

Optum360 Real-Time eContent

Web services

Stop spending time and money building and maintaining large, complex medical coding repositories, managing data files and dealing with time consuming data update processes. Let Optum360 help you with all your content needs.

Optum360^o Real-Time eContent web services provide access to both on-demand medical coding data and Optum360 coding tool logic required by your applications. The information you or your clients need is delivered to your application in real time, when you need it, and customized to how you want it displayed.

Powerful code searching capabilities

We offer the power of the Optum360 CodeLogic™ search engine. When embedded in a software application, this technology allows you or your customers to conduct a keyword search across all code sets, simultaneously using up to four terms, acronyms, abbreviations or even misspelled words.

On-demand access to medical coding referential information and claims review logic

Optum360 Real-Time eContent provides access to the content of 30+ printed coding resources and proprietary data. Once integrated into your software, this service strategically places referential content in your applications. You also can access the sophistication of industry-leading claims review tools, which utilize more than 125 Medicare and commercial payer rules and significantly expand not only the coding information in your system, but the ability to use it as well. The service will automatically run compliance checks on your claims and review for issues like unbundling, correct modifiers, complete diagnoses and more to help you or your customers boost coding accuracy, improve billing performance and reduce rejected claims.

Medicare Correct Coding Initiative (CCI) edits

Optum360 Real-Time eContent provides immediate access to official Medicare CCI edits and robust unbundling data so you or your customers can review CCI edit changes for specific dates of service. Check code relationships for bundled codes to determine whether a modifier is allowed/not allowed to override the relationship. In addition, you can quickly and easily access every code that bundles for a specific code within your software application.

CPT is a registered trademark of the American Medical Association.

optum360coding.com/data



Optum360 provides a one-stop shop for EMR-friendly CPT®, HCPCS, UB-04 and revenue code data feeds.

Optum360 Real-Time eContent web services can help you save time and money and gain a competitive edge by:

- Reducing and/or eliminating IT time spent on updating, managing and testing dynamic medical coding data (such as LCD data, CCI data, code guidelines, etc.)
 - Decreasing claims denials with access to the most current medical code data from one of the largest medical code referential information libraries in the industry
 - Leveraging years of Optum360 expertise in code searching and claim review logic
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Access to multiple coding specialty reference books

Optum360 Real-Time eContent combines valuable content from multiple coding and billing specialty reference books in one powerful, web-based solution. With the click of a mouse, you or your customers can cross-reference procedures to diagnosis codes (crosscodes), determine fee schedule information for a given code, gain access to important ICD-10, CPT®, HCPCS data, modifier crosswalks and much more.

Local coverage determinations (LCDs) and Medicare Pub. 100 access

Use this service to check procedures for Medicare coverage instructions and LCD policy codes that indicate medical necessity. This data, which is typically difficult to manage, provides practical information to help you or your customers understand which ICD-10-CM or ICD-9-CM procedures define medical necessity based on your geographical region and what the documentation guidelines are for accurate claim submission.

Comprehensive support and virtual storage

Once the initial setup is complete, we manage, update and test the data, freeing your IT staff to focus on other important tasks. All data updates are delivered to your software applications automatically, so you're always working with the most current data available. This promotes enterprise-wide access to consistent, comprehensive content and current coding information between staff and applications. Because we store the data in our secure data warehouse, you don't need to worry about storage space or scaling to meet swelling server needs.

The screenshot displays a web application interface for a practice management system. At the top, it shows patient information for John Smith, including his name, bill number (1101), billing date (03/25/2014), and provider (Dr. Joseph). Below this is a table of services with columns for Date of Service, Provider, CPT Code, Diagnosis Pointer, and Amount. The table lists three services performed on 03/25/2014 by Dr. Joseph, with CPT codes 11962, 13102, and 11000. A 'CLAIM CHECK' section is visible below the table, containing a table with columns for 'CPT CODE INFORMATION' and 'DESCRIPTION'. The interface also includes search fields for Code/Term and Diagnosis, and various checkboxes for insurance and claim status.

Customizable services

With Optum360 Real-Time eContent, you have the option to purchase only the specific data or functionality you need, or you can customize an entire revenue cycle workflow solution. The information and/or functionality you purchase is incorporated into your system and displayed as your own. Because you choose the data elements you need, you can create a single, seamless workflow that significantly improves productivity and boosts your revenue cycle.

Optum360 Real-Time eContent is so versatile, it can help:

- Practice management systems/EMRs
- Universities, hospital systems or billing services
- Hospitals and health care organizations
- Payers

Web services available for the following features and content:

- Anesthesia base units
- CCI edits
- Code history
- Code search
- Coder's dictionary search
- Color codes
- CPT® full data files
- Crosscodes
- HCC content
- ICD-10 full data files
- ICD-10 physician documentation
- Images
- Instructional notes
- LCD/NCD policy search
- LOINC
- Medicare fees
- Modifiers
- Revenue codes
- Revenue code crosswalk
- Section notes
- SNOMED
- Term search
- ... and more

Technical notes:

- HTTPS GET and POST requests
- JSON
- REST (RESTful) architecture
- Standard response codes (HTTPS/1.1 200 OK, etc.)
- Sample source code for C++ and Java available
- XML responses

Contact us for more information. Temporary credentials available for evaluation and testing purposes.

