

UnitedHealthcare Commercial Reimbursement Policy Update Bulletin: September 2022

Reminder		
Policy Title	Effective Date	Policy Summary
Reminder: Clinical Laboratory Improvement Amendments (CLIA) ID Requirement Policy, Professional	August 1, 2016	<ul style="list-style-type: none"> • UnitedHealthcare previously implemented a reimbursement policy that applies to all laboratory services to align with Centers for Medicare and Medicaid Services (CMS) and Clinical Laboratory Improvement Amendments (CLIA) requirements. The effective date for the policy was August 1, 2016. This bulletin provides a reminder of the contents of that policy. • The reimbursement policy applies to UnitedHealthcare commercial member claims submitted on either a CMS 1500 claim form or 837P electronic claim form. • The policy requires that all claims for laboratory services include the CLIA number for the servicing care provider. The lab servicing provider's physical address is required if the address differs from the billing provider's address noted on the claim. The billing or servicing provider's address must match the address associated with the CLIA ID number. • Claims for laboratory services may be denied if the CLIA information is missing, invalid, or not within the scope of the awarded CLIA certificate per the CLIA ID number reported on the claim. • Reporting the modifier QW when billing for CLIA waived tests may be required based on the level of CLIA certification the lab has obtained. • Claims denied for missing information may be resubmitted with the required information. Please refer to the reimbursement policy for additional information, including the claims submission process.
Revised		
Policy Title	Effective Date	Summary of Changes
Reduced Services Policy, Professional (Updated name:	December 1, 2022	<ul style="list-style-type: none"> • UnitedHealthcare will enhance the Reduced Services Policy, Professional by updating the name to Modifier Reduction Policy, Professional and adding modifiers CT, FX, and FY. This update will be effective December 1, 2022.

Revised		
Policy Title	Effective Date	Summary of Changes
Modifier Reduction Policy, Professional)		<ul style="list-style-type: none"> In accordance with CMS, UnitedHealthcare will reduce the allowed amount of the technical component of a CPT/HCPCS code when the following modifiers are submitted on a professional claim. These modifiers are appended indicating a reduced service or different equipment used for the service. <ul style="list-style-type: none"> Modifier CT will result in a 15% reduction for dates of service on and after December 1, 2022. Modifier FX will result in a 7% reduction for dates of service on and after December 1, 2022, and then a 10% reduction beginning January 1, 2023. Modifier FY will result in a 7% reduction for dates of service on and after December 1, 2022, and then a 10% reduction beginning January 1, 2023.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member’s benefit plan and any applicable federal or state regulatory requirements.



The complete library of UnitedHealthcare Commercial Reimbursement Policies is available UHCprovider.com > Resources > Plans, Policies, Protocols and Guides > For Commercial Plans > [Reimbursement Policies for UnitedHealthcare Commercial Plans](#).