



Optum Real APIs for medical providers

Transforming 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-service can help improve the accuracy of claim submissions, potentially reducing administrative costs and speeding up reimbursement.

Optum Real Pre-Service Eligibility API

Enables real-time eligibility inquiries for 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

*The UHC APIs are free to use, with anticipated connections to other payers later in the year.

Optum Real Claim Pre-Check API

Offers real-time claim inquiries to payers prior to treatment, 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, allowing providers to identify and prevent likely denials before they occur.

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 Claim Inquiry API

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

Features included:

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

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



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