Participating Provider Laboratory and Pathology Protocol

Originally implemented on Sept. 1, 2016 for UnitedHealthcare commercial and Exchange members with groups located in Delaware, New York, Oklahoma, Pennsylvania and Texas, this protocol will also apply to commercial members in Connecticut and Maryland, effective June 1, 2019.

Protocol Overview

As a participating care provider in Connecticut, Delaware, Maryland, New York, Oklahoma, Pennsylvania or Texas, you’re expected to use a UnitedHealthcare participating laboratory or pathologist when collecting specimens in your office. If you want to use an out-of-network care provider for these services and are treating a member enrolled in one our our commercial plans in Connecticut, Delaware, Maryland, New York, Oklahoma, Pennsylvania or Texas, you'll need to get consent from the member before you can do so.

This includes the following:

• Specimens collected in your office for processing by an out-of-network care provider – on and off site
• Giving the member a requisition form, prescription or other form to receive laboratory or pathology services outside your office

Exclusions: Services authorized by us or a payer, or those provided in emergency situations.

Why It Matters

Members who aren’t aware that they’re using an out-of-network care provider for their services may receive surprise bills. By having the member fill out the disclosure form, you help make sure they’re aware of the health care choices they’re making. This can help them avoid the hardships that can come from incurring unexpected costs.

Process for Documenting the Use of an Out-of-Network Care Provider in a Member’s Care

If you recommend the use of, make a referral to, or involve an out-of-network laboratory or pathologist in a member’s care, please follow these guidelines:

**Step 1: Discuss options and financial impact with the member:** Review this policy and the Laboratory & Pathology Services Consent Form with the member before any laboratory or pathology services are performed, including specimen collection.

During that discussion, you’ll need to:

• Explain in-network alternatives and the reason you want to refer the member to an out-of-network laboratory or pathologist.
• Explain the financial impact of using an out-of-network laboratory or pathologist.
Refer to the “Financial Obligations of Members Using an Out-Of-Network Care Provider” section of this document to understand the financial impact.

- Give the member a copy of the Laboratory & Pathology Services Consent Form.
  - You can find a copy of the form at UHCprovider.com > Policies and Protocols > Protocols > Laboratory & Pathology Services Consent Form.
- Note the discussion in the member’s medical record.

**Step 2: Ask the member to complete a Laboratory & Pathology Services Consent Form:** The member will need to choose whether to use an in-network or out-of-network laboratory or pathologist.

Here’s what you’ll need to do:

- Have the member mark their choice on the Laboratory & Pathology Services Consent Form, then sign and date the form.
- Keep the signed and completed Laboratory & Pathology Services Consent Form in the member’s file. We may request a copy of the form.

**Step 3: Coordinate the member’s care as directed by the member on the Laboratory & Pathology Services Consent Form**

- **If the Member agrees to the use of an out-of-network laboratory or pathologist:** Ensure that the member understands the financial obligations of using an out-of-network laboratory or pathologist.
  - Refer to the “Financial Obligations of Members Using an Out-Of-Network Care Provider” section of this document.
- **If the member doesn’t agree to use an out-of-network laboratory or pathologist:** Try to find an in-network care provider to perform the service. For an all-inclusive list for your state, please refer to the Provider Directory at UHCprovider.com > Find A Provider > Medical Directory > All UnitedHealthcare Plans, or call Provider Services at 877-842-3210.
  - If you can’t find a participating care provider to perform the service, please call Provider Services at 877-842-3210 to confirm that the specific test is covered and verify if a network care provider is available to perform the test. If we can’t find a network laboratory that meets the needs of your patient, we’ll work with you to find an out-of-network location to perform the service.

**Important Points to Remember**

- We require a separate Laboratory & Pathology Services Consent Form for each episode of laboratory care. If you’re referring members for laboratory or pathology services that will require continuous monitoring, please check the “Ongoing Monitoring” box on the form.
- The Laboratory & Pathology Services Consent Form will only be valid for 15 days from the date of the member’s signature, unless the “Ongoing Monitoring” box is selected, in which case the form is valid for one year from the date of signature.
Financial Obligations of Members Using an Out-Of-Network Care Provider

- **Members with out-of-network benefits:** We’ll pay out-of-network laboratory and pathology claims at the out-of-network benefit level and will apply the appropriate cost shares and deductibles. Additionally, the member may be responsible to the out-of-network laboratory or pathologist for any amount above the amount that we pay, as determined by the member’s out-of-network benefit.

- **Members without out-of-network benefits:** We won’t pay out-of-network laboratory and pathology claims since the member has no coverage for services provided by out-of-network care providers. This means the member will be responsible for the entire cost of the service(s).

What to Do If We Request A Copy of The Form

If we request a copy of the Laboratory & Pathology Services Consent Form, you’ll need to send us a copy within 15 days of the request.

If we don’t receive a copy of the signed, completed form within 15 days of the request, or if it isn’t completed correctly, we’ll reverse the claim for the Evaluation & Management (E&M) service, from the office visit that generated the out-of-network laboratory or pathology service, and administratively deny the claim for non-compliance with this protocol. If we’ve made any previous payments for the E&M service, that amount will be subject to recovery. In these instances, per your Agreement with us, you can’t balance bill the member.

Resources

You can find the full protocol and consent form at UHCprovider.com > Policies and Protocols > Protocols > Participating Provider Laboratory and Pathology Protocol and Laboratory & Pathology Services Consent Form.

If you have questions, please call Provider Services at 877-842-3210.