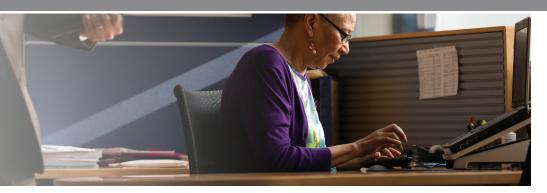


EncoderPro.com for Payers Empowering payer organizations



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), Fls (Part A), and links to Medicare's Internet Only manuals gives 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.

OppTUM 360° EncoderPro.com for Payers Professional Code Sets Carchellow CompReimbursement.com Search Intervention Code Sets Intervention Intervention										
Coding 💌	ng 🔻 Coding Guidelines 🗶 Compliance 👻 Reimbursement 💌 Billing 👻 Policy Lookup 🛛 Add-ons 💌							🚮 🔝 🗭 🗅 🤳 🔣 🥯	s 🖉 🗅 💰 🔣 🧐 🥪 😫 🖭	
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ICD-10-CM	Code Section (127-127.9)									
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		EXCEDEST p	ersonal history of pulm	onary emboli	sm (286.711) (286	5.711)				

► 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 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.

Code Set Search @ DrugReimbursement.com Search	Search Helo with Search?		
I Code Sets • dina • Codina Guidelines • Compliance • Rein	Search Help with Search? mbursement Billing Policy Lookup Add-ons	Current	
PT® Code Detail - 13152		View Range	
Add To Notepad Add To User Notes Print Code Detail	Summary		
Medicare Reference	Code Information	Optum [®] Data	
Code-Specific Edits	Code Description	Color Codes	
<u>CCI Unbundles</u> Integrated OCE Edit	13152 Repair, complex, eyelids, nose, ears and/or lips; 2.6 cm to 7.5 cm	A Revised Code A Revised Code A Revised Code A Revised Code A Revised Code A Revised Indicator - 4.2 Surgical processions on CPP3 relative payment wingt Code Concentration Code Code Code Revised Code Code Revised Andrean Reduction Code Code Revised Revised Code Revised Code Code Revised Revised Revised Code Code Revised Code Code Revised Code Code Revised Revised Revised Code Code Revised Code Code Revised Code Code Revised Code Code Revised Revised Revised Code Code Revised Code Revised Code Code Revised Code Code Revised Code Revised Code Code Revised Code Revised Code Revised Code Revised Code Revised Code Revised	
Pub-100 References	Lav Description		
L00-2.15.250	The physician repairs complex wounds of the eyelids, nose, ears, and/or lips. The <u>physician</u> performs <u>complex</u> , layered suburing of forn, crushed, or deepyl scarated Basue. The <u>physician</u> debridges the <u>wound</u> by removing foreign metral or damaged Basue. <u>Wound (magadom) is performed with</u> an antimicrobia Saldudon to		
CHS Transmittans CMS 01/18/2008 EL119CP CMM 12/212 R2616CP CMM 11/18/2013 E2538CP CMM 12/13/2013 R2538CP	decommunity and cleanse the wound. The <u>intracize</u> may tim <u>sim</u> margine to allow for proper dosume. The young is closed in they first The <u>thinking</u> may perform scare register, which cleanse a compared decide requiring reput. Breach or retention subsets may also be used in <u>compare require</u> . Reconstructive procedures, such as local figsts, may be required and as reported examples. Reconstructive scales. A code for simple or <u>intermediate scale</u> is reported for to 2.5 cm etc. 3.125 for each additional 5 cm or tess. A code for simple or <u>intermediate scale</u> is reported for the root resonance.		
Payment References	Coding Tips		
APC Group Judication Calculator Physician Fee Schedule Information	These codes are used to report integrumentary repair only. These codes should not be reported with procedures of the eye requiring a sint or mucos memory methods in edition (e.g., edition), a constraint of the surgical sint of is included in the global surgical package. As an "bad-or code, <u>11161</u> is not subject on multiple procedure rules. No remousement - duction or multical regulated Add and add add and add ad	Code Specific Links Modifies Cosscodes Revenue Codes	
Medicare Carrier/Locality Medicare Fee Medicare Carrier/Locality	Is lated as the primary procedure, and the repair of the less complicated wound is reported as the secondary procedure using modifier 682, What no avound involves blod vessels, tendons, and nervers, repairs are included, with the exception of complex repairs, which are reported with modifier 620. For wounds that are 1 cm or less, see simple or intermediate repair code.		
04412-15 Galveston ·	Notes		
Make default Medicare Carrient,ocality	Section Notes - 13100-13160 Suturing of Complicated Wounds - (13100-13160) Suturing of Complicated Vounds INCLUDES		
- OR % of Medicare 100.0	Creation of a limited defect for repair Debtdement complicated wounds/avulsions		
Calculate National <u>Global</u> 26 TC	More complicated than layered closure Simple:		
raciity: 20 12 Facility: \$355.72 \$358.26 n/a n/a Non-Facility: \$508.53 \$509.82 n/a n/a RVUs - Nonfacility: \$508.53 \$509.82 n/a n/a	Exploration nerves, vessels, tendons in wound Vessel ligation in wound		
National Global (Locality) 26 TC Work RVU: 5.3400 5.4148 n/a n/a PE RVU: 8.0300 8.0702 n/a n/a Majaractice RVU: 0.7700 0.7469 n/a n/a Total RVU: 14.1400 14.2318 n/a n/a	Total length of several repairs in same code category Undermining, stetls, retention sutures EXCLIDES: Complexisecondary wound dosure or dehiscence		

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



optum360coding.com

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- AHA Coding Clinic[®] ICD
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- CPT[®] Changes: An Insider's View
- Dental Codes
- DrugReimbursement.com
- Dr. Z's Interventional Radiology
- Historical application content
- I-10 Map Manager
- ICD-10 Essentials: Operation PCS
- MedicalReferenceEngine.com
- Optum360 Coders' Dictionary
- Optum360 Specialty Articles
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