

Optum Summary of Key Points for Claim Submission for COVID-19 Testing and Treatment of Uninsured Patients

- Provider does NOT have to be contracted or credentialed with UHC to receive payments
- Provider MUST:
 - Have an Optum ID in order to register
 - If none, go to www.UHCProvider.com then select **NEW USER** on the top right then click **create Optum ID**
 - Sign up for Optum Pay for electronic funds transfer (EFT) (<https://myservices.optumhealthpaymentservices.com/registrationSignIn.do>) copy and paste if hyperlink does not work
- Claims must be filed electronically to Payer ID **95964**
 - Payer name: COVID19 HRSA Uninsured Testing and Treatment Fund
- Claims must contain the temporary member ID for each patient
 - The temporary ID will be assigned and posted in the program portal after the provider submits the patient roster
- The dedicated provider call center number for this program is **866-569-3522**
- Covered Services:
 - Treatment for a patient with a positive COVID-19 diagnosis as primary
 - The only exception to use of the primary position is newborn delivery for which COVID-19 can be the secondary diagnosis
 - Service must be one that is payable under traditional Medicare
 - COVID-19 diagnosis codes that will be recognized are:
 - U07.1 for dates of service or discharge April 1, 2020 and after
 - B97.29 for dates of service or discharge prior to April 1, 2020
 - Testing and testing related services do not require a positive COVID diagnosis but must contain a covered testing or related code (Z03.818, Z20.828, or Z11.59)
 - Antibody testing codes 86318, 86328, or 86769
- Reimbursement will be 100% of the CMS Medicare Fee Schedule with no cost share
- CMS Medicare billing rules apply (e.g., Medicare unlikely edits)
- Provider must attest to the following when uploading patient information:
 - That the patient has no insurance to the provider's knowledge
 - UHC will check for coordination of benefits information (COB) and may do post-payment audit to confirm uninsured status
 - That the provider will accept 100% of CMS Medicare rates as payment in full and will not bill the member for any balance
- No reconsideration or appeal will be accepted once the claim is processed.
 - Provider may submit a corrected claim if, for example, the COVID diagnosis is in the incorrect diagnosis field
- Claims may be submitted beginning **May 6** for eligible dates of service beginning **Feb. 4, 2020**

More information at <https://coviduninsuredclaim.linkhealth.com/>