

HRSA COVID-19 Uninsured Program

Questions and Answers from the April 29th and 30th Provider Webcasts

The HRSA COVID-19 Claims Reimbursement program provides claims reimbursement to health care providers who provide COVID-19 testing and treatment for uninsured individuals.

Claims reimbursement for COVID-19 treatment

The HRSA COVID-19 Claims Reimbursement program provides claims reimbursement to health care providers who are providing treatment for uninsured individuals when COVID-19 is the primary reason for treatment.

For dates of service or discharges on or after April 1, 2020, providers will use primary diagnosis U07.1 to indicate COVID-19 is the primary reason for treatment except for pregnancy for which providers will use O98.5- as primary diagnosis and U07.1 as the secondary diagnosis.

For dates of services or discharges prior to April 1, 2020, there is no equivalent diagnosis to indicate COVID-19 is the primary reason for treatment. To address this issue, HRSA has established separate guidance for this program to use B97.29 as the primary diagnosis when COVID-19 is the primary reason for treatment except for pregnancy for which providers would use O98.5- as the primary diagnosis and B97.29 as the secondary diagnosis (similar to how U07.1 is used). **CMS also released recent guidance** indicating pricing can occur when B97.29 is included in any position on the claim, including primary, for dates of service before April 1, 2020. Given this guidance, services or discharges prior to April 1, 2020, will be eligible for reimbursement from the HRSA COVID-19 Claims Reimbursement program if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.

HRSA recognizes that the use of B97.29 as the primary diagnosis as described above is different from the **ICD-10-CM Official Coding Guidelines – Supplement for Coding encounters related to COVID-19 Coronavirus Outbreak**. HRSA is not providing coding guidance to providers. Rather, HRSA is providing billing guidance to allow providers to identify and submit only claims eligible for reimbursement under this program, which is exclusively for reimbursing providers for COVID-19 testing of uninsured individuals and treatment for uninsured individuals when COVID-19 is the primary reason for treatment.

Eligible Providers

Which type of health care providers are eligible for reimbursement under this program? Are non-profits or Federally Qualified Health Centers (FQHCs) eligible?

Eligibility for reimbursement under this program is not based on profit/nonprofit status. Health care providers who have conducted COVID-19 testing of uninsured individuals or provided treatment to uninsured individuals with a COVID-19 diagnosis for dates of service or admittance on or after February 4, 2020 may be eligible for claims reimbursement through the program as long as the service(s) provided meet the coverage and billing requirements established as part of the program.

Are pharmacies/pharmacists that administer COVID-19 tests eligible providers for reimbursement under the program?

Pharmacies/pharmacists that are permitted under state law to bill for other testing services are eligible to request reimbursement for testing under this program.

Patient Eligibility

Do health care providers need to determine if an otherwise uninsured individual is Medicaid eligible?

Providers must verify and attest that to the best of the provider's knowledge, the patient does not have individual, employer-sponsored, Medicare or Medicaid coverage, and no other payer will reimburse them for COVID-19 testing and/or treatment for that patient. Providers may submit a claim for uninsured individuals before Medicaid eligibility determination is complete. However, if the individual is retroactively enrolled in Medicaid as of the date of service, the provider must return the payment to HRSA.

What type of unique identifiable identification information is required when submitting patient information?

Providers should submit the following patient information as part of the HRSA COVID-19 Uninsured Program:

- First and last name
- Date of birth
- Gender
- *SSN and state of residence; if not available, enter state identification / driver's license
- Date of service for professional, institutional outpatient services.
- Date of admission and date of discharge for institutional inpatient services.
- Address (optional)
- Middle initial (optional)
- Patient account number (optional)

* A SSN and state of residence, or state identification / driver's license is needed to verify patient eligibility. If a SSN and state of residence, or state identification / driver's license is not submitted, you will need to attest that you attempted to capture this information before submitting a claim and the patient did not have this information at the time of service, or that you did not have direct contact with the patient and thus did not have an opportunity to attempt to capture this information. Claims submitted without a SSN and state of residence, or state identification/driver's license may take longer to verify for patient eligibility.

Who is considered to be an "uninsured individual" for purposes of providers requesting reimbursement for testing or treatment?

For claims for COVID-19 Testing and Testing-Related Items and Services, a patient is considered uninsured if the patient does not have coverage through an individual, or employer-sponsored plan, a federal healthcare program, or the Federal Employees Health Benefits Program at the time the services were rendered. For claims for treatment for positive cases of COVID-19, a patient is considered uninsured if the patient did not have any health care coverage at the time the services were rendered.

Eligible Claims and Coding

Are diagnostic testing and testing-related visits eligible for reimbursement if the result of the COVID-19 test is negative?

