



STATE OF TENNESSEE
DEPARTMENT OF HEALTH

September 17, 2020

To: All hospitals reporting UB04 Patient Data to the Department of Health

Re: Health Resources and Services Administration (HRSA) COVID19 Claims Reimbursement Payer for the Uninsured

If your facility submits claims to HRSA, please report the data using the following payer code and plan ID for uninsured patients as listed below.

Field Description: Payer Name Code – Primary
Position: 1440-1443
Description: The name or type of payer organization from which the hospital first expects some payment for the bill.
Payer Code: **Z**
Payer Classification: Medically Indigent/Free/*COVID19 HRSA Uninsured Testing and Treatment Fund*
UB-04 Form Locator: 50A

The following information must be used to properly classify the source of the primary payer indicated in FL 50A.

Payer ID/Health Plan ID – Primary: **95964**
Position: 1452-1466
UB-04 Form Locator: 51A

Primary diagnosis codes:

- **B97.29** prior to April 1, 2020.
- **U07.1** service date April 1, 2020 and after
- Diagnosis Exception – *Newborn, please follow HSRA guidelines for reporting.*

Please see other codes required for claims according to CMS in the attachment.

Submission of claims data using the COVID19 HRSA Uninsured Testing and Treatment Fund may begin immediately. If you have any questions, please let us know. Thank you for your consideration and cooperation in this matter.

Nerissa Harvey | Assistant Manager | Hospital Discharge Data System
Nerissa.Harvey@tn.gov | Phone: 615-532-7889

Cc: Daniel Merchant, Manager, Hospital Discharge Data System
Generosa Kakoti, Director, Healthcare Statistics
Larissa Lee, Tennessee Hospital Association

The mission of the Department of Health is to protect, promote and improve the health and prosperity of people in Tennessee.

Office of Healthcare Statistics • Division of Population Health Assessment
Andrew Johnson Tower, Second Floor • 710 James Robertson Pkwy • Nashville, TN 37243
Tel: 615-741-5001 • Fax: 615-253-5187 • tn.gov/health

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/>