

Medi-Cal ICD-10 Coverage Policy

Cyanocobalamin (Vitamin B-12)

According to the Pathology: Chemistry section of the Medi-Cal General Medicine provider manual, CPT-4 code 82607 is reimbursable only when an appropriate diagnosis on the claim documents the medical necessity of the test. Cyanocobalamin (vitamin B-12) is reimbursable by Medi-Cal only when billed in conjunction with one of the following ICD-10-CM codes documenting the medical necessity of the test.

ICD-10 Code	Description	ICD-10 Code	Description
A52.15	Late syphilitic neuropathy	K29.50, K29.51	Unspecified chronic gastritis
B70.0	Diphyllobothriasis, intestinal	K50.00-K50.919	Crohn's disease
C16.0-C16.9	Malignant neoplasm of stomach	K86.0	Alcohol-induced chronic pancreatitis
D51.0-D51.9	Vitamin B-12 deficiency anemia	K86.1	Other chronic pancreatitis
D53.1	Other megaloblastic anemias not elsewhere classified	K86.81	Exocrine pancreatic insufficiency
		K86.89	Other specified diseases of pancreas
D53.9	Unspecified deficiency anemia	K90.0-K90.49	Intestinal malabsorption
D77	Other disorders of blood-forming organs in diseases classified elsewhere	K90.89, K90.9	Other and unspecified intestinal malabsorption
D81.818	Other biotin-dependent carboxylase deficiency	K91.1	Postgastric surgery syndromes
E53.8	Deficiency of other specified B group vitamins	K91.2	Postsurgical malabsorption, not elsewhere classified
F01.50, F01.51	Vascular dementia	M34.83	Systemic sclerosis with polyneuropathy
F02.80, F02.81	Dementia in other diseases classified elsewhere	Q41.0-Q41.9	Congenital absence, atresia, and stenosis of small intestine
F06.8	Other specified mental disorders due to known physiological condition	R20.0-R20.9	Disturbances of skin sensation
		R53.0-R53.83	Malaise and fatigue
F07.0	Personality change due to known physiological condition	Z93.2	Ileostomy status
G60.9	Hereditary and idiopathic peripheral neuropathy; unspecified	Z93.4	Other artificial opening of gastrointestinal tract status
G63	Polyneuropathy in diseases classified elsewhere	Z97.8	Presence of other specified devices
G65.0-G65.2	Sequela of inflammatory and toxic polyneuropathies	Z98.0	Intestinal bypass and anastomosis status
		Z98.3	Post-therapeutic collapse of lung status
G93.3	Postviral fatigue syndrome	Z98.62	Peripheral vascular angioplasty status
K14.6	Glossodynia	Z98.890	Other specified post-procedural states
K29.30, K29.31	Chronic superficial gastritis		
K29.40, K29.41	Chronic atrophic gastritis		

For additional information on the above policy, please refer to the Pathology: Chemistry section of the General Medicine provider manual available at medi-cal.ca.gov/manual.

If you have any questions, please contact your Quest Diagnostics sales representative.

The above information serves as a reference tool for Medi-Cal coverage policies for specific laboratory test services and is not comprehensive. The ordering provider is responsible for determining the appropriate diagnosis codes for each patient. 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 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.