

Vitamin B12, Folic Acid, Homocysteine

Assays for Vitamins and Metabolic Function



CPT: 82607, 82746, 83090

CMS Policy for Alabama, Georgia, North Carolina, South Carolina, Tennessee, Virginia, and West Virginia

Local policies are determined by the performing test location. This is determined by the state in which your performing laboratory resides and where your testing is commonly performed.

Medically Supportive ICD Codes are listed on subsequent page(s) of this document.

Coverage Indications, Limitations, and/or Medical Necessity

Medicare considers vitamin assay panels (more than one vitamin assay) a screening procedure and therefore, non-covered. Similarly, assays for micronutrient testing for nutritional deficiencies that include multiple tests for vitamins, minerals, antioxidants and various metabolic functions are never necessary. Medicare reimburses for covered clinical laboratory studies that are reasonable and necessary for the diagnosis or treatment of an illness. Many vitamin deficiency problems can be determined from a comprehensive history and physical examination. Any diagnostic evaluation should be targeted at the specific vitamin deficiency suspected and not a general screen. Most vitamin deficiencies are nutritional in origin and may be corrected with supplemented vitamins.

Most vitamin deficiencies are suggested by specific clinical findings. The presence of those 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.).

Limitations

For Medicare beneficiaries, screening tests are governed by statute. Vitamin testing may not be used for routine screening.

Once a beneficiary has been shown to be vitamin deficient, further testing is medically necessary only to ensure adequate replacement has been accomplished. Thereafter, annual testing may be appropriate depending upon the indication and other mitigating factors.

Assays of selenium (84255), functional intracellular analysis (84999) or total antioxidant function (84999) are non-covered services. Assays of vitamin testing, not otherwise classified (84591), are not covered since all clinically relevant vitamins have specific assays.

The following are pertinent laboratory tests for which frequency limitations will be specified [note this should be all the CPT codes in the list below, except for those that are non-covered]:

- Vitamins and metabolic function assays: 25-OH Vitamin D-3, Carnitine, Vitamin B-12, Folic Acid (Serum), Homocystine, Vitamin B-6, Vitamin B-2, Vitamin B-1, Vitamin E, Fibrinogen, High-Sensitivity C-Reactive Protein and Lipoprotein-associated phospholipase A 2 (Lp-PLA 2); Vitamin A; Vitamin K; and Ascorbic acid.
- Additional inclusion of Vitamin D (with limited coverage not otherwise specified).

Utilization Guidelines

Medicare will not cover more than one test per year, per beneficiary except as noted below.

Certain tests may exceed the stated frequencies, when accompanied by a diagnosis fitting the exception description for exceeding the once per annum maximum.

- Vitamin B-12 (82607) and folate (82746) can be tested up to four times per year for malabsorption syndromes (K90.9) or deficiency disorders (D81.818, D81.819, E53.8, D51.0, D51.1, D51.2, D51.3, D51.8, D51.9, D52.0, D52.1, D52.8 and D52.9).
- Vitamin B-12 (82607) can only be tested more frequently than four times per year for postsurgical malabsorption (K91.2)..

Visit <https://www.synergylaboratories.com/coverageguidance> to view current limited coverage tests, reference guides, and policy information. To view the complete policy and the full list of medically supportive codes, please refer to the CMS website reference

www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=39391

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There is a frequency associated with this test. Please refer to the Limitations or Utilization Guidelines section on previous page(s).

The ICD10 codes listed below are the top diagnosis codes currently utilized by ordering physicians for the limited coverage test highlighted above that are also listed as medically supportive under Medicare’s limited coverage policy. **If you are ordering this test for diagnostic reasons that are not covered under Medicare policy, an Advance Beneficiary Notice form is required.**

**Note—Bolded diagnoses below have the highest utilization*

Code	Description
D51.0	Vitamin B12 deficiency anemia due to intrinsic factor deficiency
D51.1	Vitamin B12 deficiency anemia due to selective vitamin B12 malabsorption with proteinuria
D51.8	Other vitamin B12 deficiency anemias
D51.9	Vitamin B12 deficiency anemia, unspecified
D52.9	Folate deficiency anemia, unspecified
D53.1	Other megaloblastic anemias, not elsewhere classified
D53.9	Nutritional anemia, unspecified
D69.6	Thrombocytopenia, unspecified
E53.8	Deficiency of other specified B group vitamins
E72.11	Homocystinuria
F03.90	Unspecified dementia without behavioral disturbance
G60.3	Idiopathic progressive neuropathy
G60.9	Hereditary and idiopathic neuropathy, unspecified
I10	Essential (primary) hypertension
K90.9	Intestinal malabsorption, unspecified
R20.2	Paresthesia of skin
R26.89	Other abnormalities of gait and mobility
R41.3	Other amnesia
R68.89	Other general symptoms and signs
Z79.899	Other long term (current) drug therapy

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Last Updated: 1/12/25

Disclaimer:

This diagnosis code reference guide is provided as an aid to physicians and office staff in determining when an ABN (Advance Beneficiary Notice) is necessary. Diagnosis codes must be applicable to the patient’s symptoms or conditions and must be consistent with documentation in the patient’s medical record. The Alliance does not recommend any diagnosis codes 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.