JOHNS HOPKINS HEALTH PLANS
Provider Relations
7231 Parkway Dr., Suite 100
Hanover, MD 21076

THE OPTUM CLAIM EDIT PORTAL
JOB AID

This Optum CEP guide is intended to assist providers serving **US Family Health Plan** members.

Using the Claim Edit Portal

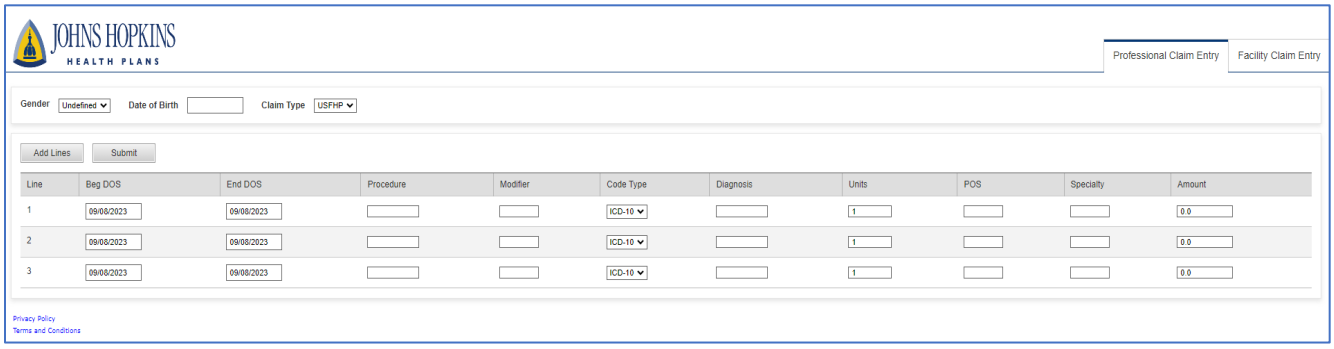
When a user first accesses the Portal, the main display will appear. The default view is **the Professional Claim Entry** tab. Users will also see tabs for **Facility Claim Entry**. Each of these tabs is discussed in detail in a later section of this document.

This section introduces users to the different functions available in the Portal. The User Interface provides you with the ability to enter a new (hypothetical) Professional or Facility claim or look up an existing claim to see whether edits were issued by CES.

The following key points are covered in this section:

- The Edit Professional Claim Function
- The Edit Facility Claim Function

Professional Claim Entry Tab



The **Professional Claim Entry** tab allows a user to enter a professional claim that will be analyzed by CES. The available fields on this tab and its acceptable values are listed sequentially as follows.

- **Gender** – Select the gender of the patient. The default value is Undefined. The values **Male** and **Female** are also available for selection.

Date of Birth – Enter the patient's date of birth in this field. The acceptable date format is MM/DD/CCYY, e.g., 01/01/2020. The user can also click on the calendar icon to the right of the field to select the date.

- **Claim Type** – The Claim Type field allows users to select the type of claim you would like to enter. There are two types of claims to choose from in this field. 1) **Commercial,** which encompasses all claims billed by a provider, and 2) **Medicare**, for a claim that has been billed to the Medicare program.