Optum360 Real-Time eContent web services offerings

Coding content and features

Optum360 web services offers you real-time access to medical coding content and medical claims review. The bottom line for you — no more time updating coding content in your applications, as the most recent coding content is always available to your software. The bottom line for your customers and staff — they receive the most accurate and current coding content without having to leave your software to look up content in multiple sources. (No more going to the internet, code books, medical coding software applications, Medicare/CMS websites.) Your customers and staff can take advantage of years of Optum360 intelligence, including CodeLogic™ code searching, claims review, ICD-10 MapSelects mapping data and much more (crosscodes, modifier crosswalks, lay descriptions, etc.), all contained in your software applications for seamless workflow and efficient content review. Inquire today about the content and services that will provide your customers and staff with a more efficient workflow.

Web services (POST)	You provide ...	We provide ...
Claims review	Information from a claim or a batch of claims: - Claim date of service - Patient date of birth - Patient gender - Provider specialty (optional) - Part B Medicare Administrative Carrier (for CMS review only) - CPT®/HCPCS codes from the claim - Code modifiers (where applicable) - ICD-10/ICD-9 diagnosis codes	An XML results of a review of the claim based on the information from the claim. This comprehensive claim review checks the claim/s for over 80 Medicare rules or 50 common commercial payer rules (Medicare and/or commercial rules provided upon request). Rules include multiple age/gender checks based on code, LCD/NCD policy information and coding guidelines; several modifier rules for determination of proper modifier usage based on codes provided; Medicare LCD/NCD medical necessity checks based on the most current LCD/NCD polices for each Medicare Administrative Carrier; CCI bundling rules and other Medicare policy checks; ICD-9/ICD-10 correct specificity checking; and much more.
Web services (GET)	You provide ...	We provide ...
CodeLogic™ (Code searching by term)	A code type (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS) and term (up to 4 terms)	An XML of resulting codes for any given term based on industry and Optum360 data and methodology. This service provides the options to search up to four terms (clinical terms, lay terms, acronyms, etc.) and provides resulting codes from any code type with multiple options for customer/staff display in your software application. Resulting codes are based on a given term search and are derived from the proprietary Optum360 CodeLogic process that reviews volumes of industry and Optum360 coding content (code book index data, code descriptions, lay descriptions, coding guidelines and instructions, synonym lists, acronym lists, terms-to-code lists, clinical classification files, coder's dictionary terms, crosscodes, mapping information and more) to provide the most clinically accurate results based on the terms searched. Resulting codes can be displayed based on their weighted priority based on the term's hits to coding content; or resulting codes from searched terms can be displayed in their respective code ranges.
Code descriptions, lay descriptions and annotations	A code (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS)	An XML result of the 35-character, 48-character, 255-character, full description and lay description for the given code. Annotations are specific to ICD-9 v1 and HCPCS code sets.
Code ranges	A code (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS)	An XML result of the resulting range of codes with their descriptions for the given code.
Codes (by type)	A code type (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS)	An XML list of all codes for the specified code type.
Correct Coding Initiative (CCI)	A CPT® or HCPCS code	An XML list of all codes (column 1, column 2 or both) that result in a CCI conflict with any given code, and whether a modifier is allowed or disallowed.
Multi-code CCI checking	Multiple CPT® or HCPCS codes	An XML result based on CPT® or HCPCS codes given that provides the ability to see bundling conflicts (or bundling conflicts by code).
Code section notes (specific to a code)	A code (CPT®, HCPCS)	An XML result of section notes specific to the code requested.
Code instructions	A code (CPT®, HCPCS, ICD-9 v1, ICD-10-CM)	An XML result of code instructions specific to the code requested.
Includes/excludes	A code (ICD-9 v1, ICD-9 v3, ICD-10-CM)	An XML result of all includes/excludes information for the given code.
MPFS localities	A code (CPT®, HCPCS)	An XML list of all the available geographical MPFS localities for a given code.
Non-facility MPFS fees, RVU and global information	A code (CPT®, HCPCS) and an MPFS carrier	An XML result of the specified carrier's RVU, fee and global information for the given CPT® or HCPCS code.

