

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. Optum[®] 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 Optum 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.

Code Sets	earch DrugReimbursement.com Search 27 Search Help with Search?		tool.
Coding 🔻	Coding Guidelines Compliance Reimbursement Billing Policy Lookup Add-ons	Current	
-			
	1 Code Section (127-127.9) A Code Section (127-127.9)		
Actions	Code Section	References	Edits
	Other pulmonary heart diseases		∠unta √4¤
83			
	127.0 Primary pulmonary hypertension	🕑 🛞 💽 📀	cc
۵		9 DRQ DRG	
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	secondary pulmonary hypertension (127.2) (127.2)		_
¥	27.1 Kyphoscollotic heart disease	DRQ DRQ LCD NCD D-LCD	cc
¥ 🗄 9	127.2 Other secondary pulmonary hypertension		
	Pulmonary hypertension NOS		
	Code also associated underlying condition		
8	IZT.8 Other specified pulmonary heart diseases		√ 5¤
V () 3	27.31 Cor pulmonale (chronic)		
	Cor pulmonale NOS		
	acute cor pulmonale (126.0-) (126.0)		
¥	22.82 Chronic pulmonary embolism		cc

 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.

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 MedicalReferenceEngine.com **Optum Coders' Dictionary Optum Specialty Articles** Total CPT®

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ng 👻 Coding Guidelines 👻 Compliance 👻 R	▲ ■ ♥ ♠ ▲ ₩ ♥ ₽ ₽ ₽				
T® Code Detail - 13152		View Range			
dd To Notepad Add To User Notes Print Code Deta	il Summary				
Medicare Reference	Medicare Reference Code Information				
Code-Specific Edits	Code Description	Color Codes			
<u>CCI Unbundles</u> Integrated OCE Edit	13152 Recair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	Revised Code A2 ASC Payment Indicator - A2			
Pub-100 References	Lay Description	Surgical procedure on ASC list in CY 2007;			
▶ 100-2.15.260 ▶ 100-4.14.10		payment based on OPPS relative payment weight.			
► 100-4.12.90.3	The <u>physician</u> repairs <u>complex</u> wounds of the eyelids, nose, ears, and/or lips. The <u>physician</u> performs <u>complex</u> , layered suturing of torn, crushed, or deeply lacerated tissue. The <u>physician</u> debrides the <u>wound</u> by removing	CCI Comprehensive Code			
CMS Transmittals	foreign material or damaged tissue. <u>Wound irrigation</u> is performed with an antimicrobial solution to decontaminate and cleanse the wound. The <u>physician</u> may trim <u>skin</u> margins to allow for proper closure. The	Multiple Procedure Reduction Guidelines Apply			
01/18/2008 R1419CP 01/18/2008 R1419CP 01/18/2012 R2516CP 01/18/2013 R2538CP 01/18/2013 R2538CP 01/18/2013 R2538CP	yean is closed in layers. The <u>chrolician</u> may perform scare (relision, which creates a <u>complex</u> deflect requiring repair: Stens to relemtion subtres my also be used in <u>complex</u> spear. Reconstructive procedures, such as local flaps, may be required and are reported apparately. Report <u>13151</u> for wounds 1.1 cm to 2.5 cm, <u>13152</u> for 2.8 cm to 7.5 cm, and <u>13155</u> for each additional 5 cm or less. A code for simple or <u>informediate repoir</u> is reported for wounds that are 1 cm or less.	OPSI Code - T Significant Procedure, Multiple Procedure Reduction Applies Multiple Medically Unlikely Edits			
Payment References	Coding Tips	Global Days			
Payment References	These codes are used to report integumentary repair only. These codes should not be reported with procedures of	Crosscodes			
APC Group Outpatient Calculator	The even requiring a sitin or mocous memorane indision (e.g., evel), factomia system) as repart of the surgical site is included. The double altropical packages, a lam 1-ad-or-Code LTIDE is in charged with the multiple procedure nues. associated with the primary procedure. They are performed by the same projection on the same date of savice as associated with the primary procedure. They are performed by the same projection on the same date of savice as the primary service procedure. They are performed by the same projection on the same date of savice as the primary service procedure. They are performed by the same projection on the same date of savice as the primary service primary service and the same date of the same date of the same date of savice as the primary service the primary service and the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date of the same date	Code Specific Links Modifiers Crosscodes			
Physician Fee Schedule Information		Revenue Codes			
Medicare Carrier/Locality Medicare Fee Medicare Carrier/Locality	listed as the primary procedure, and the repair of the less complicated with word is reported as the secondary procedure using modified (2). When a wound involves blood vessels, tendons, and nerves, repairs are included, with the exception of complex repairs, which are reported with modifier 52. For wounds that are 1 cm or less, see simple or intermediate repair codes.				
04412-15 Galveston -	Notes				
Make default Medicare Carrier/Locality	Section Notes - 13100-13160 Suturing of Complicated Wounds - (13100-13160)				
Conversion Factor 35.8228	Suturing of Complicated Wounds				
- OR -	INCLUDES:				
% of Medicare 100.0	Creation of a limited defect for repair				
Calculate	Debridement complicated wounds/avulsions				
	More complicated than layered closure				
National Global 26 TC	Simple:				
Facility: \$355.72 \$358.26 n/a n/a	Exploration nerves, vessels, tendons in wound				
Non-Facility: \$506.53 \$509.82 n/a n/a RVUs - Nonfacility	Vessel ligation in wound				
National Global 26 TC	Total length of several repairs in same code category				
National Oldball 26 TC Work RVU: 5.3400 5.4148 n/a n/a	Undermining, stents, retention sutures				
PE RVU: 8.0300 8.0702 n/a n/a Malpractice RVU: 0.7700 0.7469 n/a n/a	EXCLUDES:				
Total RVU: 14.1400 14.2318 n/a n/a	Annalaula anandan. uunund alanuun as dahinanan	1			

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

See how EncoderPro.com for Payers can help you streamline your claims processes.

To learn more:

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

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