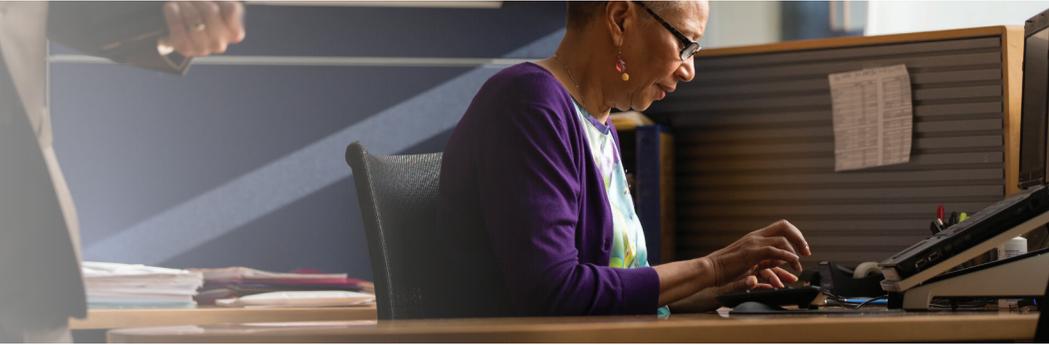


EncoderPro.com for Payers

Empowering payer organizations



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

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.

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 and ICD-9 diagnosis and procedure codes. Some features and benefits of EncoderPro.com for Payers include:

CodeLogic™ search engine searches CPT[®], HCPCS, ICD-9 and 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 & 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 accuracy from more than 145 Medicare and 75 generally accepted commercial edits that review rules such as CCI unbundle edits, ICD-9 and ICD-10 specificity, age, LCD/NCD medical necessity, and gender for any date of service. The compliance editor also provides state level Medicaid claim 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.

Customer service

EncoderPro.com for Payers assists customer service representatives to 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
- Claims Batch Editor
- Clinical Documentation Improvement
- Coders' Essential 3-Pack (Pink Sheets, Answer Book, Part B Newsletter)
- CPT® Assistant
- CPT® Changes: An Insider's View
- Dental Codes
- DrugReimbursement.com
- Dr. Z's Interventional Radiology
- Historical application content
- ICD-10 Essentials: Operation PCS
- MedicalReferenceEngine.com
- Optum360 Coders' Dictionary
- Optum360 Specialty Articles
- Stedman's Medical Dictionary
- Total CPT®

The screenshot displays the 'CPT Code Detail - 13152' page. It is divided into several sections:

- Medicare Reference:** Includes Code Specifics (CCI Unbundles, Integrated OCE Eds), Pub-100 References (100-2.15.260, 100-4.14.10), CMS Transmittals (01/18/2009 R1419CP, 12/21/2012 R2815CP, 01/16/2013 R2816CP, 12/13/2013 R2818CP), Payment References (APC Group, Outpatient Calculator), and Physician Fee Schedule Information (Medicare Carrier/Localty, Medicare Fee, Conversion Factor, % of Medicare).
- Code Information:** Shows Code Description (13152: Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm), Lay Description, Coding Tips, and Notes (Section Notes - 13160, 13160 Suture of Complicated Wounds).
- Optum Data:** Lists Color Codes (Revised Code, ASC Payment Indicator - A2, CCI Comprehensive Code, Multiple Procedure Reduction Guidelines Apply, CPT Code - T, Significant Procedure, Multiple Procedure Reduction Applies, Medically Unlikely Edits, Global Days) and Crosscodes (Code Specific Links, Modifiers, Crosscodes, Revenue Codes).
- Facility/Non-Facility Rates:** Tables showing National and Global (Locality) rates for Work RVU, PE RVU, Majorpractice RVU, Total RVU, and Conversion Factor.

► 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:

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

Visit: optum360coding.com/epro-payers



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