

Update: Laboratory Services Policy, Professional – Effective May 18, 2020

Effective May 18, 2020, we're updating the Laboratory Services Policy, Professional. The following changes will apply to claims processed on and after May 18, 2020:

- According to the Laboratory Services Policy, individual laboratory codes, which together make up a laboratory panel code, will be denied. The care provider will be required to submit the more comprehensive laboratory panel code.
- The Centers for Medicare & Medicaid Services (CMS) states laboratories shall bill the panel test code and not unbundle the individual components if all components of the panels are performed. If all components of a panel are submitted, the claim will be denied.
- To better align with American Medical Association (AMA) and CMS guidelines on reimbursement of laboratory panel codes, effective on and after May 18, 2020 if a care provider submits fewer than all of the component codes that make up a panel, the component codes will be considered individually for reimbursement.

We regularly publish the latest reimbursement policy and coverage updates for UnitedHealthcare Community Plan online. You can find these updates at UHCprovider.com/policies > Community Plan Policies > [Reimbursement Policies for Community Plan](#).

We're Here to Help

If you have questions about policy updates, please contact your Network Account Manager or Provider Advocate. Thank you.

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.