OPTUM360®

EncoderPro.com for Payers

Empowering payer organizations

This comprehensive reference service provides up-to-date coding and coverage information on physician services, professional outpatient services and facility inpatient services. In addition, this broad online coding and reference tool includes ambulatory surgery center and hospital outpatient prospective payment system reference content, including revenue code crosswalks to CPT® and DRG/MDC information.

EncoderPro.com for Payers is designed to meet the specific needs of health insurance companies, self-insured employers and third-party administrators.

Access to volumes of information at your fingertips

This online coding tool delivers comprehensive physician, outpatient and inpatient coverage information, as well as payment and policy details from the Centers for Medicare & Medicaid Services (CMS) and other industry standards. Get quick access to CPT® procedures and HCPCS supplies and services, as well as ICD-10 diagnosis and procedure codes. Some features and benefits of EncoderPro.com for Payers include:

CodeLogic™ search engine searches CPT®, HCPCS, ICD-10 diagnosis and procedure codes simultaneously using lay terms, acronyms, abbreviations — even misspelled words. Optum360® CodeLogic™ leverages code book indexes, mapping content and many other data files to find the most accurate code possible.

Color coded edits determine a broad range of information specific to any code, including whether a code carries an age or gender edit, is covered by Medicare, contains bundled procedures and more.

***Coders' Desk Reference* lay descriptions for thousands of codes** enhance understanding of procedures, diagnoses and supplies.

Deleted code crosswalk references a complete listing of all deleted codes since 1998.

Modifier crosswalk provides a guide to Physician, Facility/OPPS, CMS, DME, Ambulance modifiers with the associated procedure code. Crosswalks also include CMS modifiers approved for provider billing to CMS payers and OPPS modifiers used to bill for outpatient perspective payments.

Complete code history identifies when a code was made effective, deleted (with a recommended replacement code), reinstated or revised, to use for reporting services for a specific date of service.

Access to LCDs (Part B), FIs (Part A), and links to Medicare's Internet Only manuals give access and links give users the ability to check procedures for Medicare coverage instructions and medical necessity edits.

Medicare CCI and OPPS edits quickly reference component codes (unbundling), more comprehensive procedures and mutually exclusive codes.

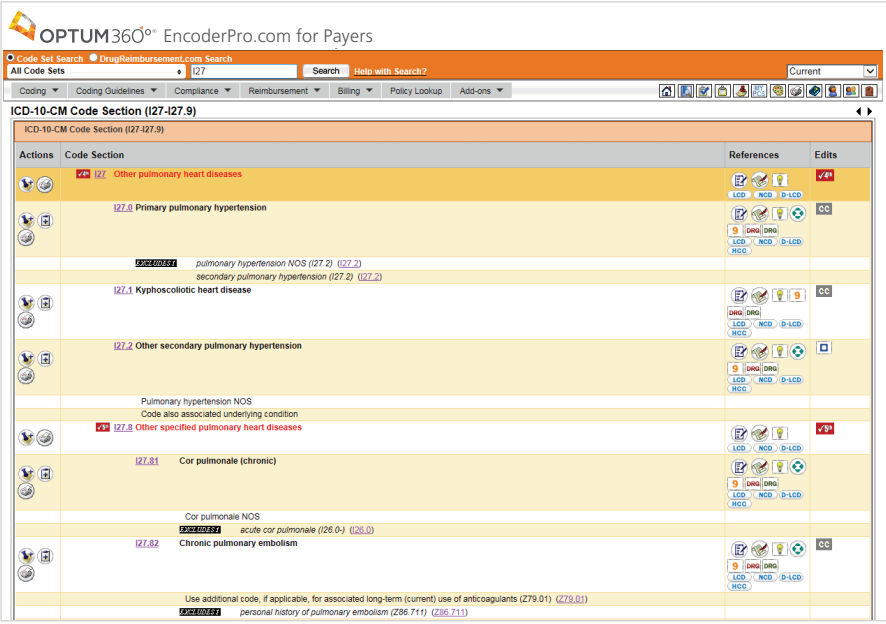
ICD-10-CM and -PCS content includes both forward and backward mappings between ICD-9-CM Volumes 1, 2 and 3 codes and ICD-10-CM and -PCS codes, using Optum360 MapSelects clinical mapping content, as well as the GEM (General Equivalency Mappings). ICD-10-CM and -PCS searching and tabular content is also included.

Compliance editor checks for coding guidelines from several Medicare and generally accepted coding edits from multiple sources (AMA, AHA, CMS and more). This tool reviews rules such as CCI unbundle edits, ICD-10 (specificity, excludes 1 and 2, code first, etc.) age, LCD/NCD, medical necessity and gender for any date of service. The compliance editor also provides state-level Medicaid coding review.

Fee calculator easily references the GPCI adjusted Medicare reimbursement rate.

Code tables by place of service confirm OPSI (APC) status for procedure codes, type of bill codes, and ASC groups and payment amounts.

Revenue code and DRG payment reference, including DRG trees, and revenue code to CPT® and HCPCS codes helps review inpatient stays and evaluate charges by revenue code and DRG. A DRG grouper tool is also available.



