Helping ensure timely payments and avoid claim denials

We understand that getting your payments as quickly as possible is critical to running your business successfully. Currently, UnitedHealthcare® Vision Network | Spectera® Vision Network pays claims once per week for in-network providers. Here are helpful tips to ensure you receive timely payments and avoid delays:

Submit your claims electronically through EDI – Initial and corrected claim filing are accepted through EDI submission by the UnitedHealth Group Corporate EDI connection. Our payer ID is 00773. Refer to the electronic claims submission section in our **Network Administration Manual** for additional information.

Sign up for electronic payments and statements via Optum Pay™ – This free service allows you to receive payments electronically. Checks are deposited into your bank account faster than receiving a traditional paper check. To enroll, go to **spectera.com** and select the "Log into EPS" tab on the top of your screen.

Verify member eligibility for the date of service, prior to rendering services – ** Sign in to **spectera.com to verify eligibility and benefits.

Submit clean claims – Ensure claim submissions can be processed without obtaining additional information from the provider or a third party. Visit our **Network Administration Manual** for more details on clean claims.

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We modified our most-used remark codes to help you better understand why your claim was denied. If a claim is denied, we will send the claim back to you with one or more remark code(s) describing in detail the reasons for denial.

Remark code	Updated description
1027	Procedure code not a covered routine vision service. Member is responsible for charges. Resubmit claim if code is incorrect.
1036	Rendering doctor NPI required for vision eye exam or exam related services. Resubmit with rendering doctor NPI information.
1039	Service is not a covered benefit under member's benefit plan.
1042	Another claim in process for same service(s) on the same date of service. Payment denied as duplicate.
1043	Another claim paid for same service(s) on the same date of service. Payment denied as duplicate.
1044	Claim filed outside timely filing limit. Provider or member may file appeal (no guarantee of approval to pay).
1045	Member not eligible for benefits on date of service. Member is responsible for charges.
1046	No primary insurer EOB present. Primary insurance EOB or provider declaration of non-participation with medical plan required.
1051	Vision exam or exam related benefit already utilized for benefit period. Member is responsible for charges.
1052	Another claim in process for same service(s) on the same date of service. Payment denied as duplicate.
1055	Claim filed with a modifier that is not valid for submitted procedure code. Resubmit with corrected modifier.
1062	Vision service or vision eyewear not covered under member's benefit plan.
1067	Provider was not contracted to provide services on date of service.
1069	Service billed not included as part of the provider fee schedule.
1077	Provider was not contracted to provide vision services or vision eyewear for your benefit plan.
1105	Member not eligible for benefits on date of service. Benefit applied to a previous claim. Member is responsible for charges.
3600	Claim filed with a modifier that is not valid for procedure code on date of service. Resubmit with corrected modifier.
3900	Member not eligible for benefits on date of service. Benefit applied to a previous claim(s). Member is responsible for charges.
3960	Additional exams must occur at least 60 days from the most recent exam.

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