



Rule Category:
Medical

Ref: No:
2022-MN-063

Version Control:
Version No.1.0

Effective Date:
12th August 2022

Last Update:
12th August 2022



Vitamin B12 Testing

Adjudication Guideline

Table of content

Abstract Page 1	Scope Page 2	Adjudication Policy Page 2	Denial codes Page 3	Appendices Page 3
--------------------	-----------------	-------------------------------	------------------------	----------------------

Abstract

For Members

Vitamin B12 is mainly found in animal products such as meat, fish, milk, cheese, and eggs. It's also found in some fortified foods, such as breakfast cereals and yeast extract.²

Some people don't get enough vitamin B12 in the foods they eat, or they get plenty, but their body doesn't absorb it properly. This causes vitamin B12 deficiency. You may be at risk if you:

- are vegan or vegetarian
- have had surgery on your stomach or bowels
- have had a condition called atrophic gastritis, which causes inflammation in your stomach
- have a condition such as Crohn's disease or coeliac disease that causes inflammation in your bowel
- are taking medicines that stop your body absorbing vitamin B12, such as anticonvulsants, acid blockers, proton-pump inhibitors, or metformin.

For Medical Professionals

Vitamin B12 deficiency classically presents with megaloblastic anaemia but can also present with neurological and neuropsychiatric complaints.²

Older people, patients with chronic malabsorption, patients with a history of gastric resection or bypass, and those taking certain medicines (metformin, proton-pump inhibitors) are at risk.

Early diagnosis is critical in preventing and halting the progression of neurological disorders such as peripheral neuropathy, sub-acute combined degeneration of the spinal cord, and dementia.

Cause of vitamin B12 deficiency should be searched for once a diagnosis is confirmed.

The likelihood of vitamin B12 deficiency can be defined according to the serum vitamin B12 level as follows: <148 picomols/L (<200 picograms/mL) indicates probable deficiency; 148 to 258 picomols/L (201-350 picograms/mL) indicates possible deficiency; and >258 picomols/L (>350 picograms/mL) indicates that deficiency is unlikely.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
N/A

Disclaimer

By accessing these Daman Adjudication Guidelines, you acknowledge that you have read and understood the terms of use set out in the disclaimer below:

The information contained in this Adjudication Guideline is intended to outline the procedures of adjudication of medical claims as applied by the National Health Insurance Company – Daman PJSC (hereinafter "Daman"). The Adjudication Guideline is not intended to be comprehensive, should not be used as treatment guidelines and should only be used for the purpose of reference or guidance for adjudication procedures and shall not be construed as conclusive. Daman in no way interferes with the treatment of patient and will not bear any responsibility for treatment decisions interpreted through Daman Adjudication Guideline. Treatment of patient is and remains at all times the sole responsibility of the treating Healthcare Provider. This Adjudication Guideline does not grant any rights or impose obligations on Daman. The Adjudication Guideline and all of the information it contains are provided "as is" without warranties of any kind, whether express or implied which are hereby expressly disclaimed.

Under no circumstances will Daman be liable to any person or business entity for any direct, indirect, special, incidental, consequential, or other damages arising out of any use of, access to, or inability to use or access to, or reliance on this Adjudication Guideline including but without limitation to, any loss of profits, business interruption, or loss of programs or information, even if Daman has been specifically advised of the possibility of such damages. Daman also disclaims all liability for any material contained in other websites linked to Daman website.

This Adjudication Guideline is subject to the laws, decrees, circulars and regulations of Abu Dhabi and UAE. Any information provided herein is general and is not intended to replace or supersede any laws or regulations related to the Adjudication Guideline as enforced in the UAE issued by any governmental entity or regulatory authority, or any other written document governing the relationship between Daman and its contracting parties.

This Adjudication Guideline is developed by Daman and is the property of Daman and may not be copied, reproduced, distributed or displayed by any third party without Daman's express written consent. This Adjudication Guideline incorporates the Current Procedural Terminology (CPT®), which is a registered trademark of the American Medical Association ("AMA") and the CPT codes and descriptions belong to the AMA. Daman reserves the right to modify, alter, amend or obsolete the Adjudication Guideline at any time by providing one month prior notice.

