

## ASCExpert.com

The online coding tool for ASCs



ASCExpert.com is created specifically for freestanding ASCs bringing together the billing, coding and payment resources you need to achieve accurate reimbursement under the Medicare ASC payment system. Inaccurate billing and reporting can result in underpayments that your ASC can't afford to lose.

### Key features and benefits

- **Optum360 Edge — Robust ASC medical necessity checker and ABN generation tool.** Used to screen physician orders and generate an advance beneficiary notice (ABN) to get patient signature. This valuable tool can help freestanding ASCs decrease write-offs, improve and obtain revenue capture, decrease claim denials, automatically produce required forms for patients in advance of service and help inform patients for point-of-care decision making.
- **Optum360 Edge — Physician compliance editor (with Claims Manager rules).** Check your work by running your selected codes through an edit check to ensure proper unbundling, correct modifiers, complete diagnoses and more prior to submittal to a clearinghouse/vendor/payer. Includes an 18-month historical content database for use during claim adjudication.
- **Complete medical code sets** for ICD-10/ICD-9-CM, CPT<sup>®</sup> and codes with intuitive functionality. Use the Optum360 CodeLogic™ search engine to search all codes sets using acronyms, abbreviations or medical terms.
- **Easily crosswalk** from codes to NCCI, modifiers, revenue codes, coverage policies and related procedures. Exclusive code crosswalks and coding tips provide quick links from clinical codes to CMS source documentation, billing and reimbursement information.
- **Complete LCD policies,** medical necessity data and national coverage policies (NCDs). Improve medical necessity validation on the front end and better manage the ABN process to reduce denials.
- **Historical data organized by quarter.** Nine quarters of historical data enable you to resolve older claim problems using the codes, billing, coverage and reimbursement rules in effect at the time the service was provided.
- **Tools to help reduce coding and billing errors.** Revenue codes are linked to specific HCPCS and CPT<sup>®</sup> codes and HIPAA claim edits.
- **Wage-Index adjusted ASC payment calculator** at the code or claim level. Validate expected reimbursement from Medicare, identify and resolve underpayments, and determine the patient's copayment amount.
- **Physician fee schedule information.** Calculate the adjusted Medicare reimbursement rate for your area.

## HCPCS code detail and compliance editor pages

The screenshot displays the OPTUM360 ASCExpert.com interface. The top navigation bar includes search options (Code Set Search, Image Search, Index Only Search) and user information (Welcome, ASC Manual User (admin)). The main content area is titled "HCPCS Code Detail - C1840".

**Section 1:** Search and Navigation. Includes "All Code Sets" and "Coding" dropdown.

**Section 2:** Code Detail. Includes "MEDICARE REFERENCE" (CODE-SPECIFIC EDITS, MEDICARE COVERAGE POLICIES, CMS TRANSMITTALS, PAYMENT REFERENCES), "CODE INFORMATION" (CODE DESCRIPTION: C1840 Lens, Intraocular (telescopic); LAY DESCRIPTION (CODE): An intraocular lens is an artificial lens made of plastic or acrylic that performs the function of the eye's natural lens. This code represents a miniature implantable telescope lens intended to improve visual acuity in patients with age-related macular degeneration. The device magnifies the healthy areas of the retina to help improve central vision. The telescopic lens is implanted into the posterior chamber of the eye's anterior segment. It is held in place with haptics rings.; CODE-SPECIFIC REFERENCE INFORMATION: ASC Coding Clinic References, ASC Manuals), and "OPTUM360 DATA" (COLOR CODES, CROSSCODES).

**Section 3:** Crosscodes. Includes "Modifier Crosswalk" and "ASC Revenue Code".

**Section 4:** Claim Information. Includes "CLAIM INFORMATION" (Medicare, Medicaid, Commercial), "Statement covers period from 07/29/2016 through 08/29/2016", "Patient Date of Birth: 01/01/1976", "Patient Gender: Male", "Patient Status: 01", "Point of Origin: 1", "CODES" table, and "DIAGNOSIS" table.

**Section 5:** Edit Results. Includes "EDIT RESULTS" table with columns: Line #, Mnemonic, Edit Type, Edit Message.

Line #	Mnemonic	Edit Type	Edit Message
1	CLEAN	CLEAN	Per Compliance Editor, this charge line did not trigger edits and is considered clean. This charge line is subject to payer review.
2	03B05	REVIEW	The service date on line 2, is not within the From and Through dates of service on the claim.
2	LCPD	CAUTION	Per LCD or NCD guidelines, procedure code 87022, has met the associated Profile relationship criteria for CMS ID(s) L34200, L34300, L34310

1. CodeLogic™ search engine searches CPT®, HCPCS, ICD-10 and ICD-9 diagnosis and procedure codes simultaneously using lay terms, acronyms and abbreviations.
2. The code detail page displays specific information about any one specific code.
3. Crosscodes provide code-specific recommendations for correct reporting.
4. Review claims for contractor-specific Medicare, Medicaid or commercial edits.
5. Claim entries are reviewed for several edits such as procedure/diagnosis code edits, CCI, LCD/NCD edits, modifier edits, bundling, age/gender, documentation and more.

**Subscribe today.**

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

**Visit:** [optum360coding.com/ASCExpert](http://optum360coding.com/ASCExpert)

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