

# Claim Submission Tips to Help Meet CLIA Reimbursement Policy Claim Requirements

On Aug. 1, 2016, we implemented a reimbursement policy for all laboratory services to meet Centers for Medicare & Medicaid Services (CMS) and Clinical Laboratory Improvement Amendment (CLIA) requirements. The policy applies to claims submitted on a CMS-1500 claim form or HIPAA 5010 837 P claim file for UnitedHealthcare Community Plan members.

## Claim Submission Tips

Please review these guidelines to make sure you're including the correct information when submitting your claims:

- Include the CLIA number for the servicing care provider and the physical address where the billed testing was performed. The servicing provider's address must match the address associated with the CLIA ID number.
- Claims may be denied if the CLIA information is missing, invalid, or not within the scope of the awarded CLIA Certificate for the CLIA ID number on the claim.
- You may need to report the modifier QW when billing for CLIA waived tests, based on your laboratory's level of CLIA certification.

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

## Learn More

For more information about the CLIA requirements and test complexity categories, please visit [cms.hhs.gov/clia](https://cms.hhs.gov/clia). You can find the policy updates in the Reimbursement Guidelines, Definitions, and Q&A sections. To read the policy, please visit [UHCprovider.com](https://UHCprovider.com) > Menu > Policies and Protocol > Community Plan Policies > Reimbursement Policies for Community plan > Reimbursement Policies.

## We're Here to Help

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

## Note About 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, these reimbursement policies apply to services reported using the CMS-1500 or its electronic equivalent, or its successor form.

UnitedHealthcare Community Plan reimbursement policies don't 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 Administrative Guide or Care Provider Manual. 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.

If there's an inconsistency or conflict between the information in this provider notification and the posted policy, the provisions of the posted reimbursement policy prevail.