

# ALLINA HEALTH LABORATORY

## Memo

**To:** Allina Health Laboratory outreach clients

**From:** Allina Health Laboratory outreach services

**Date:** June 14, 2022

**Re:** **New payer coverage policies**

Allina Health Laboratory has been notified of three new payer coverage policies. If coverage guidelines are not met and the payer does not deem the testing to be medically necessary, testing will not be reimbursable. If a non-covered diagnosis code is submitted with the order, Allina Health Laboratory billing will contact your office with an attempt to obtain a covered diagnosis code(s). If a coverable code is not available, your facility will be subject to a bill back for charges incurred. This change will be effective on anything processed on or after July 1, 2022. The affected policies are listed below.

### Aetna

[Colorectal Cancer Screening - Coverage Policy 0516](#)

[Homocysteine - Coverage Policy 0763](#)

This includes the following Aetna Payers:

Payer Name	Address	City	State	Zip
AETNA	PO BOX 14079	LEXINGTON	KY	40512-4079
AETNA AFFORDABLE HLTH CHOICES	PO BOX 14079	Lexington	KY	40512-4079
AETNA POS	PO BOX 981106	El Paso	TX	79998-1106

### United Healthcare (UHC)

[Vitamin D - Coverage Policy 2022T0631A](#)

This includes the following United Healthcare Payers:

Payer Name	Address	City	State	Zip
MEDICA - (UHC)	PO BOX 30990	SALT LAKE CITY	UT	84130
MEDICA UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130
UNITED HEALTHCARE	PO BOX 30555	SALT LAKE CITY	UT	84130
UNITED HEALTHCARE CHOICE PLUS	PO BOX 740800	ATLANTA	GA	30374-0800
UNITED HEALTHCARE EMPIRE PLAN	PO BOX 1600	KINGSTON	NY	12402