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Online Medical Coding Software

Coding guidance

Industry coding guidance on CPT®, ICD-10-CM/PCS, HCPCS, anesthesia and dental

AHA Coding Clinic® for HCPCS or ICD | All markets

Code-driven archives allow reference to ICD or HCPCS-related AHA Coding Clinic® newsletters from every quarter going back to 2001 as supplied from the American Hospital Association. This content offers integrated access to the only official publication for ICD coding guidelines as well as advice for proper application of HCPCS supply and service codes.

The American Medical Association (AMA) CPT® Content Module | All markets

Gain unparalleled access to historical and current content, by code and keyword, from the AMA that helps provide clarity and accuracy in CPT® code reporting: CPT® Assistant newsletters, CPT® Changes: An Insider's View and thousands of CPT® questions and answers from the CPT® Knowledge Base.

ASA CROSSWALK® | All markets

Gain access to the official code crosswalk from the American Society of Anesthesiologists. Includes crosswalk to ASA codes from CPT® codes and vice versa, ASA base units and RVG and crosswalk comments. Available for ASCExpert.com, EncoderPro.com, EncoderPro.com for Payers only.

Clinical Documentation Improvement | All markets

Promote clinical quality, substantiate medical necessity and determine justifications for appropriate reimbursement – all by code for clinicians and coders, and especially helpful with the increased specificity required with ICD-10-CM/PCS. Also provided as part of this add-on are Clinical Documentation Guidelines that apply to inpatient documentation.

DRG Grouper Calculator for Medicare | Facility markets

Used in conjunction with RevenueCyclePro.com, this add-on uses Admit/Discharge date information to identify which grouper and pricer version to invoke and then groups the submitted codes, calculates the reimbursement and returns the results for a single DRG code.

Dr. Z's Medical Coding Series: Interventional Radiology Coding Reference | Facility and Physician markets

Without leaving your workflow, access the go-to manual that simplifies the complexity inherent in interventional radiology coding. Includes details for appropriate coding and charging of both vascular and non-vascular procedures, laid out by type and anatomical site, as well as thorough instructions about the included components, based on the appropriate CPT® or HCPCS code.

HCPCS D Codes | All markets

Full access, including detail and summary pages, to all HCPCS D codes (Dental), plus a CPT® to dental codes crosswalk.

Total CPT® | All markets

Gain online access to every relevant article found in the American Medical Association's CPT® Assistant coding newsletters and CPT® Changes: An Insider's View in their entirety.

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Coding reference

Integrated medical and coding terminology content at your fingertips

Coders' Dictionary | All markets

Understand medical terminology from a coding perspective and gain efficiency.

DrugReimbursement.com | All markets

An online drug coding and reimbursement reference tool and database that provides up-to-date Medicare coding, billing and reimbursement information for FDA-approved drug codes.

EncoderPro.com Plus | Physician and Payer markets

The included E/M code evaluation tool now has 2021 coding guidelines and logic. Designed to provide multiple features and expanded functionality specific to your specialty and organizational needs. In addition, it allows a user to earn up to 25 AAPC/AHIMA CEUs through CareerWize.

Historical Application Content | All markets

Access to historical data from the previous eight quarters helps you work with appropriate information (comes standard at no additional cost in RevenueCyclePro.com, ASCExpert.com and DrugReimbursement.com).

Analytics

Measure what you manage for competitive advantage

FeeAnalyzer.com | Physician market

FeeAnalyzer.com is an online subscription service that provides access to relative and actual physician charge data for a specific geographic area as well as national charge data for HCPCS codes. Users can upload three different fee schedules to compare against physician charge data and Medicare fees.

For more information or to order:

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Visit: optumcoding.com/addons

Our online coding tools specialists can provide a no-obligation demo of any of these add-ons, so you can see how they can improve your workflow and coding efficiency.

MedicalReferenceEngine.com | All markets

Get comprehensive medical reference information – the content of 35 Optum publications, plus thousands of Medicare references and fee schedules – all in one place.

Optum Specialty Articles | Physician and Payer markets

Provides exclusive access to over 2,000 articles of the most recent and relevant specialty content available today. This specialty information is derived from multiple specialty organizations and other applicable sources to provide you with information that will not only help you to understand the nuances of your specialty, but to better code those unique circumstances based on your specialty.

Claims submission

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Claim Appeal and Denial Support Add-on | All markets

The E/M code evaluation tool includes 2021 coding guidelines, reference content and logic. This add-on provides the sourcing for any claim edit. For coders, this means no more searching for code guidelines for claims appeal support. For payers, you gain access to coding guidance for possible claim adjudication review. This also includes E/M guidance through an E/M audit tool and content, searchable by code/keyword, within the Optum *Evaluation and Management Coding Advisor* and *Auditor's Desk Reference* books.

RevenueCyclePro.com Facility Encoder Module Add-on Facility market

The Facility Encoder Module presents vital coding information to coders precisely when and where they need it, all within a single code summary screen. Our proven hospital encoder technology integrated with the industry's most comprehensive coding, reimbursement and regulatory reference content, in one seamless product, helps coders achieve accuracy and high productivity.

Claims Batch Editor | Physician market

This powerful, yet easy-to-use, scrubber for physician claims automatically checks for errors prior to submission, so you submit clean claims the first time. Submit your entire 837 claim file for batch editing to save time.

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