Laboratory Benefit Management Program

Frequently Asked Questions

Key Points

- The UnitedHealthcare Laboratory Benefit Management Program helps improve the quality of outpatient laboratory services, support evidence-based guidelines for patient care and lower costs for our members.
- This pilot program is limited to fully insured commercial plan members in Florida, except those enrolled in Neighborhood Health Partnership plans.
- Beacon Laboratory Benefit Solutions, Inc. (BeaconLBS®), a subsidiary of LabCorp®, administers the Laboratory Benefit Management Program for UnitedHealthcare.
- Further information about the program, including the Administrative Protocol, is available at UHCprovider.com/lab.

Overview

The UnitedHealthcare Laboratory Benefit Management Program helps improve the quality of outpatient laboratory services, support evidence-based guidelines for patient care and lower costs for our members. Key components of the program include:

- A high-performing, lower cost network of laboratories that helps provide consistent clinical practices and cost-efficiency
- Clinical policies that more closely tie evidence-based guidelines to laboratory test orders to support appropriate utilization
- An online Physician Decision Support tool to help make it easier for ordering care providers to choose the right tests and laboratories for our members

This pilot program is limited to fully insured commercial plan members in Florida, except those enrolled in Neighborhood Health Partnership plans.

BeaconLBS, the program administrator, specializes in laboratory services management to help manage overutilization of laboratory test orders and direct members to qualified in-network laboratories.

BeaconLBS Physician Decision Support technology makes it easier to choose tests and laboratories using evidence-based guidelines and industry best practices. They also offer Labs-of-Choice™, a network of laboratories that help provide consistent clinical practices and cost-efficiency.

Frequently Asked Questions and Answers

Q1. Why did UnitedHealthcare implement this program?
A1. The current health care environment challenges us to look for more opportunities to improve affordability and quality of care for UnitedHealthcare members. Outpatient laboratory services are often overutilized, with the cost of outpatient laboratory services growing at about double the rate of core medical costs. These increasing costs are driven by out-of-network laboratory use and inconsistent adherence to evidence-based guidelines.

According to a 2014 survey of U.S. physicians sponsored by the Robert Wood Johnson Foundation, 85 percent say having specific, evidence-based recommendations they can use with
patients would be an effective solution to help address the frequency of unnecessary tests and procedures.

In response, we launched the Laboratory Benefit Management Program to help improve the quality of outpatient laboratory services, support evidence-based guidelines for patient care and lower costs for our members through greater in-network utilization.

Our goal is to create a program that’s easy for care providers to use while improving quality and lowering costs for our members. With the Laboratory Benefit Management Program:

- **Ordering care providers** get real-time access to evidence-based guidelines and a listing of in-network, qualified laboratories.
- **Laboratories** have an opportunity to increase patient volume due to higher use of in-network laboratories, as well as to differentiate themselves based on quality information.
- **UnitedHealthcare members** get more transparent quality and cost information about their in-network laboratory options to help them make more informed decisions and maximize their benefits.

We’re continuously monitoring progress of this pilot program and have made initial refinements based on data, experience and feedback from care providers.

**Q2. Which members are part of the Laboratory Benefit Management Program?**

A2. Our pilot program includes fully insured UnitedHealthcare commercial plan members in Florida, except those enrolled in Neighborhood Health Partnership plans. Members who are part of the Laboratory Benefit Management Program have the BeaconLBS logo on their member ID cards.

**Q3. What happens if a member chooses to use an out-of-network laboratory?**

A3. Services provided by out-of-network laboratories will be processed according to the member’s benefit plan.

**Q4. Do I need to follow Laboratory Benefit Management Program requirements?**

A4. Yes. You must follow Laboratory Benefit Management Program requirements for any members who are part of the program. All outpatient laboratory services for these members are subject to the new requirements including advance notification and new medical policies. You can view these at UHCprovider.com/lab.

**Q5. What’s the clinical basis for the Laboratory Benefit Management Program?**

A5. The guidelines and policies for the Laboratory Benefit Management Program are derived from professional society and governmental guidelines – including the Centers for Medicare & Medicaid Services (CMS) Local and National Coverage Determinations – and quality criteria based on peer-reviewed, published scientific literature. Published clinical evidence supports secondary and sub-specialist pathology reviews to reduce diagnosis discrepancies and improve patient outcomes.

