Optum

Optum Real-Time eContent Web services

Online Medical Coding Software

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 Optum help you with all your content needs.

Optum® Real-Time eContent web services provides access to both on-demand medical coding data and Optum 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 Optum 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

Optum Real-Time eContent service provides access to the content of 37 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

Optum Real-Time eContent service 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.

Optum provides a one-stop shop for EMR-friendly CPT®, HCPCS, UB-04 and Revenue Code data feeds

Optum 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 Optum expertise in code searching and claim review logic

Access to multiple coding specialty reference books

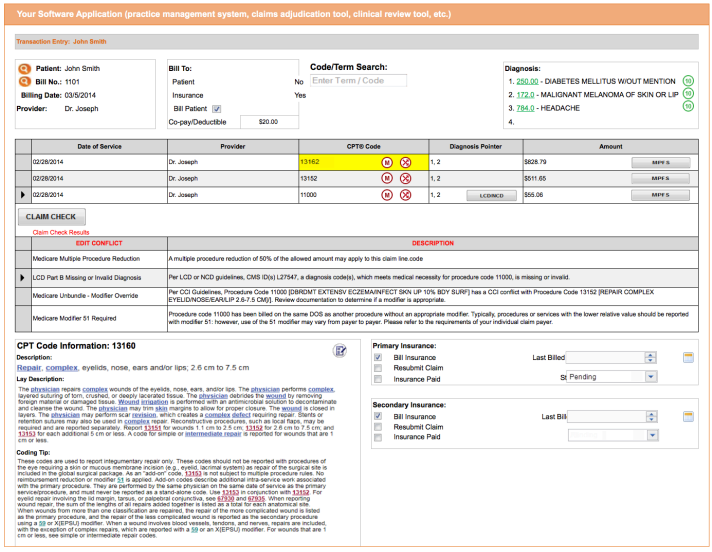
Optum Real-Time eContent combines valuable content from multiple coding and billing specialty reference books in one powerful, web-based solution. With the click of a mouse, you or your customers can cross-reference procedures to diagnosis codes (crosscodes), determine fee schedule information for a given code, gain access to important PQRS 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 and feature changes 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.



Customizable services

With Optum Real-Time eContent services, 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.

Optum Real-Time eContent services 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.

Optum Real-Time eContent web services offerings Coding content and features

Optum Real-Time eContent 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 Optum intelligence, including CodeLogic™ code searching, claims review 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 and revenue savings.

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	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)	XML of resulting codes for any given term based on industry and Optum 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 Optum CodeLogic process that reviews volumes of industry and Optum 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 and more) to provide the most clinically accurate results based on the terms searched. Resulting codes can be displayed based on their weighted priority depending on the term's hits to coding content or resulting codes from searched terms can be displayed in their respective code ranges.
SNOMED content descriptions	Content ID, content description	An XML result of the SNOMED content description or SNOMED Content ID for the given description.
SNOMED ICD-10 Mapping	Content ID, content description, ICD-10 code, ICD-10	An XML result of the SNOMED content description mapped to the appropriate ICD-10 code. Also provide map advice, map rules and map targets.
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)	XML results 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)	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.
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.
Web service (GET)	**You provide ...**	**We provide ...**
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. Coming soon – more content from Optum Clinical Documentation Improvement Desk Reference and Optum Clinical Documentation and Coding Guidelines publication.
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, 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, OPPS, Optum).
Code images	A code (CPT®, HCPCS, ICD-9 v1, v3)	An image for the given code.
Optum Coder's 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, Optum Coder's 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.
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.

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

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

Browse all online coding tools and resources at **optumcoding.com/data.**

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