Scope

The Scope of this adjudication rule highlights the medical indications and the coverage for diagnostic testing for vitamin B12 for all health insurance plans administered by DAMAN subject to policy terms and conditions.

Adjudication Policy

Eligibility / Coverage Criteria

Daman covers Vitamin B12 testing, if medically necessary for all health insurance plans administered by Daman

To do vitamin B12 test is allowed for member with one or more of the following risk factors:¹⁰

1. Decreased ileal absorption:¹⁰
 - Crohn disease
 - Ileal resection
 - Tapeworm infection
 - Patients that have undergone bariatric procedures such as Roux-en-Y gastric bypass sleeve gastrectomy, or biliopancreatic diversion/duodenal switch
2. Decreased intrinsic factor:¹⁰
 - Atrophic gastritis
 - Pernicious anemia
 - Post gastrectomy syndrome
3. Genetic:¹⁰
 - Transcobalamin II deficiency
4. Inadequate intake:¹⁰
 - Alcohol abuse
 - Patients older than 75 years or elderly individuals being evaluated for dementia
 - Vegans or strict vegetarians (including exclusively breastfed infants of vegetarian/vegan mothers)
 - eating disorders
5. Prolonged medication use:¹⁰
 - Histamine H2 blocker use for more than 12 months.
 - Metformin use for more than four months.
 - Proton pump inhibitor use for more than 12 months.

Requirements for Coverage

- Failure to submit, upon request or when requesting a clinical history, and a blood film in presences of MCV reports will result in rejection of claim.
- ICD and CPT codes must be coded to the highest level of specificity.
- B12 testing to be ordered by a specialist
- Reimbursement for vitamin B12 testing is only allowed when performed no sooner than 2-3 months from initiation of treatment.

Non-Coverage

- Not covered for visitor plans.
- Will not covered for screening for vitamin B12 deficiency in health, asymptomatic members
- Will not covered for homocysteine testing for the confirmation of vitamin B12 deficiency.
- Vitamin B12 test cannot be ordered by a GP.

Payment and Coding Rules

- Please apply DOH payment rules and regulation and relevant coding manuals for ICD, CPT, Frequency of services Etc.

Denial codes: Regulator denial codes with description are elaborated for reference.

These are specialized codes directed by regulator, that explains the reason of rejection of the service by DAMAN to the providers.

CODE	Code Description
CODE-010	Activity/diagnosis inconsistent with clinician's speciality
MNEC-003	Service is not clinically indicated based on good clinical practice
MNEC-004	Service is not clinically indicated based on good clinical practice, without additional supporting diagnosis/activities
MNEC-005	Service/supply may be appropriate, but too frequent
CLAI-012	Submission not compliant with contractual agreement between provider & payer
PRCE-002	Payment is included in the allowance for another service.
CODE-013	Invalid principal diagnosis (for example E-codes)

Appendices

Jawda Clinical quality KPI: Not applicable.

References

1. Vitamin B12 Deficiency: Recognition and Management - American Family Physician (aafp.org)
2. Vitamin B12 deficiency - Symptoms, diagnosis and treatment | BMJ Best Practice
3. Clinical manifestations and diagnosis of vitamin B12 and folate deficiency - UpToDate
4. Vitamin-B12-Status-testing.pdf (gov.nl.ca)
5. b12 deficiency diagnosis - UpToDate
6. Guidelines for the diagnosis and treatment of cobalamin and folate disorders - Devalia - 2014 - British Journal of Haematology - Wiley Online Library
7. Vitamin B12 - Health Professional Fact Sheet (nih.gov)
8. Vitamin B12 deficiency - Investigations | BMJ Best Practice
9. Anti-gastric parietal cell antibody (GPC) - South Tees Hospitals NHS Foundation Trust
10. Vitamin B12 Deficiency: Recognition and Management (aafp.org)

A. Revision History

Date	Change(s)
12 th August 2022	Release of V1.0