified
G63	Polyneuropathy in diseases classified elsewhere
G65.0-G65.2	Sequela of inflammatory and toxic polyneuropathies
G93.31-G93.39	Postviral fatigue syndrome
K14.6	Glossodynia
K29.30-K29.31	Chronic superficial gastritis
K29.40- K29.41	Chronic atrophic gastritis
K29.50-K29.51	Unspecified chronic gastritis
K50.00-K50.919	Crohn’s diseaseK86.0
K86.0	Alcohol-induced chronic pancreatitis
K86.1	Other chronic pancreatitis
K86.81	Exocrine pancreatic insufficiency
K86.89	Other specified diseases of pancreas
K90.0-K90.49	Intestinal malabsorption
K90.89	Other and unspecified intestinal malabsorption
K91.1	Postgastric surgery syndromes
K91.2	Postsurgical malabsorption, not elsewhere classified
M34.83	Systemic sclerosis with polyneuropathy
Q41.0-Q41.9	Congenital absence, atresia, and stenosis of small intestine
R20.0-R20.9	Disturbances of skin sensation
R53.0-R53.83	Malaise and fatigue
Z93.2	Ileostomy status
Z93.4	Other artificial opening of gastrointestinal tract status
Z97.8	Presence of other specified devices
Z98.0	Intestinal bypass and anastomosis status
Z98.3	Post-therapeutic collapse of lung status
Z98.62	Peripheral vascular angioplasty status
Z98.890	Other specified post-procedural states

Z98.891	History of uterine scar from previous surgery

VII. MEDICAL NECESSITY REVIEW

Prior authorization for certain drugs, devices, services and procedures may or may not be required. In cases where prior authorization is required, providers will submit a request demonstrating that a drug, service or procedure is medically necessary. For more information, refer to the Priority Health Provider Manual.

Individual case review may allow coverage for care or treatment that is investigational yet promising for the conditions described. Requests for individual consideration require prior plan approval. All determinations of coverage for experimental, investigational, or unproven treatment will be made by a Priority Health medical director or clinical pharmacist. The exclusion of coverage for experimental, investigational, or unproven treatment may be reviewed for exception if the condition is either a terminal illness, or a chronic, life threatening, severely disabling disease that is causing serious clinical deterioration.

VIII. APPLICATION TO PRODUCTS

Coverage is subject to the member's specific benefits. Group-specific policy will supersede this policy when applicable.

- **HMO/EPO**: This policy applies to insured HMO/EPO plans.
- **POS**: This policy applies to insured POS plans.
- **PPO**: This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.
- **ASO**: For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.
- **INDIVIDUAL**: For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.
- **MEDICARE**: Coverage is determined by the Centers for Medicare and Medicaid Services (CMS); if a coverage determination has not been adopted by CMS, this policy applies.
- **MEDICAID/HEALTHY MICHIGAN PLAN**: For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual, the Michigan Medicaid Provider Manual will govern. If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

IX. REFERENCES

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SUMMARY OF CHANGES

Additions:

- Added Section I. C. Exclusions (comprehensive micronutrient panels, intracellular micronutrient analysis, and similar)
- Updated sections II, III, IV, and V, and IX.

Past committee review dates: 02/2019, 02/2020, 02/2021, 02/2022, 02/2023, 08/2023, 08/2024, 08/2025, 05/2026

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