Harvard Pilgrim Health Care | TUFTS Health Plan

Point32Health companies

Medical Necessity Guidelines:

Vitamin B12 Screening and Testing

Effective: August 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation (electronically recommended or by fax)	Yes ☐ No ☒
Notification Required	Yes ☐ No ☒

Applies to:

- Harvard Pilgrim Health Care Commercial products
- Tufts Health Plan Commercial products
- Tufts Health Direct
- Tufts Health Together
- Tufts Health RITogether
- Tufts Health One Care

We recommend submitting prior authorization electronically. If you opt to submit prior authorization requests via fax, please refer to this reference chart for the appropriate fax number (varies by product).
For details on all our products, please visit the Our Plans page on our provider website. For additional Prior Authorization and Notification details on other lines of business not listed on our Medical Necessity Guidelines page, please also reference our Prior Authorization Resources page.

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Vitamin B12 is a water-soluble vitamin that is required for proper red blood cell formation, neurological function, and DNA synthesis. Vitamin B12 is assessed using a serum blood test with the following ranges:

- 301-900 pg/mL: Normal
- 200-300 pg/mL: Borderline low
- < 200 pg/mL: Low – consistent with vitamin B12 deficiency

The Plan considers routine vitamin B12 screening and testing in healthy, asymptomatic adults not medically necessary.

Clinical Guideline Coverage Criteria

The Plan considers Vitamin B12 screening and testing medically necessary for members who are clinically symptomatic or considered high-risk for deficiency due to certain medical conditions, including:

1. Abnormalities of gait, mobility, or coordination
2. Achlorhydria
3. Alcohol dependence
4. Alzheimer's disease
5. Amnesia
6. Anemia
7. Anorexia
8. Blind loop syndrome
9. Celiac disease

10. Crohn's disease
11. Dementia
12. Diabetes mellitus with neuropathy, amyotrophy, or neurologic complication
13. Disease of the blood or blood-forming organs
14. Disturbances of skin sensation
15. Eating disorders
16. Endocrine, nutritional, or metabolic disease
17. Glossodynia
18. Homocystinuria
19. Human immunodeficiency virus (HIV) disease
20. Hypergammaglobulinemia
21. Impaired cognition and memory
22. Malabsorption
23. Malnutrition
24. Marasmus
25. Neuropathy
26. Osteomyelofibrosis
27. Pancreatic steatorrhea
28. Pernicious anemia
29. Prolonged drug use (i.e., Proton Pump Inhibitors (PPI), Metformin)
30. Prior gastric surgery (e.g., gastrectomy, bariatric surgery)
31. Sulfur-bearing amino-acid metabolism disorders
32. Tropical sprue
33. Veganism
34. Vitamin deficiency or other B-complex deficiencies
35. Whipple's disease

The Plan considers:

- Testing of methylmalonic acid (MMA) medically necessary for the diagnosis of vitamin B12 deficiency when vitamin B12 levels are borderline-low or low

Limitations

The Plan considers vitamin B12 screening and testing as not medically necessary for all other indications. In addition, The Plan does not cover:

- MMA testing in the absence of a low vitamin B12 result.
- Testing of holo-transcobalamin as a marker of vitamin B12 investigational/experimental

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
82607	Cyanocobalamin (Vitamin B12)
84999	Unlisted chemistry procedure (not covered when billed for holo-transcobalamin as amarker of vitamin B12)

List of Medically Necessary ICD-10 Codes

References:

1. Annweiler, C, Beauchet, O. Questioning vitamin D status of elderly fallers and nonfallers: a meta- analysis to Andres, E., Loukili, NH., Noel, E., Kaltenbach, G., Abdelgheni, MB., Perrin, AE., Noblet- Dick, M., Maloisel, F., Schlienger, JL., Blickle, JF. Vitamin B12 (cobalamin) deficiency in elderly patients. CMAJ. 20014; 171(3):251.
2. Clarke, R., Grimley Evans, J., Schneede, J., Nexo, E., Bates, C., Fletcher, A., Prentice, A., Johnston, C., Ueland, PM., Refsum, H., Sherliker, P., Birks, J., Whitlock, G., Breeze, E., Scott, JM. Vitamin B12 and folate deficiency in
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4. Medical Services Commission. Cobalamin (vitamin B12) deficiency – investigation and management. Victoria (BC): British Columbia Medical Services Commission; 2012.
5. Metz, J., McGrath, K., Bennett, M., Hyland, K., Bottiglieri, T., Biochemical indices of vitamin B12 nutrition in pregnant patients with subnormal serum vitamin B12 levels. Am J Hematol. 1995; 48(4):251.
6. Naurath, HJ., Joosten, E., Riezler, R., Stabler, SP., Allen, RH., Lindenbaum, J. Effects of vitamin B12, folate, and vitamin B6 supplements in elderly people with normal serum vitamin concentrations. Lancet. 1995; 346(8967):85
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8. Schilling, RF., Gohdes, PN., Hardie, GH. Vitamin B12 deficiency after gastric bypass surgery for obesity. Ann Intern Med. 1984; 101(4):501.
9. Selhub, J., Jacques, PF., Wilson, PW., Rush, D., Rosenberg, IH. Vitamin status and intake as primary determinants of homocysteinemia in an elderly population. JAMA. 1993; 270(22):2693.
10. U.S. Centers for Disease Control and Prevention. 2nd National Report on Biochemical Indicators of Diet and Nutrition in the U.S. Population: Water Soluble Vitamins. https://www.cdc.gov/nutrition-report/media/water.pdf?CDC_AAref_Val=https://www.cdc.gov/nutritionreport/pdf/Water.pdf Accessed on June 26, 2026.
11. van Asselt, DZ., de Groot, LC., van Staveren, WA., Blom, HJ., Wevers, RA., Biemond, I, Hoefnagels, WH. Role of cobalamin intake and atrophic gastritis in mild cobalamin deficiency in older Dutch subjects. Am J Clin Nutr. 1998; 68(2):328.

Approval And Revision History

September 2020: Reviewed by the Medical Policy Approval Committee (MPAC)

Subsequent endorsement date(s) and changes made:

- November 17, 2021: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC) for integration purposes with Harvard Pilgrim Health Care for an effective date of April 1, 2022.
- December 1, 2022: Reviewed by MPAC, renewed without changes
- September 20, 2023: Reviewed by MPAC, renewed without changes
- November 2023: Rebranded Unify to One Care effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes
- August 20, 2025: Reviewed by MPAC for annual review, renewed without changes effective October 1, 2025
- September 17, 2025: Reviewed by the UM Committee, renewed without changes effective October 1, 2025
- June 17, 2026: Reviewed by MPAC for annual review, renewed without changes effective August 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.