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COVID-19 Claims Reimbursement to Health Care Providers and Facilities for Testing, Treatment, and Vaccine Administration for the Uninsured

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Catalog of Federal Domestic Assistance number (CFDA): 93.461

Important Update Regarding Submission of Claims

The Uninsured Program stopped accepting claims due to a lack of sufficient funds. Confirmation of receipt of your claim submission does not mean the claim will be paid. No claims submitted after March 22, 2022 at 11:59 p.m. ET for testing or treatment will be processed for adjudication/payment. No claims submitted after

April 5, 2022 at 11:59 p.m. ET for vaccine administration will be processed for adjudication/payment.

HRSA anticipates that claims submitted by the deadline may take longer than the typical 30 business day timeframe to process as HRSA works to adjudicate and pay claims subject to their eligibility.

*Submitted claims will be paid subject to the availability of funds.

For additional information, visit:

- [COVID-19 Uninsured Program Claims Submission Deadline FAQs](#)
- [COVID.gov](#) – find vaccines, tests, treatments, and masks, as well as the latest COVID-19 updates
- [Requirements for COVID-19 Vaccination Program Providers](#) – CDC guidance for providers administering COVID-19 vaccines

Reimbursement Payment Data

[View the list of providers](#) who have received a reimbursement from the HRSA COVID-19 Uninsured Program.

About the Program

The U.S. Department of Health and Human Services (HHS), provides claims reimbursement to health care providers generally at Medicare rates for testing uninsured individuals for COVID-19, treating uninsured individuals with a COVID-19 diagnosis, and administering COVID-19 vaccines to uninsured individuals.

A separate program, the [HRSA COVID-19 Coverage Assistance Fund](#), is available to reimburse providers for COVID-19 vaccine administration to underinsured individuals whose health plan either does not include COVID-19 vaccination as a covered benefit or covers COVID-19 vaccine administration but with cost-sharing.

View [Frequently Asked Questions](#).

How It Works

Health care providers who have conducted COVID-19 testing or provided treatment for uninsured individuals with a COVID-19 primary diagnosis on or after February 4, 2020 can request claims reimbursement through the program electronically and will be reimbursed generally at Medicare rates, subject to available funding. Providers can also request reimbursement for COVID-19 vaccine administration. Steps will involve: enrolling as a provider participant, checking patient eligibility, submitting patient information, submitting claims, and receiving payment via direct deposit.

To participate, providers must attest to the following at registration:

- You have checked for health care coverage eligibility and confirmed that the patient is uninsured. You have verified that 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 services were rendered, and no other payer will reimburse you for COVID-19 vaccination, testing and/or care for that patient.
- You will accept defined program reimbursement as payment in full.
- You agree not to balance bill the patient.
- You agree to [program terms and conditions](#) (PDF - 123 KB) and may be subject to post-reimbursement audit review.

For Whom Can Claims Be Submitted

Providers may submit claims for individuals in the U.S. without health care coverage.

What's Covered

Reimbursement under this program will be made for qualifying testing for COVID-19, for treatment services with a primary COVID-19 diagnosis, and for qualifying COVID-19 vaccine administration fees, as determined by HRSA (subject to adjustment as may be necessary), which include the following:

- Specimen collection, diagnostic and antibody testing.
- Testing-related visits including in the following settings: office, urgent care or emergency room or telehealth.
- Treatment: office visit (including telehealth), emergency room, inpatient, outpatient/observation, skilled nursing facility, long-term acute care (LTAC), rehabilitation care, home health, durable medical equipment (e.g., oxygen, ventilator), emergency ambulance transportation, non-emergent patient transfers via ambulance, and FDA-licensed, authorized, or approved treatments as they become available for COVID-19 treatment.
- Dispensing fees for FDA-licensed or authorized outpatient antiviral drugs for treatment of COVID-19.
- Administration fees related to FDA-licensed or authorized vaccines.

Claims will be subject to Medicare timely filing requirements.

Services not covered by traditional Medicare will also not be covered under this program. In addition, the following services are excluded:

- Any treatment without a COVID-19 primary diagnosis, except for pregnancy when the COVID-19 code may be listed as secondary.
- Hospice services.
- Outpatient prescription drugs, except for the dispensing fee for FDA-licensed or authorized outpatient antiviral drugs for treatment of COVID-19.

All claims submitted must be complete and final.

Claims Submission

Information on claims submission can be found at: [coviduninsuredclaim.linkhealth.com](https://www.hrsa.gov/provider-relief/about/covid-uninsured-claim)

Claims Reimbursement

Claims for reimbursement will be priced as described below for eligible services (see coverage details above).

- Reimbursement will be based on current year Medicare fee schedule rates except where otherwise noted.
- Reimbursement will be based on incurred date of service.
- Publication of new codes and updates to existing codes is made in accordance with the Centers for Medicare and Medicaid Services (CMS).
- For any new codes where a CMS published rate does not exist, claims will be held until CMS publishes corresponding reimbursement information.

Customer Support

Our contractor's service staff members are available to provide real-time technical support, as well as service and payment support. Hours of operation are 8 a.m. to 10 p.m. Central Time, Monday through Friday.

- Provider Support Line: [866-569-3522](tel:866-569-3522) for TTY dial 711

Archived Resources

- [Patient Fact Sheet: HRSA COVID-19 Uninsured Program Fact Sheet](#) (PDF - 172 KB)
 - [Spanish version](#) (PDF - 161 KB)
- [Provider Fact Sheet: What Providers Need to Know About COVID-19 Vaccine Fees and Reimbursements](#) (PDF - 169 KB)
 - [Spanish version](#) (PDF - 229 KB)
- April 13, 2021 Webcast: Getting Started with the HRSA COVID-19 Uninsured Program
 - [View the webcast](#)

- [Download the slides](#) (PDF - 3 MB)

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