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 Optum 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 Includes an 18-month historical content database for use during claim adjudication.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® 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**. Eight quarters of historical data, in addition to the current quarter, 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® 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.
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. Provider specialty and Claim Place of Service selections provide Ambulatory Surgery Centers specific edits.

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