

Vitamin D Testing Policy, Professional and Facility

IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Community Plan reimbursement policies uses Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS) or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.*

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms. Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design, and other factors are considered in developing reimbursement policy.

This information is intended to serve only as a general reference resource regarding UnitedHealthcare Community Plan's reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare Community Plan may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare Community Plan enrollees.

Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors include, but are not limited to: federal &/or state regulatory requirements, the physician or other provider contracts, the enrollee's benefit coverage documents, and/or other reimbursement, medical or drug policies.

Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare Community Plan due to programming or other constraints; however, UnitedHealthcare Community Plan strives to minimize these variations.

UnitedHealthcare Community Plan may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to UnitedHealthcare Community Plan Medicaid products.

This reimbursement policy applies to services reported using the UB-04 Form, the 1500 Health Insurance Claim Form (a/k/a CMS-1500) or their electronic equivalents or their successor forms. This policy applies to all products, all network and non-network providers, including, but not limited to, non-network authorized and percent of charge contract hospitals, ambulatory surgical centers, physicians, and other qualified health care professionals

Policy

Overview

This policy describes reimbursement for Vitamin D testing. Claims will be reimbursed if they include one of the codes on CMS' ICD-10 diagnosis codes list that supports Vitamin D testing or one of the additional diagnosis codes identified by UnitedHealthcare Community Plan.

Reimbursement Guidelines

Per the American Association of Clinical Endocrinologists and The American College of Endocrinology, "Reasonable approaches to Vitamin D assessment and treatment include an initial measurement of 25(OH)D in patients at risk of deficiency, or alternatively, Vitamin D supplementation and subsequent 25(OH)D measurement 3-4 months later to assess dose adequacy."

Laboratory testing is appropriate in higher risk patients when results will be used to institute more aggressive therapy.

UnitedHealthcare Community Plan will consider reimbursement for up to four Vitamin D tests per year, when submitted with an appropriate ICD-10 diagnosis code plus the codes UnitedHealthcare has added to that list in any position. Vitamin D tests that do not include a diagnosis from the Vitamin D Testing diagnosis list will be denied.

Vitamin D Testing CPT Codes:

82306	82652	0038U
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State Exceptions

Arizona	State is exempt from the facility portion of the policy
Idaho	Per state regulations, CPT 0038U is not payable. State is exempt from Facility editing
Indiana	Indiana will be exempt from this policy
Kansas	State is exempt from this policy
Kentucky	State is exempt from this policy
Maryland	Maryland is exempt from this policy
Minnesota	Per state regulations, CPT 0038U is not payable for Minnesota.
Missouri	State is exempt from this policy
Nebraska	State is exempt from the facility portion of the policy
New Jersey	State is exempt from the facility portion of the policy
Tennessee	State is exempt from this policy
Texas	State is exempt from the facility portion of the policy
Ohio	Per state regulations, Ohio will allow additional testing once prior authorization is obtained. State is exempt from the facility portion of the policy
Washington	State is exempt from the facility portion of the policy
Washington DC	Per district regulations, CPT 0038U is not payable for DC; DC is exempt from the facility portion of the policy

Attachments

ICD-10 Vitamin D Testing List	A list of ICD-10-CM diagnosis codes that support Vitamin D testing
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Resources

Individual state Medicaid regulations, manuals & fee schedules

American Association of Clinical Endocrinologists and The American College of Endocrinology

Centers for Medicare & Medicaid Services, CMS Manual System

History

6/1/2026	Policy Implemented by UnitedHealthcare Community Plan
2/10/2026	Policy approved by the Reimbursement Policy Oversight Committee