



# Optum Real APIs for partners

## Transform the revenue cycle for your customers

Providers know this situation too well: Time wasted calling payer support lines and navigating multiple portals to understand benefits, collect patient out-of-pocket costs and get paid. It's slow, costly and inefficient.

**Optum® Real** is changing the revenue cycle as we know it. Through real-time, automated exchange of enriched eligibility, claims and payment data, your providers can get the information they need before care is delivered – not days later. The result? Less time on the phone, and more efficient approvals and payments.

- Make decisions with certainty through **real-time data exchange**.
- Cut administrative costs by **automating routine tasks** like eligibility checks and claim edits.
- **Improve the patient experience** by providing clear answers about coverage and costs before care is received.

### Benefits of Optum Real APIs\*



**Transparency:** With real-time transparency into eligibility data and coding validation, providers can help minimize avoidable claim denials.



**Efficiency:** Accessing data across multiple payers through a single integration helps reduce administrative burden and enhance claim processing efficiency.



**Administrative cost savings:** More accurate data pre-care can help improve the accuracy of claim submissions, potentially reducing administrative costs and speeding

### Optum Real Pre-Service Eligibility API

Enables real-time eligibility inquiries to payers before a patient's scheduled visit, helping ensure all approvals are in place pre-treatment. This centralized API gives providers access to patient eligibility information across multiple payers, all within existing EHR systems.

#### Features included:

- Eligibility information – demographic information, plan-level cost shares, plan coverage details and insurance details
- Coordination of benefits – primacy and coverage details for each payer plan
- Image of insurance ID card
- Provider in- and out-of-network status

### Optum Real Claim Pre-Check API

Offers real-time claim inquiries to payers pre-care, helping to identify and prevent likely denials. This centralized API gives providers access to claim processing information – like eligibility and prior authorization requirements – across multiple payers in real time.

#### Features included:

- X12 claim validation (HIPAA)
- Membership coverage eligibility for the date of service
- Coordination of benefits, including primacy and coverage details
- Prior authorization requirements and status
- Adherence to payment and medical policies

\*Optum Real APIs are currently live with UnitedHealthcare. Additional payers are planned for future development.

### Optum Real Claim Inquiry API

Delivers real-time updates on submitted claims, helping your providers to make informed decisions regarding reconsideration requests and appeals more quickly.

#### Features included:

- Claim summaries and details
- Status at the claim and service level
- Available actions for reconsideration and appeals at the service level
- Download of associated documents

### Optum Real Prior Auth/Referral Actions API

With the Real Prior Auth/Referral Actions API, providers can submit, track and manage prior authorization and referral requests. By streamlining prior authorization and referral requests before care is delivered, this centralized API helps providers reduce denials and decrease surprise bills for patients.

#### Features included:

- Prior authorization submission and status
- Referral submission and status
- Supporting documentation submission

### Optum Real Document Search API

With the Real Document Search API, providers can retrieve claim- and payment-related documents. This centralized API simplifies access to key information to help reduce time spent on administrative tasks and enhance the provider experience.

#### Features included:

- Download of provider remittance advice (PRA) notices, provider letters and virtual card payment (VCP) documents associated with a claim

### Optum Real Patient Benefit Check API

With the Real Patient Benefit Check API, providers can validate patient benefits as well as prior authorization and referral requirements before care is delivered. This centralized API allows you to reduce denials and give patients clear answers about what's covered and what they'll owe before they receive care. This helps reduce surprise bills and improve patient satisfaction.

#### Features included:

- Prior authorization requirements, including if one already exists for a specific service
- Referral requirements, including if one already exists for a specific service
- Benefits covered by CPT® code including limits, restrictions and exceptions\*
- Cost share details for in-network and out-of-network services\*

\*Capability is not currently available and is planned for future release.

The Real APIs listed above are currently live with UnitedHealthcare. Additional APIs and payers are planned for future development.

CPT® is a registered trademark of the American Medical Association.

### Optum Real Claim Actions API

With the Real Claim Actions API, providers can submit more accurate claims, reconsideration requests, appeals and supporting documentation. This centralized API gives you access to payer claim processing information in real time to validate claims prior to submission, which may help identify and reduce the likelihood of denials before they occur. It also streamlines and enhances the efficiency of the submission process so you can spend less time on administrative tasks and more time with patients.

#### Features included:

- X12 claim validation (HIPAA)
- Membership coverage eligibility for the date of service
- Coordination of benefits, including primacy and coverage details
- Prior authorization requirements and status
- Claim submission
- Reconsideration request and appeal submission
- Supporting documentation submission

To learn how Optum Real can help your customers enhance the revenue cycle, visit [Optum AI Marketplace](#).



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