



Policy Title	Vitamin B-12 Reimbursement Policy
Policy Department	Payment Strategy Operations
Effective Date	
Revision Date(s)	
Next Review Date	

Disclaimer:

Clover Health applies CMS criteria and guidelines, National Coverage Determinations (NCD), Local Coverage Determinations (LCD), Clover Policies, and MCG for determining medical necessity. Clover Policies are intended to provide a standard guideline but are not used to preempt providers' judgment in rendering services. Providers are expected to provide care based on best practices and use their medical judgment for appropriate care.

Description:

In certain circumstances the administration of Vitamin B12 injections may be reimbursed if they are considered reasonable and necessary for the treatment of an illness or injury.

Policy:

Clover Health may reimburse for the administration of vitamin B12 injections when they are administered by a nurse and are considered to be reasonable and necessary. Vitamin B12 must also be accepted as a safe and effective treatment of a member's illness or injury and the member must have a medical reason that the medication cannot be taken orally. Frequency of injections must fall within the accepted standards or a valid description of extenuating circumstances must be provided to justify additional injections.

B12 therapy is allowed for the following conditions:

- Specified Anemias
 - Pernicious Anemia

- *For a patient with pernicious anemia caused by a B-12 deficiency, intramuscular or subcutaneous injection of vitamin B-12 at a dose of from 100 to 1000 micrograms no more frequently than once monthly is the accepted reasonable and necessary dosage schedule for maintenance treatment. More frequent injections would be appropriate in the initial or acute phase of the disease until it has been determined through laboratory tests that the patient can be sustained on a maintenance dose.*

- Megaloblastic Anemias
- Macrocytic Anemias
- Fish Tapeworm Anemias

- Specified Gastrointestinal Disorders

- Gastrectomy
- Malabsorption Syndromes such as sprue and idiopathic steatorrhea
- Surgical and Mechanical Disorders such as resection of the small intestine
- Strictures
- Anastomosis
- Blind loop syndrome

- Certain Neuropathies

- Posterolateral Sclerosis
- Other Neuropathies Associated with Pernicious Anemia
- During the Acute Phase or Acute Exacerbation of a Neuropathy due to Malnutrition and Alcoholism

Non-reimbursable Indications

Medicare has determined that vitamin B12 injections are not considered to be reasonable and necessary treatment to strengthen tendons, ligaments, etc., of the foot as outlined in NCD 150.6.

Claim Codes (if applicable)

- J3420
 - Injection, vitamin B-12 cyanocobalamin, up to 1,000 mcg

References



[Medicare Benefit Policy Manual, Chapter 7](#)

[NCD 150.6 Vitamin B12 Injections to Strengthen Tendons, Ligaments, etc., of the Foot](#)