For the HRSA COVID-19 Uninsured Program, claims for diagnostic testing will be eligible for reimbursement if one of the following diagnoses codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

Claims for diagnostic testing-related visits will be eligible for reimbursement if the place of service is an office visit, telehealth visit, urgent care or emergency room AND one of the following diagnoses codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

While U0001, U0002, U0003, U0004, G2023, G2024 and 87635 are COVID-19 specific procedure codes, one of the Z codes above will need to be included on the claim to be eligible for reimbursement for testing as part of the HRSA COVID-19 Uninsured Program.

If a provider tests for COVID-19 as part of pre-operative or other medical treatment unrelated to COVID-19, is the test eligible for reimbursement?

For the HRSA COVID-19 Uninsured Program, the COVID-19 testing will be eligible for reimbursement if one of the following diagnoses codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

Related treatment visits and services would not be eligible for reimbursement since the primary reason for treatment is not COVID-19.

If a patient is admitted to the hospital and a COVID-19 test is performed, the results of which are negative, is the test or any part of the inpatient claim eligible for reimbursement?

The testing-related visit (the admission) would not be eligible for reimbursement because the care setting is not an office visit, telehealth visit, urgent care or emergency room and is not separately billable with applicable CPT/HCPCS codes on the inpatient claim. Unless COVID-19 is the primary diagnosis for the admission, no portion of this claim would be eligible for reimbursement under the program since the primary reason for treatment is not COVID-19.

If a patient presents to the emergency department with cough and fever and then tested negative for COVID-19, would the test and the emergency room visit be eligible for reimbursement?

The test and visit would be eligible for reimbursement if it meets the criteria defined by the program.

For the HRSA COVID-19 Uninsured Program, claims for diagnostic testing will be eligible for reimbursement if one of the following diagnoses codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

Claims for diagnostic testing-related visits will be eligible for reimbursement if the place of service is an office visit, telehealth visit, urgent care or emergency room AND one of the following diagnoses codes is included in any position on the claim:

- Z03.818 - Encounter for observation for suspected exposure to other biological agents ruled out (possible exposure to COVID-19)
- Z11.59 - Encounter for screening for other viral diseases (asymptomatic)
- Z20.828 - Contact with and (suspected) exposure to other viral communicable (confirmed exposure to COVID-19)

While U0001, U0002, U0003, U0004, G2023, G2024 and 87635 are COVID-19 specific procedure codes, one of the Z codes above will need to be included on the claim to be eligible for reimbursement for testing as part of the HRSA COVID-19 Uninsured Program.

If a patient is being treated for cancer and also tests positive for COVID-19, is the cancer treatment eligible for reimbursement?

No. Since the primary reason for treatment was for cancer and not COVID-19, the cancer treatment would not be eligible for reimbursement.

The Terms and Conditions for the Uninsured Treatment pool of funding indicate that providers can request claims for reimbursement for care or treatment related to positive diagnoses of COVID-19. To qualify as a positive diagnosis of COVID-19, does the primary diagnosis on a claim for treatment need to be B97.29 or U07.1?

For the HRSA COVID-19 Uninsured Program, eligible treatment claims are determined as follows:

- Treatment for services or discharges prior to April 1, 2020, will be eligible for reimbursement if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.
- Treatment for services or discharges on or after April 1, 2020, will be eligible for reimbursement if the primary diagnosis is U07.1 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is U07.1.

If a patient is treated for sepsis and also tests positive for COVID-19, is the sepsis treatment eligible for reimbursement?

The ICD-10-CM Official Coding Guidelines – Supplement for Coding encounters related to COVID-19 Coronavirus Outbreak do not apply to the HRSA Uninsured COVID 19 program. For the HRSA COVID-19 Uninsured Program, eligible treatment claims are determined as follows:

- Treatment for services or discharges prior to April 1, 2020, will be eligible for reimbursement if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.
- Treatment for services or discharges on or after April 1, 2020, will be eligible for reimbursement if the primary diagnosis is U07.1 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is U07.1.

HRSA is not providing coding guidance to providers. The program guidance is intended to define what services are eligible for reimbursement under the program.

Prior to the April 1, 2020, effective date for U07.1 COVID-19 diagnosis, the program guidelines indicate that treatment would be eligible for reimbursement if B97.29 is the primary diagnosis. Can B97.29 be used for a primary diagnosis?

For the HRSA COVID-19 Uninsured Program, the criteria for treatment to be eligible for reimbursement is as follows:

- Treatment for services or discharges prior to April 1, 2020, will be eligible for reimbursement if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.
- Treatment for services or discharges on or after April 1, 2020, will be eligible for reimbursement if the primary diagnosis is U07.1 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is U07.1.

To address the usage of B97.29 as a primary diagnosis, we refer providers to recent guidance released by CMS: (see CR 11764 at: [cms.gov/files/document/mm11764.pdf](https://www.cms.gov/files/document/mm11764.pdf)). This guidance explicitly allows for B97.29 to be included in any position on the claim.

