



## Provider Alert

### Policy Reminder: Reimbursement for Laboratory Claims

Last year, UnitedHealthcare Community Plan implemented a reimbursement policy for all laboratory services submitted on a CMS 1500 claim form or HIPAA 5010 837 P claim file. The policy became effective on May 1, 2017 to align with Centers for Medicare and Medicaid Services (CMS) and Clinical Laboratory Improvement Amendments (CLIA) requirements.

To help you submit your claims with the correct information, we've summarized the policy requirements. Claims for laboratory services may be denied for both participating and non-participating care providers if any of the following information is missing or invalid.

- All claims must include the CLIA number for the servicing care provider.
- The lab servicing provider's physical address will also be required if it differs from the billing provider's address on the claim.
- The billing or servicing provider's address must match the address associated with the CLIA ID number.
- CLIA regulatory requirements vary according to the kind of test your laboratory conducts. Tests are categorized as waived, moderate complexity or high complexity. CLIA requires all lab testing sites to have one of the following certificates to legally perform clinical laboratory testing:
  - Certificate of Waiver
  - Certificate of Registration
  - Certificate of Accreditation
  - Certificate for Physician-Performed Microscopy
  - Certificate of Compliance
- The CLIA information must be within the scope of the awarded CLIA certificate according to the CLIA ID number on the claim.
- The modifier QW may also be required when billing for CLIA waived tests based on your level of CLIA certification.

If your claim is denied for missing information, you can resubmit with the required information.

#### Find Out More

To learn more about CLIA requirements and test complexity categories, visit the CLIA website at [cms.hhs.gov](https://www.cms.hhs.gov) > Regulations and Guidance > Clinical Laboratory Improvement Amendments (CLIA).





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You can also view the policy at [UHCommunityPlan.com](https://www.uhc.com/healthcare-professionals) > For Health Care Professionals > (click on the appropriate state) > Reimbursement Policies.

### Note Regarding Reimbursement Policies

As with all UnitedHealthcare Community Plan policies, other factors affecting reimbursement may supplement, modify or in some cases supersede this policy. These factors include but are not limited to federal and/or state regulatory requirements, physician or other provider contracts, and/or the member's benefit coverage documents.

Unless otherwise noted as follows, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies do not address all issues related to reimbursement for services rendered to our members, such as the member's benefit plan documents; our medical policies; and the UnitedHealthcare Community Plan Physician, Health Care Professional, Facility and Ancillary Provider Administrative Guide. Meeting the terms of a particular reimbursement policy is not a guarantee of payment. Likewise, retirement of a reimbursement policy affects only those system edits associated with the specific policy being retired. Retirement of a reimbursement policy is not a guarantee of payment. Other applicable reimbursement and medical policies and claims edits will continue to apply.

In the event of an inconsistency or conflict between the information in this Provider Notification and the posted policy, the provisions of the posted reimbursement policy prevail. If you have any questions, please contact your Health Plan Representative or call the number on your Provider Remittance Advice/Explanation of Benefits.

### We're Here to Help

If you have questions about this policy, please call Provider Services at the number listed on the back of the member's ID card. Thank you.