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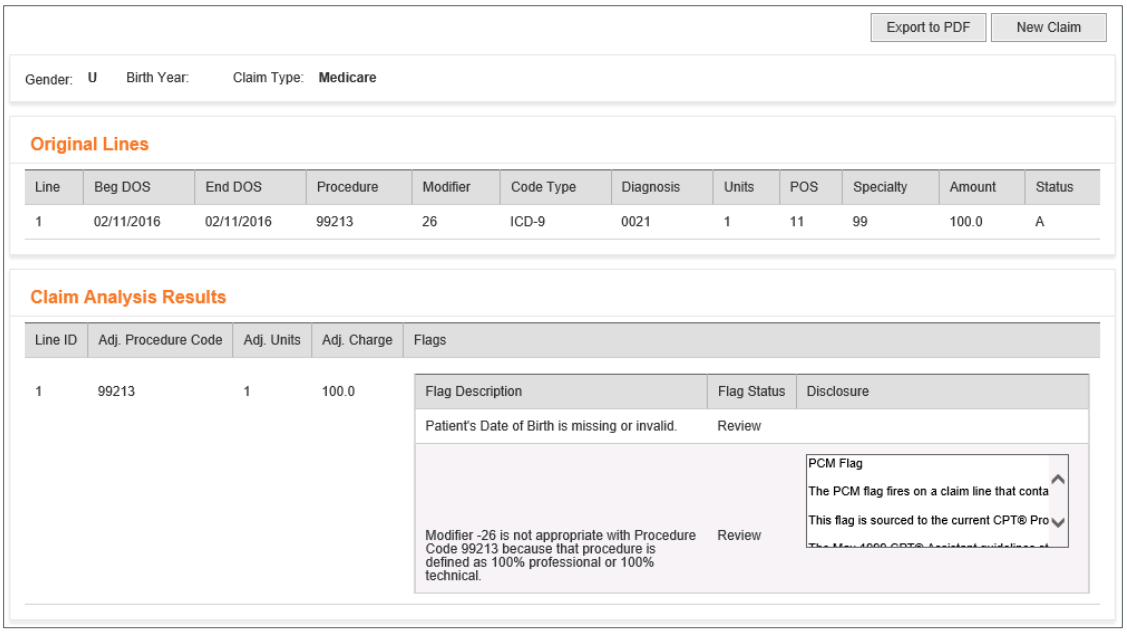
Once you have filled in the header fields, you are ready to enter claim lines. The available fields are:

- **Line** – This column shows the sequential number of claim lines on a live claim.
- **Beg DOS** – Enter the beginning date of service in this field. The acceptable format is MM/DD/CCYY. You can either manually enter the date in this format or select the date by clicking on the calendar icon to the right of the field.
- **End DOS** – Enter the ending date of service in this field. Like the **Beg DOS**, the acceptable format is MM/DD/CCYY. You can either manually enter the date or select it from the calendar icon to the right of the field.
- **Procedure Code** – Use this line to enter a valid CPT Code for this claim line.
- **Modifier** – Enter a modifier for this claim line, if appropriate.
- **Diagnosis** – Enter a valid ICD-9 diagnosis code for this claim line.
- **Units** – This field defaults to 1. Enter the number of units for this claim line and procedure code.
- **POS** – Enter a valid place of service for this claim line.
- **Specialty** – If the provider is a specialist, enter a valid specialty code in this field.
- **Amount** – Enter the amount charged by the provider for this procedure in this field.

You may enter additional claim lines simply by clicking on the **Add Lines** button. Once you have entered all the appropriate information, click on the **Submit** button.

Claim Edit Results

Once you submit, the claim is sent to the CES server and reviewed by the CES rules engine. After CES completes its review, the results will appear on the Portal screen as shown below.



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The Portal displays clinical edits only. Pricing and overpayment detection edits are filtered from the editing results.

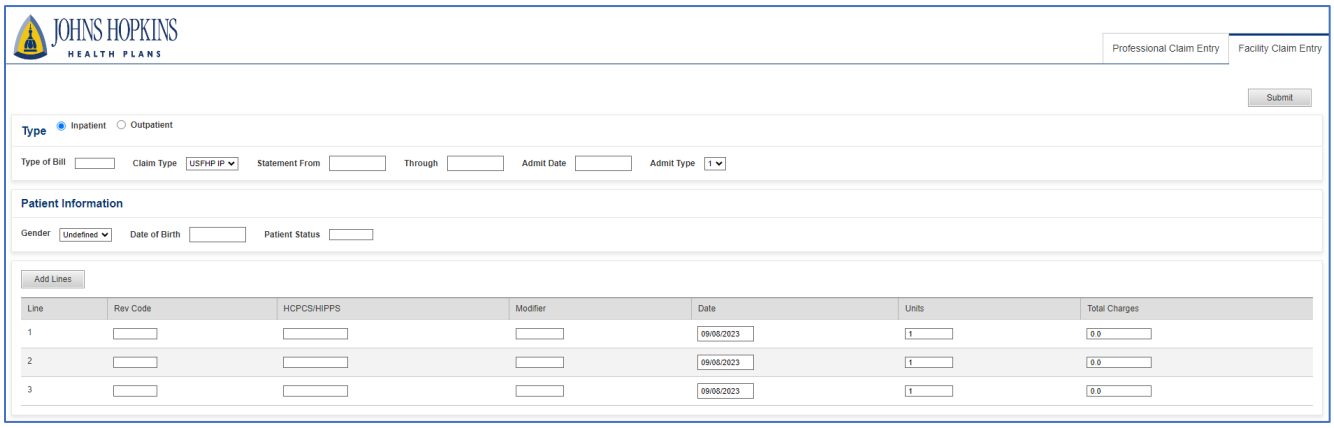
Any potential edits issued by CES for a claim are displayed for review. Additional buttons on this page:

- **Export to PDF** allows you to open and save the results in a printer-friendly format.
- **New Claim** gives you the option of entering a new claim without clicking on the browser's Back button. This resets your default fields to empty.

