



COLLEGE of AMERICAN PATHOLOGISTS

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Sent via email

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Dear Mr. Brueckman and Ms. Simmons:

On behalf of the College of American Pathologists (CAP), I am writing regarding changes to UnitedHealthcare claim submission requirements, originally set to take effect Oct. 1, 2020. While we appreciate UnitedHealthcare's delay to January 1, 2021 of these requirements in response to COVID-19, this action is not enough. **The CAP is requesting that UnitedHealthcare cease implementation of the claims submission requirements and work with us to address any information not currently provided by the standard American Medical Association (AMA) Current Procedural Terminology (CPT) code set.**

As you may know, pathology practices and laboratories are in serious jeopardy across the nation as a result of the current national COVID-19 emergency. Most are facing tremendous administrative and reporting burdens on top of an already strained work environment. Rather than help pathologists and laboratories meet these current challenges, UnitedHealthcare's policy would add the unnecessary and onerous requirements that (1) laboratory test services contain a laboratory's unique test code for each service – in addition to the current CPT code for that service, and (2) that each test code submitted on a claim match a corresponding laboratory test registration provided in advance. Without this information, UnitedHealthcare has stated they "will deny the claim."

The CAP is committed to improving patient care and addressing health care costs, but we believe UnitedHealthcare's requirements will interfere with providing important care and services to patients. We also support efforts to increase transparency. However, UnitedHealthcare's assertion that additional test information is needed does not warrant the added burden and stress of test registration, nor the deviation from consistent, uniform, national coding practice currently provided by the HIPAA-compliant and industry-standard CPT code set. We are increasingly concerned about insurer-imposed non-standard coding practices and the negative consequences that result for the pathologists and laboratories trying to implement conflicting requirements on the ground. Instead, the CAP supports the continued use of the CPT code set as it is developed with broad stakeholder input and provides a uniform language that accurately describes medical, surgical, and diagnostic services provided by physicians and other qualified health care professionals.

In addition, the CPT Editorial Panel has the infrastructure and capacity to process code requests on a quarterly basis, provide transparency, and offer a public forum at regular intervals several times a year to convene interested and impacted stakeholders. This process



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would be the appropriate method for UnitedHealthcare to address any issues with information on specific tests and it would not add requirements and reporting complexity suggested by UnitedHealthcare during a public health emergency.

Further, the additional layer of coding requirements put forward by UnitedHealthcare would take significant time, resources, and education to implement, on top of the efficient and adequate CPT coding currently in use. Pathologists know that the right test at the right time can make all the difference in a patient's diagnosis, treatment, and outcome. Even in less difficult times, such unnecessary changes risk interfering with the ability for a patient to receive timely and appropriate services and could negatively affect patients, providers, and the entire health care system. Now more than ever, patients and their treating physicians need to rely on the expertise of pathologists and the availability of appropriate testing.

Pathologists and laboratory professionals are still on the frontline of the COVID-19 crisis, responsible for ensuring prompt and accurate testing for patients and health care providers alike. It does not appear this crisis will be over by January 2021, with many practices and laboratories likely feeling the effects for years to come. Further, our health care workers remain stressed, spending significant time as required to meet testing needs amid shortages of swabs, reagents, and testing platforms. Pathologists in hospitals and laboratories around the country have been responsible for developing and/or selecting new test methodologies, validating and approving testing for patient use, and expanding the testing capabilities of the communities they serve to meet emergent needs. Pathologists also assure compliance with all laboratory regulatory and accreditation standards, while preventing overuse or improper application of tests. The influence of these pathology services on clinical decision-making is pervasive and constitute a critical infrastructure and foundation for appropriate care.

We urge UnitedHealthcare to cease implementation of the claim submission requirements and work with us to address any outstanding issues, including providing additional information on the reasoning behind the changes and why UnitedHealthcare believes such additional information is necessary. It is imperative that pathology practices and laboratories remain accessible across the country and that pathologists can focus on the essential task of testing and ensuring proper treatment of patients.

Elizabeth Fassbender, JD, Assistant Director, Economic and Regulatory Affairs, will contact you to arrange further discussions. She can be reached at efassbe@cap.org or 608-469-8975. Thank you for engaging with us on this important issue.

Sincerely,

Jonathan L. Myles, MD, FCAP
Chair, Council on Government and Professional Affairs
College of American Pathologists