

Vitamin B12 and Methylmalonic Acid Testing



Medical Mutual of Ohio

Policy Number: AHS-G2014 | Revision Date: 12/4/2024

CPT®/HCPCS Codes: 82607, 83090, 83921, 84999

Indications and/or Limitations of Coverage

Testing	Coverage Determination
Total vitamin B12 (serum cobalamin) testing once every 3 months for individuals with signs or symptoms of deficiency (cutaneous, gastrointestinal, hematologic, neuropsychiatric)¹	<input checked="" type="checkbox"/> Meets coverage criteria
Total vitamin B12 testing for individuals undergoing treatment for B12 deficiency	<input checked="" type="checkbox"/> Meets coverage criteria
Total vitamin B12 testing for individuals with one or more risk factors (eg, decreased ileal absorption, decreased intrinsic factor, transcobalamin II deficiency, inadequate intake, prolonged medication use) ²	<input checked="" type="checkbox"/> Meets coverage criteria
Methylmalonic acid (MMA) to confirm B12 deficiency in asymptomatic high-risk individuals with normal or low-normal B12 or suspected B12 deficiency despite normal serum levels	<input checked="" type="checkbox"/> Meets coverage criteria
Methylmalonic acid (MMA) testing for evaluation of inborn errors of metabolism	<input checked="" type="checkbox"/> Meets coverage criteria
Screening for vitamin B12 deficiency in healthy, asymptomatic individuals	<input type="checkbox"/> Does not meet coverage criteria
Homocysteine testing for confirmation of vitamin B12 deficiency	<input type="checkbox"/> Does not meet coverage criteria
Holotranscobalamin (holoTC) testing for screening, testing, or confirmation of vitamin B12 deficiency	<input type="checkbox"/> Does not meet coverage criteria
Total vitamin B12 (serum cobalamin) testing for any situation not described above	<input type="checkbox"/> Does not meet coverage criteria
For all other situations not described above, total vitamin B12 (serum cobalamin) testing	<input type="checkbox"/> Does not meet coverage criteria

Guidelines and Recommendations

- Frequency: Vitamin B12 testing no more than once every 3 months unless clinically indicated
- MMA preferred over homocysteine for confirmation of B12 deficiency due to higher specificity
- Screening not recommended for asymptomatic individuals without risk factors

Footnotes

¹For individuals with hyperpigmentation, jaundice, vitiligo, glossitis, anemia, leukopenia, pancytopenia, thrombocytopenia, thrombocytosis, areflexia, cognitive impairment (including dementia-like symptoms and acute psychosis), gait abnormalities, irritability, loss of proprioception and vibratory sense, olfactory impairment, peripheral neuropathy.

²For individuals with one or more of the following risk factors: decreased ileal absorption due to Crohn's disease, resection, tapeworm infection, has undergone or is scheduled for bariatric procedures such as Roux-en-Y gastric bypass, sleeve gastrectomy, or biliopancreatic diversion/duodenal switch. For individuals with decreased intrinsic factors due to atrophic gastritis, pernicious anemia, or postgastrectomy syndrome. For individuals with transcobalamin II deficiency. For individuals with inadequate B12 intake due to alcohol abuse, individuals older than 75 years or elderly being evaluated for dementia, in vegans or strict vegetarians (including their breastfeeding infants, or due to eating disorder. For individuals with prolonged medication use for histamine H2 blocker for more than 12 months, metformin use for more than four months, proton pump inhibitor use for more than 12 months.

To view the complete policy, please refer to the Medical Mutual website below:

<https://www.medmutual.com/-/media/MedMutual/Files/Providers/Laboratory-Management-Program-Policies-V2/Vitamin-B12-and-Methylmalonic-Acid-Testing---G2014.pdf> Last Updated 1/2/2026

Disclaimer: This associated condition reference guide is provided as an aid to physicians and office staff in determining when testing is medically necessary. The diagnosis must be applicable to the patient's symptoms or conditions and must be consistent with documentation in the patient's medical record. Quest Diagnostics does not recommend any diagnosis codes or conditions and will only submit diagnosis information provided to us by the ordering physician or his/her designated staff. The CPT codes provided are based on AMA guidelines and are for informational purposes only. CPT coding is the sole responsibility of the billing party. Please direct any questions regarding coding to the payer being billed.