The UnitedHealthcare Laboratory Benefit Management Program Administrative Protocol includes the quality criteria requirements, clinical policies and clinical guidelines to support the electronic question and answer (Q&A) for advance notification using Physician Decision Support. All clinical guidelines and clinical policies include the sources. The Administrative Protocol is available at UHCprovider.com/lab. To request a list of published literature supporting the quality criteria, please email lab_ben_mgmt@uhc.com.
Registration

Q6. **How do I register with BeaconLBS?**
A6. The registration process varies based on whether you order and/or render laboratory services.

**Ordering Physicians including Ambulatory Service Centers:** Please visit beaconlbs.com and select Login > Physician Login to get started. If you submit test orders using an ordering system integrated with Physician Decision Support, you do not need to register with BeaconLBS. If you also perform and bill for laboratory tests that aren’t Clinical Laboratory Improvement Amendments (CLIA)-waived, you must register as a laboratory by following the rendering care provider instructions below.

**Rendering Care Providers:** Please visit beaconlbs.com and select Login > Lab Login > Register My Test to get started. The registration process includes providing quality criteria and mapping test information to prepare for the Laboratory Benefit Management Program launch.

To learn more about registration and preparing for the Laboratory Benefit Management Program, please visit UHCprovider.com/lab.

Q7. **Why do I need to register with BeaconLBS?**
A7. BeaconLBS administers the Laboratory Benefit Management Program on our behalf so registration with them is an important first step.

**Ordering Physicians including Ambulatory Service Centers:** You must use Physician Decision Support to order Decision Support Tests. Registering with BeaconLBS allows you to use the standalone Physician Decision Support application available on beaconlbs.com.

**Rendering Providers:** By registering with BeaconLBS, ordering physicians can select your laboratory for services when ordering tests using Physician Decision Support. In addition, registered laboratories can access the Outcome Summary to determine whether the requested laboratory services are covered under the member’s benefit plan. This printable onscreen message confirms that advance notification was completed and prior authorization was requested, if applicable. It will also show whether the requested laboratory services are covered under the member’s benefit plan. If you don’t register, laboratory referrals and claims payment may be impacted.

Some Decision Support Tests also have one or more of the following quality requirements:

- Accreditation from the College of American Pathologists (CAP) or The Joint Commission
- Sub-specialty certification
- Secondary pathology review

To learn more about the quality criteria, please review the Administrative Protocol available at UHCprovider.com/lab.

Decision Support Tests

Q8. **What are Decision Support Tests?**
A8. Decision Support Tests are tests that require advance notification or prior authorization as part of the Laboratory Benefit Management Program. Physician Decision Support has advance notification built in for these tests.

Ordering physicians should use an integrated Physician Decision Support application to order these tests from a network care provider authorized to perform them. After ordering Decision Support Tests
Support Tests using Physician Decision Support, an Outcome Summary will display. This printable onscreen message will confirm that advance notification was completed and prior authorization was requested, if applicable. Rendering care providers should confirm receipt of the Outcome Summary for any Decision Support Tests before performing the tests.

To view a list of Decision Support Tests, please visit UHCprovider.com/lab.

**Physician Decision Support**

**Q9. What's Physician Decision Support?**

A9. Physician Decision Support is an online tool that gives care providers real-time access to evidence-based guidelines as they order tests, while gathering critical quality information to help members make better-informed choices. Physician Decision Support can be used as a standalone ordering application accessible to registered users on beaconlbs.com. It's also integrated with a variety of laboratory ordering systems and electronic medical records (EMR) applications.

Physician Decision Support automatically identifies members who are part of the Laboratory Benefit Management Program. Physicians can also use Physician Decision Support to order tests for UnitedHealthcare members who aren’t part of the Laboratory Benefit Management Program.

Ordering physicians should use Physician Decision Support to order Decision Support Tests from a network laboratory authorized to perform them. Physician Decision Support has advance notification for Decision Support Tests built in. For any tests requiring prior authorization (i.e., BRCA), Physician Decision Support will send the information to UnitedHealthcare with the decision stored in Physician Decision Support.

**Q10. How will I know if the EMR/EHR or laboratory ordering application I use is integrated with Physician Decision Support?**

A10. The following laboratory ordering systems and EMR applications are integrated with Physician Decision Support. That means you can use them to order Decision Support Tests for members who are part of the Laboratory Benefit Management Program. The integrated applications automatically identify members who are part of the Laboratory Benefit Management Program.