Web service (GET)	You provide ...	We provide ...
LCD contractors and policies (Part A, B)	A Medicare Administrative Contractor (MAC) number	An XML list of policies for the given MAC number (Part A and B). (A list of all the active contractors is also available.)
LCD policy details	A MAC # and policy ID	An XML result of all policy information (title, effective dates, URL to the policy) for any given MAC # and policy ID.
LCD by code and carrier	A code (CPT®, HCPCS, ICD-9 v1), a MAC #, a policy type and a carrier type	An XML result of policy information (title, effective dates, URL to the policy) for any given code (CPT®, HCPCS, ICD-9 v1), MAC #, policy type and carrier type.
Physician documentation notes	An ICD-10-CM code	An XML result of physician documentation improvement information for the given ICD-10-CM code. Bulleted lists of clinical information necessary for physicians to ensure proper documentation so that the most accurate code can be selected.
ICD-10 Mapping	An ICD-9 v1, ICD-9 v2, ICD-9 v3 code	An XML list of all ICD-10-CM or -PCS equivalents (CMS GEM and Optum360 equivalents, with descriptions, premier pick and bill together indicators) to the given ICD-9 v1, ICD-9 v2, ICD-9 v3 code.
ICD-10 Backwards Mapping	An ICD-10-CM or -PCS code	An XML list of all ICD-9 v1, ICD-9 v2, ICD-9 v3 equivalents (CMS GEM and Optum360 equivalents, with descriptions, premier pick and bill together indicators) to the given ICD-10-CM or -PCS code.
CMS anesthesia base units	A CPT® code	An XML result of the CMS anesthesia base unit for the given CPT® code.
Crosscodes	A CPT® code	An XML list of all resulting ICD9 v1, 3, ICD-10-CM, ICD-10-PCS, anesthesia or HCPCS crosscodes for the given code.
Modifier by code type	A code type (CPT® or HCPCS)	An XML list of all the modifiers for this code type (CPT® or HCPCS).
Modifier descriptions	A modifier	An XML result of the modifier description for the given modifier.
Modifier to code crosswalk	A modifier	An XML list of all codes associated with the given modifier.
Code to modifier crosswalk	A CPT® or HCPCS code	An XML list of all modifiers associated with the given code (CMS, OPPI, Optum360).
Code images	A code (CPT®, HCPCS, ICD-9 v1, ICD-9 v3)	An image for the given code.
Optum360 Coders' Dictionary/ Stedman's Medical Dictionary	A clinical term	An XML result of the term's definition for the given term and/or potential matches to other terms that include the searched term. Additionally, Optum360 Coders' Dictionary provides related codes to the searched term in some cases.
Complete code history	A code (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS)	An XML result of the given code's complete history, including implementation, deleted, changed, changed summary, etc.
Revenue code to CPT®/HCPCS code crosswalk	A revenue code	An XML list of all the crosswalked CPT®/HCPCS codes for the given revenue code. (Also services exist to obtain an XML list of all valid revenue codes and their descriptions — 35-, 48-, 255-character and full descriptions.)
DRG search	A DRG	An XML result of DRG information based on the given DRG code: A DRG description, an MDC value and description, Med/Surg value, a GMLoS and AMLOS value, the relative weight of the DRG and the national payment value.
Color Code indicators (age, gender, new, deleted, revised, etc.)	A code (CPT®, HCPCS, ICD-9 v1, ICD-10-CM)	Resulting XML for code indicators (typically icons in a coding software application — new, deleted, revised, age, gender, MUE, ASC, multiple endoscopy, etc.) for the given code.
Drug data	A code (CPT®, HCPCS, ICD-9 v1)	An XML resulting in provision of any of the following information for the given code by NDC: AWP package: Average Wholesale Price (Package), e.g. 146.06 AWP unit: Average Wholesale Price (Unit), e.g. 46.0000 WAC package: Wholesale Acquisition Cost(Package), e.g. 117.10 WAV unit: Wholesale Acquisition Cost (Unit), e.g. 17.10000 Therapeutic class: e.g. Tetracaine & Comb Therapeutic class code: e.g. 7201010070 Generic name: e.g. Tetracaine Hydrochloride Brand name: e.g. PONTOCAINE HCL Package type: e.g. Solution Strength: e.g. 1% MFG or labeler: e.g. HOSPIRA INC Active: e.g. true

Web service (GET)	You provide ...	We provide ...
Code type identification	A code (CPT®, HCPCS, ICD-9 v1, v3, ICD-10-CM, ICD-10-PCS)	An XML display of all the codes for the given code type.
Clinical Documentation Improvement (CDI) content and PDF	A code (CPT®, HCPCS, ICD-9 v1, ICD-9 v3, ICD-10-CM, ICD-10-PCS)	A PDF of CDI content.
Clinical Documentation Improvement (CDI) physician PDF	Document ID	A PDF of CDI content.
HCC Content	HCC or HCC group	An XML and JSON display of HCC type, codes for HCC, diagnosis codes for HCC, HCC content for ICD-9 or ICD-10.
SNOMED Content Descriptions	Content ID, Content Description	An XML result of the SNOMED Content Description or SNOMEDContent ID for the given description.
SNOMED ICD-10 Mapping	Content ID, Content Description, ICD-10-CM or -PCS code	An XML result of the SNOMED Content Description mapped to the appropriate ICD-10 code. Also provide map advice, map rules and map targets.
LOINC	Keyword term search	An XML display of respective LOINC number, property, system, status.

See how access to real-time data can help improve the revenue cycle and streamline workflow.



Contact your sales representative or **1-800-464-3649, option 1** to purchase.



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