▸ *The code section page displays the section (or range) of codes that listed when searching for a code.*

Claims analyst/auditor

EncoderPro.com for Payers delivers accurate and current information that helps claims analysts/auditors become more efficient and authoritative when reviewing claims. With this tool, a claims benefits analyst/auditor can search all code sets based on the submitted claim information and quickly locate lay descriptions for procedures, diagnoses and HCPCS codes; identify Medicare Secondary Payer coverage rules for further review; and validate which modifiers are allowed. In addition, a complete code history is displayed on each detail page.

Utilization review/medical management

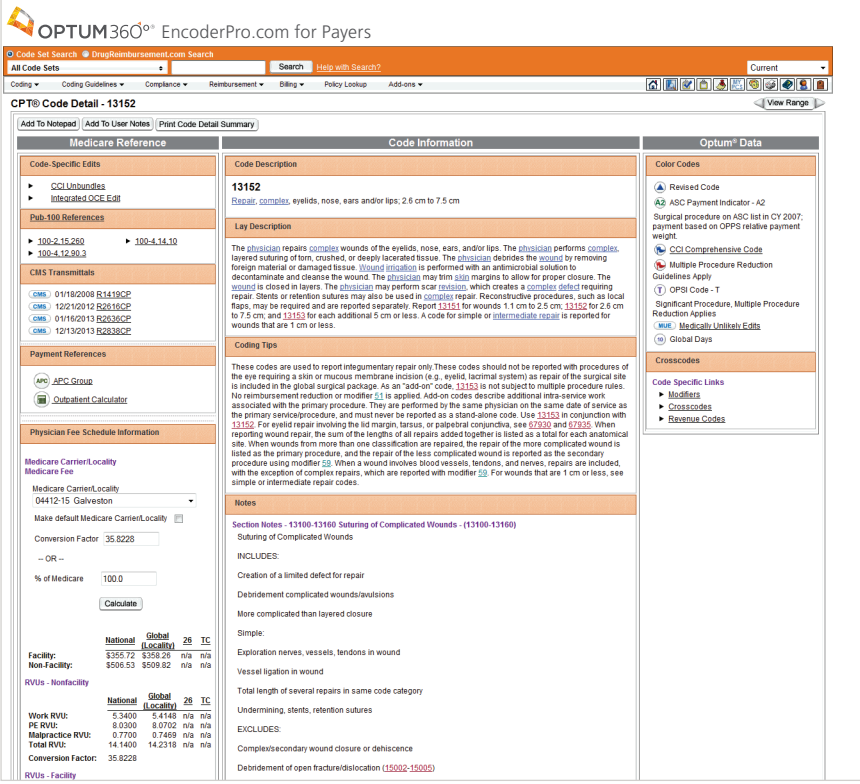
EncoderPro.com for Payers helps utilization review departments conduct reviews of inpatient stays, determine appropriateness of admission diagnosis, identify continued stay criteria and quickly validate medical necessity. Using EncoderPro.com for Payers, utilization and medical review managers can review inpatient billing information and DRG payments. Users can also reference type of bill codes grouped by setting, gain further insight into procedures and coding/reimbursement rules, and quickly scrub potential code combinations such as medical necessity and CCI bundles/unbundles. In addition, it can be used to validate medical necessity, identify medical appropriateness for benefits of health services, confirm that treatment setting meets claim payment guidelines and facilitate the development of corporate medical policy. EncoderPro.com for Payers facilitates accurate review of inpatient acute care, home care, acute rehabilitation, skilled nursing facilities, infusion therapy and durable medical equipment claims.

Provider relations

With EncoderPro.com for Payers, your provider relations representatives can access information that may help them answer provider inquiries regarding the patient's financial responsibility for CMS 1500 and UB92 claims, and deliver a high level of coding and coverage information across provider and hospital outpatient and inpatient services. Armed with accurate information regarding procedures and requirements for successful claim submittal or appeals and claim denials, your provider relations representatives will be able to decrease response time, reduce policy research time and decrease escalation issues regarding reimbursement.

Customer service

EncoderPro.com for Payers helps customer service representatives respond accurately to member and provider calls by facilitating communication based on industry standard payment guidelines and procedures. Using Medicare's rationale for coverage, customer service representatives can answer member questions and resolve issues based on medical necessity, and address incoming requests for appeals and preauthorizations not handled by utilization nurse review departments. Representatives use this tool to research meanings for common terms, syndromes and procedures. By maintaining a high level of clinical and procedural knowledge, customer service representatives can decrease the escalation of many issues and provide a full rationale for coverage and/or payment limitations. This helps improve member satisfaction and retention and boosts effective communication of claim determinations at the customer service level.



▸ *The code detail page displays specific information about any one specific code for which a search is conducted.*

Customize your solution with valuable, referential add-on modules:

- AHA Coding Clinic® HCPCS
- AHA Coding Clinic® ICD
- ASA Crosswalk®
- The AMA CPT® Content Module
- Claim Appeal and Denial Support
- Clinical Documentation Improvement
- Dental Codes
- DrugReimbursement.com
- Dr. Z's Interventional Radiology
- EncoderPro.com Plus
- Historical application content
- ICD-10 Essentials: Applying PCS Guidelines
- MedicalReferenceEngine.com
- Optum360 Coders' Dictionary
- Optum360 Specialty Articles
- Total CPT®

See how EncoderPro.com for Payers can help you streamline your claims processes. To learn more:

Call: 1-800-464-3649, option 1

Visit: optum360coding.com

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