

Participating Laboratories

Frequently Asked Questions

Overview

We want to help you better understand our policies and protocols. We've put together the following frequently asked questions for labs, facilities and vendors who coordinate or fulfill laboratory service requests for UnitedHealthcare members:

- **UnitedHealthcare Policies and Coverage Guidelines**
- **Verifying Member Eligibility and Coverage**
- **Notification/Prior Authorization Requirements**
- **Claim and Reimbursement Process**

If you have questions, please contact your Provider Advocate or Network Management representative (UHCprovider.com > Menu > Contact Us > [Health Plan Support By State](#)). Thank you.

Frequently Asked Questions

Can I find policies and protocols for laboratory services at UHCprovider.com?

Yes. You'll find our clinical, coverage and reimbursement policies and protocols at UHCprovider.com/policies. Our Administrative Guide and Care Provider Manuals, which have many of our protocols, can be found at UHCprovider.com/guides.

Does UnitedHealthcare require participating laboratory care providers and vendors to follow CMS criteria?

UnitedHealthcare sometimes uses the Centers for Medicare & Medicaid Services (CMS) coverage criteria to help develop our coverage and reimbursement policies. Participating laboratory services care providers should meet CMS coverage guidelines and maintain CMS-compliant documentation for each member. UnitedHealthcare Community Plan health plans may have coverage criteria determined by the individual state guidelines for Medicaid services.

Verifying Member Eligibility and Coverage

How can I check a UnitedHealthcare member's eligibility for laboratory services?

At UHCprovider.com/eligibility, you can find more information about checking a member's eligibility.

- **Online:** Use eligibilityLink to quickly review UnitedHealthcare member detailed benefits information. You may also use the app to find out if referrals, notification and prior authorization are needed for the member's plan. You can learn more at UHCprovider.com/eligibilityLink.

Key Points

- UnitedHealthcare online tools at UHCprovider.com/Link are available to help you manage care delivery when care providers order lab services for UnitedHealthcare members.

- Referral, prior authorization and notification requirements may apply, based on the member's health plan coverage. We have the latest prior authorization lists at UHCprovider.com/priorauth, as well as information on special lab services programs.

- Coverage determinations are based on UnitedHealthcare policies and procedures, along with state and federal coverage guidelines. You can find our policies at UHCprovider.com/policies.

- **Phone:** Call the Provider Services number on the member's ID card.
- **EDI:** You can send a 270 request to verify a member's eligibility. We have more information about using EDI at UHCprovider.com/EDI.

Notification/Prior Authorization Requirements

Do laboratory services require notification or prior authorization?

It depends on the type of service and the member's coverage. You can use the eligibilityLink tool at UHCprovider.com/eligibilityLink to find out if referrals, notifications and prior authorizations are required for the member's plan. For some plans or programs, the notification or prior authorization can be requested by the ordering care provider. Notification/prior authorization requests need to include the appropriate CPT® codes and associated units.

For instance, the Genetic and Molecular Lab Testing Notification/Prior Authorization process is required for certain lab tests for members of certain commercial plans. You can find more information on that process at UHCprovider.com/genetics.

General information about notification and prior authorization requirements are also in the applicable Administrative Guide at UHCprovider.com/guides and at UHCprovider.com/priorauth.

Claim and Reimbursement Process

What information should I include on the claim?

You can find more claim information at UHCprovider.com/claims. On a claim for laboratory services, please include:

- The appropriate laboratory CPT code
- The appropriate laboratory CLIA number
- The appropriate number of units/modifiers
- The approved authorization number, if applicable
- The appropriate place of service, including performing laboratory
- The appropriate bill types

What can I do if I believe a claim was paid incorrectly?

You may have the option to submit a claims reconsideration request. When you submit your request, we'll review our claim decision. The deadline for submitting a claims reconsideration is either:

- 12 months from the date of the original Explanation of Benefits or Provider Remittance Advice
- The timeframe specified by local statutes or specified in your UnitedHealthcare Participation Agreement

You can learn more about your options for submitting a claims reconsideration request at UHCprovider.com/claims. You can submit your reconsideration:

- Online:
 - You can use the [claimsLink tool](#) to submit a corrected claim or claim reconsideration and track claim reconsideration requests.
 - If a request involves 20 or more paid or denied claims and attachments aren't required, combine and submit these claims online. More information is at UHCprovider.com/claims > Submit Reconsideration Requests for Multiple Claims.

- By phone: Call the Provider Services number on the member's ID card to request an adjustment for a claim that doesn't require written documentation.
- By mail: The form, instructions, mailing address and information to submit are available at UHCprovider.com/claims > Submit a Corrected Claim, Claim Reconsideration / Begin Appeal Process.

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