The goal of the program is to provide consistent eligibility for reimbursement of COVID-19 treatment before and after April 1, 2020, when the U07.1 diagnosis code became effective. Prior to the effective date of the U07.1 code we are relying on the B97.29 code to identify claims where COVID-19 is the primary reason for treatment.

HRSA is not providing coding guidance to providers. The program guidance is intended to define what services are eligible for reimbursement under the program.

Are ambulance providers and other emergency medical service providers eligible for reimbursement for treatment services? Will claims for presumptive diagnoses be eligible for reimbursement under this program?

For the HRSA COVID-19 Uninsured Program, eligible treatment claims are determined as follows:

- Treatment for services or discharges prior to April 1, 2020, will be eligible for reimbursement if the primary diagnosis is B97.29 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is B97.29.
- Treatment for services or discharges on or after April 1, 2020, will be eligible for reimbursement if the primary diagnosis is U07.1 OR if the primary diagnosis is pregnancy O98.5- and the secondary diagnosis is U07.1.

Program Administration

When I tried to enter my TIN in the program portal, I received a message that said the TIN already has a program administrator, and the person listed no longer works at my organization. How do I change the TIN administrator?

Multiple individuals in an organization can have an Optum ID, but only one person per TIN can serve as the administrator. If the portal indicates that the TIN you entered already has an administrator and you cannot identify that individual, please call 866-569-3522. We will work with your organization to identify the correct TIN administrator and reassign this role after appropriate security requirements are met.

What is the payer address for the clearinghouse?

COVID19 HRSA Uninsured Testing and Treatment Fund
UnitedHealth Group
Attention: CARES Act Provider Relief Fund
PO Box 31376, Salt Lake City, UT 84131-0376

See our **837 companion guide** for more details.

Are these claims subject to timely filing limits?

Yes, for the HRSA COVID-19 Uninsured Program, claims must be submitted within 365 calendar days from date of service or admittance, and are subject to available funding.

Reimbursement/Payment

If a provider already received payment from an uninsured individual, are they required to reimburse that individual after receiving payment from the program?

Yes. The program reimburses providers for COVID-19 testing or treatment of uninsured individuals; therefore, any money collected from the individual must be returned to the individual if the provider received funding for that patient through this program. This requirement is included in the Terms and Conditions that the provider signs in order to enroll in the program.

Given the Uninsured program is paid generally at Medicare rates, will reimbursement include the 20% add-on to the Medicare diagnosis related group (DRG) payment for COVID-19 treatment?

No. For the HRSA COVID-19 Uninsured Program, facility reimbursement based on IPPS will not include the 20% increase to the DRG weight for COVID-19 diagnoses U07.1 and B97.29 authorized by Section 3710 of the CARES Act.

If a temporary member ID is valid for 30 days, can providers still submit a claim after the 30-day period is over?

For professional and institutional outpatient – Temporary member ID will be valid for 30 days from date of service. Eligible claims can be submitted using the temporary member ID with date of service within the validity period. For example, if Patient A had a date of service of February 4, 2020, then the temporary ID assigned to her will be valid from February 4, 2020, through March 4, 2020.

For institutional inpatient – Temporary member ID will be valid from date of admission and expire 30 days from date of discharge. Eligible claims can be submitted using the temporary member ID with date of admission and date of discharge within the validity period. For example, if Patient B had a date of admission of February 4, 2020, and date of discharge of February 20, 2020, then the temporary member ID assigned to him will be valid from February 4, 2020, through March 20, 2020.

Note: If an uninsured individual was treated in the ER before being admitted as an inpatient, use the date of admittance to the ER as the inpatient admittance date.

Claims can still be submitted after the date of validity, but the temporary member ID must be eligible for the date of service or admittance.

When I submit a claim as part of the HRSA COVID-19 Uninsured Program, will I receive an 835 file through my clearinghouse to help me review the amount paid on each submitted claim? If not, where should I go to receive the associated claims payment information?

You will be able to download an 835 file, as well as download the Electronic Provider Remittance Advice (PDF version of the 835 file) for the HRSA COVID-19 Uninsured Program, by accessing **Optum Pay™** with your Optum ID. On the Optum Pay website you can access your remittance information on the View Payments tab. You can find that tab by following this path:

- Log in to **Optum Pay**.
- Select the Tax Identification Number (TIN) associated with the claims you are looking to reconcile.
- Select View Payments.

You will need to be able to access the 835 file in order to upload it into your practice management system. This will allow you to reconcile your claims as you would if you had received the 835 file via your clearinghouse. Please allow for appropriate processing time. As part of the HRSA COVID-19 Uninsured Program, the 835 file will not be electronically routed to you from your clearinghouse.

