



September 22, 2020

Brian Brueckman  
 Executive Vice President, UnitedHealthcare Operations  
 UnitedHealthcare  
 P.O. Box 1459  
 Minneapolis, MN 55440-1459

Dear Mr. Brueckman,

We are writing on behalf of several state hospital and health system associations that informally discuss a variety of health policy, insurance and managed care issues. In part, that work involves creating opportunities for practical dialogue with other healthcare stakeholders with a variety of perspectives, both in the public and private sector. We have previously worked with UnitedHealthcare (UHC) on several initiatives, including UHC's implementation of the Two-Midnight Rule and a version of UHC's *Advanced Notification* policy.

We write to express questions and concerns about a forthcoming UHC change in coverage policy for laboratory test services. We understand that UHC has since delayed implementation of this policy change until Jan. 1, 2021 from Oct. 1, 2020, which creates an opportunity for a dialogue and discussion.

UHC recently announced that it will require in-network, freestanding and outpatient hospital laboratory claims to contain a unique, laboratory specific, code for the overwhelming majority of laboratory testing services. Furthermore, the policy requires each laboratory test code submitted on a claim to match a corresponding laboratory test registration that has been submitted in advance to UHC. These new codes would be required in addition to the standard Current Procedural Terminology or Healthcare Common Procedure Coding System codes. Failure to include a corresponding test code with a matching test registration for each claim submitted will

result in UHC denying the claim. This policy will apply to UHC's commercial, Medicare Advantage and Community Plan health plan products.

Our organizations believe this new reporting policy may negatively affect the accessibility of care and disrupt laboratory services by creating an unnecessary administrative burden on providers, particularly during a time when providers are still dealing with the COVID-19 crisis. Specifically, this policy will require providers to devote significant resources and expense to both register the labs on UHC's website and reprogram billing systems to include line item descriptions that may not be accepted by other payers. This policy also may create a risk of disruption of laboratories' ability to submit claims and be reimbursed for these tests, particularly if UHC does not timely complete its review and approval of every code a lab registers.

We also believe this policy falls outside of the industry norm – all other payers accept and use the current industry standard CPT/HCPCS codes for laboratory billing. It is important to avoid further complicating the revenue cycle environment in light of the resulting financial strains from the COVID crisis. It is also important to avoid policy changes that adversely affect payment for laboratory testing that is critical to the diagnosis and treatment of COVID-19.

Finally, some of our respective hospital and health system members have also raised technical concerns. The Health Insurance Portability and Accountability Act Transaction and Code Set Standards require providers and health plans to use standard content, formats, and coding. HIPAA identifies the CPT codes as the code set standard for outpatient services, including laboratory tests. As we understand it, this new policy does not appear to align with HIPAA requirements.

We appreciate UHC's past willingness to meet with us and engage in a constructive dialogue. We welcome the opportunity to meet and discuss this particular initiative with you further. Please feel free to contact me at (518) 431-7730 or at [jgold@hanys.org](mailto:jgold@hanys.org) or have a member of your team contact Victoria Aufiero at (518) 431-7889 or [vaufiero@hanys.org](mailto:vaufiero@hanys.org).

Sincerely,



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Healthcare Association of New York State

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