- Academic Alliance in Dermatology LIS
- Allscripts Professional EHR and TouchWorks EHR
- Aprima EHR
- BioReference Ordering Application
- eClinicalWorks
- Change Healthcare ClinicalNetwork EHR Lite
- EMR-Link™
- FirstPath LIS
- gloStream HER, using Change Healthcare
- Greenway Health, using Change Healthcare
- Hello Health®
- KWB LIS
- LabCorp Ordering Applications
- Liaison® EMR-Link™
- Micropath Laboratories LIS
Millennium MLIS
Next Gen Healthcare
Palm Beach Pathology LIS

If you don’t use one of these applications to order laboratory tests, you can use the standalone Physician Decision Support application by logging in to beaconlbs.com.

Q11. Will additional laboratory ordering applications be integrated with Physician Decision Support?
A11. Yes, integration of Physician Decision Support with some additional laboratory ordering systems and EMR applications is in progress. If the application you use isn’t integrated, we encourage you to contact info@beaconlbs.com to request integration with Physician Decision Support.

Q12. How does using Physician Decision Support impact my practice’s workflow?
A12. If you use a laboratory ordering system or EMR application that’s already integrated with Physician Decision Support, your practice’s workflow doesn’t need to change. The application automatically identifies members who are part of the Laboratory Benefit Management Program and leads you through the process for advance notification or prior authorization for Decision Support Tests.

If your practice isn’t using an integrated laboratory ordering system, you can use the standalone application at beaconlbs.com to order Decision Support Tests for members who are part of the Laboratory Benefit Management Program.

Q13. Will Physician Decision Support prevent me from ordering a specific test for a member?
A13. No. Physician Decision Support won’t deny or prevent care providers from ordering a test they deem necessary. It’s an interactive tool to help care providers to:

- Select laboratory tests using evidence-based guidelines and industry best practices.
- Automatically identify members who are part of the Laboratory Benefit Management Program.
- Choose in-network laboratories that have the expertise to perform these tests.
- Support program requirements such as advance notification and/or prior authorization.

However, if the member’s diagnosis isn’t supported in the clinical policy, you should only send the test to the laboratory if the member consents to being financially liable for the test.

Labs-of-Choice

Q14. What are Labs-of-Choice?
A14. BeaconLBS has a network of preferred in-network laboratories called Laboratories-of-Choice. These independent and hospital laboratories offer consistent clinical practices and cost efficiencies. Labs-of-Choice must meet the following quality and accreditation standards:

- CLIA certification
- For certain complex pathology tests:
  - Accreditation from CAP or The Joint Commission
  - Secondary review attestation
  - Sub-specialist certification
- Capability to process test orders and results electronically
- Execution of an agreement with BeaconLBS
Any in-network laboratory can become a Laboratory-of-Choice if it meets the quality requirements, but becoming a Lab-of-Choice isn’t a requirement to participate in the Laboratory Benefit Management Program. To apply to be a Lab-of-Choice, please complete the “Contact Us” form at beaconlbs.com.

Q15. How will I know if I'm ordering laboratory tests from a Laboratory-of-Choice?
A15. When you use integrated Physician Decision Support to order a laboratory test, you’ll be presented with a list of laboratories to choose from. This list will identify Labs-of-Choice. To view a list of Labs-of-Choice, please visit UHCprovider.com/lab.

Q16. Do I have to order laboratory tests from a Laboratory-of-Choice?
A16. No. Physician Decision Support identifies which laboratories are qualified to perform laboratory tests ordered, including pathology services. Laboratories-of-Choice will be listed on the first screen of the Physician Decision Support ordering page. To choose another UnitedHealthcare network laboratory, please select the search button next to the Labs-of-Choice to view a dropdown box with a complete list of in-network laboratories qualified to perform the test.

Q17. How can my laboratory be designated a Laboratory-of-Choice?
A17. To become a Laboratory-of-Choice you must meet certain quality and efficiency criteria and execute an agreement with BeaconLBS. UnitedHealthcare network laboratories aren’t required to become a Lab-of-Choice, and you don’t pay a fee to become one. If you’re interested in applying to be a Lab-of-Choice, please contact BeaconLBS at 800-377-8809 or beaconlbs.com.

Q18. Do I have to be a Lab-of-Choice for my claims to be eligible for reimbursement?
A18. No, you don’t need to be a Lab-of-Choice for claims to be eligible for reimbursement. However, all in-network laboratories should register with BeaconLBS. The information you provide during registration will help ensure your claims are reimbursed appropriately.

Advance Notification and Prior Authorization

Q19. What are the advance notification requirements for the Laboratory Benefit Management Program? Are they different than other UnitedHealthcare advance notification programs?
A19. All outpatient laboratory services for members who are part of the Laboratory Benefit Management Program are subject to requirements including advance notification for Decision Support Tests. The advance notification requirement is different than other UnitedHealthcare advance notification programs.

