



Provider Alert

Revision to Laboratory Services Reimbursement Policy

We want to let you know about changes we're making to our Laboratory Services Reimbursement Policy that may affect payment for claims for duplicate laboratory services rendered by the same or multiple care providers. **For dates of service on or after June 1, 2018, only reference laboratories reporting laboratory services appended with modifier 90 will be eligible for reimbursement.**

We're making this change to align with Centers for Medicare & Medicaid Services (CMS) guidelines that only allow reimbursement of laboratory services to the reference laboratory for referred laboratory services.

What You Need to Know

Under the revised policy:

- Non-reference laboratory physicians or other health care professionals that report laboratory services with modifier 90 will no longer be reimbursed.
- Reference laboratories may refer to another laboratory and will continue to be reimbursed when the reported laboratory services are appended with modifier 90.
- Physicians or other health care professionals who own lab equipment and perform laboratory testing will continue to be reimbursed, as modifier 90 would not be appended to the procedure code for the laboratory service.

To help ensure appropriate claims adjudication, please confirm that your care provider information in the Network Data Base is accurate.

Any care provider reporting laboratory services must follow CLIA certification requirements. Lab certification must support the lab code reported. Please refer to the Clinical Laboratory Improvement Amendment (CLIA) policy for claim submission guidelines.

If you'd like to review the revised policy, once implemented, it will be available at UHCommunityPlan.com > 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.



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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.

Once implemented, the policies may be viewed at UHCommunityPlan.com > For Health Care Professionals (click on the appropriate state) > Reimbursement Policies.

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.