Getting Paid for B12 Injections

Say you have a patient with a pernicious anemia diagnosis. Can you code and get reimbursed for B12 injections (codes J3420, administration 96372)? Yes, B12 injections are payable by Medicare when provided by a physician or incident to his services. However, the injections must meet the “medically necessary” criteria – physicians should ensure they are using the most specific ICD-9 code (pernicious anemia is 281.0) and they are indicating the correct diagnosis in box 24E of the CMS 1500 form.

Note: CPT 96372 – (Therapeutic, prophylactic, or diagnostic injection (specify substance or drug); subcutaneous or intramuscular) requires direct physician supervision.

Code J3420 is allowed with a diagnosis of “pernicious anemia,” and so is the administration, but often claims are filed with only the diagnosis of “anemia.” Make sure that the diagnosis of pernicious anemia is established within the medical record.

Other claims are denied, when the patient has received more injections than utilization review guidelines allow within a period of time. Medicare has parameters in place to stop claims for services that exceed the “normal” number of times rendered. If no documentation is with the claim, to explain the need to continue the service, the carrier may deny the claim.

Medicare’s Benefit Policy Manual, Chapter 15, section 50.4.3 (3) states:

“Medications administered for treatment of a disease and which exceed the frequency or duration of injections indicated by accepted standards of medical practice are not covered. For example, the accepted standard of medical practice in the maintenance treatment of pernicious anemia is one vitamin B-12 injection per month. Carriers exclude the entire charge for injections given in excess of this frequency unless there are special medical circumstances that justify additional injections.”

Question: We have been getting consistent denials of our Vitamin B12 injections. Do payers still cover this treatment? How should we be billing them?

Answer: Payers do cover Vitamin B12, but the list of acceptable diagnosis supporting medical necessity is often pretty short. Medicare has a Local Coverage Determination (LCD) policy that gives clear guidelines on ICD-9 codes that support medical necessity, and what documentation is required in the medical record. For private payers, physicians should check with the individual carriers to determine policy guidelines, if applicable.