Advance notification for the Laboratory Management Program is an administrative protocol to notify UnitedHealthcare of Decision Support Tests before the test is ordered, and doesn’t require a clinical review. Ordering physicians should submit advance notification using Physician Decision Support. Over time, advance notification provides helpful information about the evidence-based guidelines and quality criteria of laboratory tests ordered.

To view a list of Decision Support Tests that require advance notification, please visit UHCprovider.com/lab.

To learn more about the advance notification requirements, please view the UnitedHealthcare Laboratory Benefit Management Program Administrative Protocol at UHCprovider.com/lab.
Q20. What should I do if I receive a laboratory specimen for testing, but the physician didn’t complete advance notification?

A20. Please perform testing as you normally do and contact the physician to complete the advance notification process. Advance notification must be completed within 10 calendar days from the date of service and before the claim is submitted. If advance notification isn’t completed, claims for the test may be denied and network care providers can’t balance bill the member for covered services, per the terms of their contract with UnitedHealthcare.

Q21. What are the prior authorization requirements for the Laboratory Benefit Management Program?

A21. The program only requires prior authorization for BRCA testing, which also required prior authorization before the program launch. No other laboratory tests are subject to prior authorization at this time.

To learn more about the prior authorization requirements, please view the UnitedHealthcare Laboratory Benefit Management Program Administrative Protocol at UHCprovider.com/lab.

Claims Submission

Q22. How does the Laboratory Benefit Management Program affect claims submission?

A22. The Laboratory Benefit Management Program doesn’t change the process for submitting claims to UnitedHealthcare. However, please be sure to include the following information on all laboratory claim submissions for UnitedHealthcare fully insured commercial members:

- Laboratory test identifier – This internal laboratory code used to identify a specific test performed by a laboratory should be included when using the following forms:
  - CMS-1500; place of service (POS) 11 or 81
  - HIPAA 5010 837 Professional
  - HIPAA 5010 837 Institutional
- Your CLIA number should be included when using the following forms:
  - CMS-1500; POS 11 or 81
  - HIPAA 5010 837 Professional
- Individual referring provider name and national provider identifier (NPI) number
- Member diagnosis codes

Pathology Services

Q23. Will UnitedHealthcare reimburse providers for secondary pathology review?

A23. To determine reimbursement policies, UnitedHealthcare applies industry standards from third parties including the American Medical Association (AMA) and CMS. You can view UnitedHealthcare commercial reimbursement policies related to this program at UHCprovider.com/lab.

Please note that we don’t provide examples of billing practices, but we accept all standards of billing highlighted under AMA standards and CMS requirements. There are two ways to bill for secondary pathology review.

1. Use the pathology consultation CPT® codes developed by the AMA:
   - 80500: Clinical pathology consultation; limited, without review of patient's history and medical records
80502: Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records

Per the UnitedHealthcare Laboratory Services Policy, CPT codes 80500 and 80502 are only reimbursable for reference laboratories or for care providers whose primary specialty is pathology or dermatology. UnitedHealthcare considers clinical and surgical pathology consultation codes as included in an evaluation and management service if provided for the same member on the same date of service. If billed with an evaluation and management service, CPT codes 80500-80502 and 88321-88325 aren’t separately reimbursable. For more information, please review the policy at UHCprovider.com/lab.

2. **Append the correct modifier to the surgical pathology CPT codes.**

Per the UnitedHealthcare Laboratory Services Policy, surgical pathology CPT codes 88300-88309 describe gross and microscopic examination and pathologic diagnosis of a specimen. Two or more specimens separately identified from the same patient are each assigned an individual code to indicate the level of service. Under certain circumstances, the physician may need to report the same surgical pathology code for multiple specimens for the same patient on the same date of service. Pathology specimens from the same anatomic site reported with the same surgical pathology CPT code may be reported on one line with multiple units. For more information, please review the policy at UHCprovider.com/lab.

**For More Information**

**Q24. Where can I get more information about the Laboratory Benefit Management Program?**

**A24.** To view Laboratory Benefit Management Program requirements and other resources, please visit UHCprovider.com/lab.

You can also view resources by logging in to BeaconLBS.com and selecting UnitedHealthcare Resources. If you have questions about registration, using Physician Decision Support or becoming a Laboratory-of-Choice, please contact BeaconLBS at 800-377-8809 or BeaconLBS.com/contact.

If you have questions, please contact your network manager or Provider Advocate. Thank you.