

Methylmalonic Acid Testing

Date of origin: October 2025

Review dates: NA

DEFINITION

Vitamin B12 and methylmalonic acid (MMA) testing are valuable tools for diagnosing cobalamin (vitamin B12) deficiency. MMA, a byproduct of protein metabolism, serves as a sensitive marker—especially when serum B12 levels are borderline or inconclusive. Elevated MMA levels indicate a functional B12 deficiency, as vitamin B12 is essential for converting MMA into its normal metabolic form. This testing can help identify early or mild deficiencies before clinical symptoms such as fatigue, anemia, or neurological complications emerge.

MEDICAL POLICY[Vitamin Testing - # 91624](#)**POLICY SPECIFIC INFORMATION**

Total vitamin B12 (serum cobalamin) testing may be reimbursable once every three months.

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.

Place of service

Coverage will be considered for services furnished in the appropriate setting to the patient's medical needs and condition. Authorization may be required. Click [here](#) for additional information.

Documentation requirements

Complete and thorough documentation to substantiate the procedure performed is the responsibility of the Provider. In addition, the Provider should consult any specific documentation requirements that are necessary of any applicable defined guidelines.

Coding specifics**CPT**

82607	Cyanocobalamin (Vitamin B-12);
82608	Cyanocobalamin (Vitamin B-12); unsaturated binding capacity

ICD-10-Diagnosis

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 disease
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

Resources

https://www.anthem.com/medpolicies/abc/active/gl_pw_e001422.html

<https://ods.od.nih.gov/factsheets/VitaminB12-HealthProfessional/#h3>

<https://www.bluecrossnc.com/providers/policies-guidelines-codes/commercial/laboratory/updates/vitamin-b12-and-methylmalonic-acid-testing>

Related denial language

Include any denial language here

DISCLAIMER

CMS and/or MDHHS guidelines apply unless otherwise specified in this policy or provider manual. Where such guidance is absent, this policy applies. Priority Health's billing policies outline our guidelines to assist providers in accurate claim submissions and define reimbursement or coding requirements if the service is covered by a Priority Health member's benefit plan. The determination of visits, procedures, DME, supplies and other services or items for coverage under a member's benefit plan or authorization isn't being determined for reimbursement. Authorization requirements and medical necessity requirements appropriate to procedure, diagnosis and frequency are still required. We use Current Procedural Terminology (CPT), Centers for Medicare and Medicaid Services (CMS), Michigan Department of Health and Human Services (MDHHS) and other defined medical coding guidelines for coding accuracy.

An authorization isn't a guarantee of payment when proper billing and coding requirements or adherence to our policies aren't followed. Proper billing and submission guidelines must be followed. We require industry standard, compliant codes defined by CPT, HCPCS and revenue codes for all claim submissions. CPT, HCPCS, revenue codes, etc., can be reported only when the service has been performed and fully documented in the medical record to the highest level of specificity. Failure to document for services rendered or items supplied will result in a denial. To validate billing and coding accuracy, payment integrity pre- or post-claim reviews may be performed to prevent fraud, waste and abuse. Unless otherwise detailed in the policy, our billing policies apply to both participating and non-participating providers and facilities.

If guidelines detailed in government program regulations, defined in policies and contractual requirements aren't followed, Priority Health may:

- Reject or deny the claim
- Recover or recoup claim payment

An authorization on file for an item or services doesn't supersede coding, billing or reimbursement requirements.

These policies may be superseded by mandates defined in provider contracts or state, federal or CMS contracts or requirements. We make every effort to update our policies in a timely manner to align to these requirements or contracts. If there's a delay in implementation of a policy or requirement defined by state or federal law, as well as contract language, we reserve the right to recoup and/or recover claim payments to the effective dates per our policy. We reserve the right to update policies when necessary. Our most current policy will be made available [in our Provider Manual](#).

CHANGE / REVIEW HISTORY

Date	Revisions made
October 2025	Policy Created