

Vitamin B12 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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy may use 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® Commercial and Individual Exchange Reimbursement Policy® Commercial and Individual Exchange Reimbursement Policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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® Commercial and Individual Exchange Reimbursement Policy enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, 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® Commercial and Individual Exchange Reimbursement Policy due to programming or other constraints; however, UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy strives to minimize these variations.

UnitedHealthcare® Commercial and Individual Exchange Reimbursement Policy 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 services reported using the 1500 Health Insurance Claim Form (a/k/a CMS-1500), UB04 claim form or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians and other qualified health care professionals, outpatient facility claims, Ambulatory Surgical Centers (ASC), Outpatient Surgical Centers (OSC), including, but not limited to, non-network authorized and percent of charge contract physicians, other qualified health care professionals or facilities.

United Healthcare Commercial

This Reimbursement Policy applies to all UnitedHealthcare Commercial benefit plans.

UnitedHealthcare Individual Exchange

This Reimbursement Policy applies to all Individual Exchange benefit plans.



Policy

Overview

This policy describes the reimbursement methodology for Vitamin B12 testing when billed with designated conditions. Certain services are also subject to specific frequency limitations.

Reimbursement Guidelines

Total Vitamin B12 Testing Limitation

UnitedHealthcare will consider reimbursement of the following procedure codes for total Vitamin B12 testing, up to Once Every Three Months.

Procedure Code(s)

82607					
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Homocysteine Testing

UnitedHealthcare will consider reimbursement of the following homocysteine testing procedure code(s) for the condition(s) listed below:

Procedure Code(s)

83090					
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Condition(s)

Vitamin B12 deficiency.

Definitions

Once Every Three Months

One unit every 90 calendar days.

Questions and Answers

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| 1 | <p>Q: Is the frequency limitation based on individual provider per member?</p> <p>A: The frequency limitation are applicable regardless of billing and/or rendering provider (any individual provider OR any facility) for each individual member.</p> |
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Resources

American Medical Association, *Current Procedural Terminology (CPT®)* and associated publications and services
Centers for Medicare and Medicaid Services (CMS) Recovery Audit Contractors (RAC)



UnitedHealthcare® Commercial and Individual Exchange
Reimbursement Policy
CMS 1500
UB04
Policy Number 2026R8014A

History	
9/1/2026	Policy implemented by UnitedHealthcare Employer & Individual and Individual Family Plan (IFP) Exchange
6/1/2026	Policy published