Claims Edit System for professional claims

Professional claims can comprise up to 80 percent of the typical payers' claims stream. The Optum™ Claims Edit System® provides an extensive set of core rules that utilize historical data to maximize your auditing capabilities for commercial, Medicaid and Medicare claims. More than an unbundling and editing tool, this system features flexible editing functions and complete customization capabilities, so you can create unique auditing logic to implement your proprietary business rules — on site, on the same day. With the Claims Edit System, payers can save up to two to five percent of professional claims payout.

Automatically review and catch errors, omissions and questionable coding relationships

A strong complement to the claims adjudication platform, the Claims Edit System automatically reviews and edits claims submitted by physicians and facilities. More than 80 payers rely on the Claims Edit System and rules to streamline claims processing workflows, reduce reimbursement errors, and improve payment integrity. The system features:

- Powerful claims editing platform for professional claims helps identify unbundling or inappropriate billing
- Unique rules engine enables customization of the software's editing logic to support user-defined rules and contractual reimbursement policies
- Integrated edit transparency and disclosure helps providers understand edits to minimize inquiries and appeals
- Date-sensitive editing processes the claim against the edits that were in effect on the day the service was rendered
- Seamless integration into existing claims adjudication workflow

Optum proprietary technology enables our clinical experts to research, rapidly build and deliver new rules (quarterly to ensure regulatory compliance and accurate claim editing — or more frequently to support high-priority regulatory updates.)

Edit sources

Examples include:
- AMA Guidelines
- AMA Consulting
- CPT® Assistant
- CMS Program Memoranda
- Correct Coding Initiative (CCI)
- Medicare Physician Fee Schedule Database (MPFSDB)
- Local Medical Review Policy
- Physician Specialty Panel
- Medical Societies:

  American College of Radiology

  American College of Surgeons

  American Physical Therapy Association

  American College of Cardiology

  American Academy of Orthopedic Surgeons

  American College of Obstetrics and Gynecology

  American Society of Therapeutic Radiologic Oncologists

  Society of Interventional Radiologists

Comprehensive commercial, Medicaid and Medicare editing for professional claims

The Claims Edit System automatically tests claim data against an expansive knowledgebase containing more than 119 million government and industry rules, regulations, and policies governing health care claims. Users can also define the sequence in which rules are applied and can define the level of automation for denials, profiling, and claims requiring additional review. The system automatically detects coding errors related to unbundling, modifier appropriateness, mutually exclusive and incidental procedures, duplicate claims, bilateral procedure reductions, and anesthesia processing. Quarterly updates keep the editing rules current with regulatory and coding guidelines.

Powerful rules engine easily modified by users

A unique rules engine allows health plans to customize the software's editing logic to support user-defined rules, benefit policies, and reimbursement policies for professional claims. Users can create auditing logic specific to any system configuration: lines of business, by provider organization, by employer, etc. The rules engine improves auto-adjudication rates and decreases administrative costs by automating the processing of claims.

Full transparency and disclosure

The Claims Edit System provides sources for all edits as well as full visibility to the embedded rule logic. Disclosure statements rooted within the system explain why a service is not reimbursable based on source or on a health plan's specific payment policy. The editing rules are built upon nationally recognized and accepted sources including AMA CPT® guidelines, specialty society recommendations, the National Correct Coding Initiative, and current medical practice standards. These sources and disclosure statements are visible to users, improving communication with providers and minimizing potential inquiries and appeals.

Seamless integration into the claims adjudication workflow

The Claims Edit System seamlessly integrates into the claims adjudication workflow to support efficient online, batch and web processing. Users can integrate business, reimbursement, medical, benefit and contractual policies into the claims adjudication process.
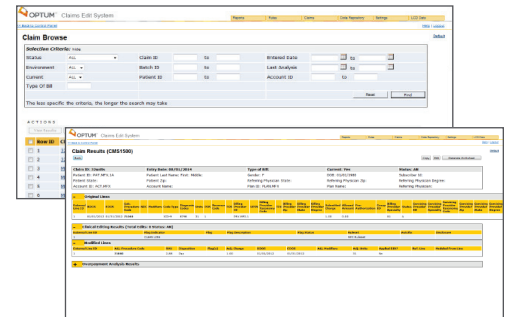
System optimization and support

Optum provides implementation support, business process consulting, payment policy review and development, and technical consulting as well as training and educational services.

CPT is a registered trademark of the American Medical Association.
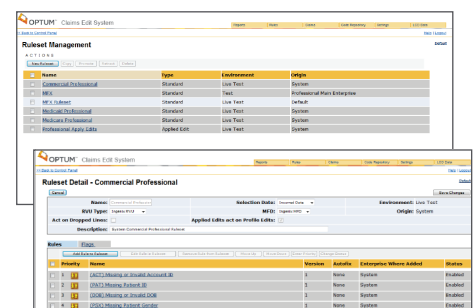
Claims Edits System (CES) was formerly known as iCES.

The Claims Browse screen allows users to drill into a claim and review the overall disposition. Appropriate claim data elements are presented in the Claims Results screen. Users can view the original claim line, the analysis results, and the lines that were modified according to various business rules.

Professional Editor is the enhanced disclosure in the code repository.

Code Relationships allows you to view edit detail also found in the Edit Rational Module. Remove existing codes, add your own codes, or override/change code groupings yourself. The user can view and customize these by procedure attribute, procedure to modifier, unbundle relationships, and more.

Process claims more efficiently, improve workflow, and increase payment integrity.

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