Facility Claim Entry Tab

The **Facility Claim Entry** tab allows users to enter claims for *services* that are performed in an inpatient or outpatient hospital setting. Unlike the Edit Professional Claim tab, the Edit Facility Claim tab has just one field in the claim header and more demographic and information fields in the body of the claim.

The available fields on the Edit Facility Claim tab and their acceptable values are listed sequentially as follows.



- **POS Patient Type** – Two options are available: **Inpatient** or **Outpatient**. This field defaults to Inpatient. Notice that when you select the Outpatient button, the POA fields are disabled and are no longer on the screen.
- **Type of Bill** – The valid entries for this field are the standard three-digit TOB codes. A list of the valid codes and an explanation of each can be found in the Appendix.
- **Claim Type** – There are just two options for this field. Select **Medicare** if the claim is being billed to Medicare or **Commercial** for all other claims.
- **Statement From/Through** – This specifies the date range of the visit/procedure. On traditional billing forms this is also referred to as the "Statement Covers Period".
- **Admission Date** – This is the date the patient was admitted to an inpatient facility.
- **Admission Type** – Though there are several codes that can be used for admission type, there are only three available in the Portal: 1) **Emergency**, 2) **Urgent**, 3) **Elective**.

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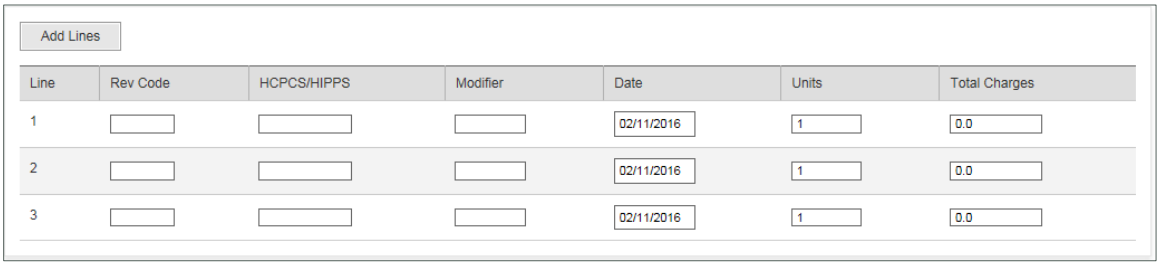
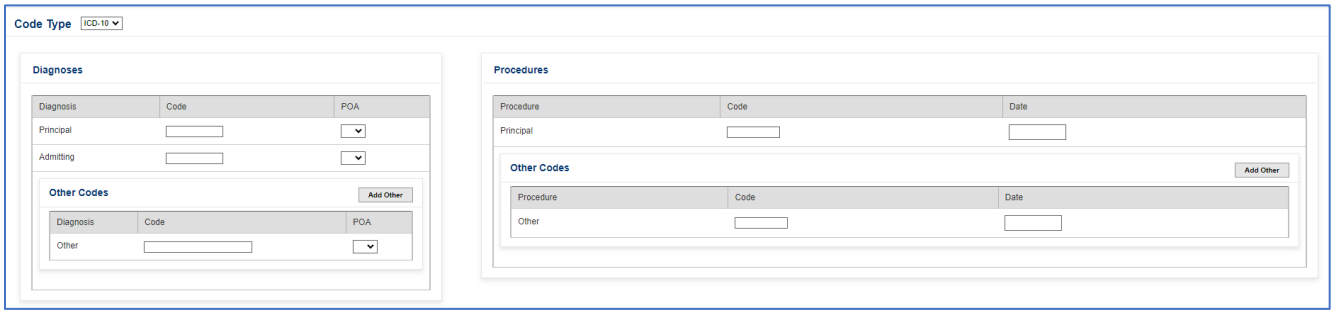
- **Gender** – The valid entries in this field are **Undefined** (default), **Male**, or **Female**.
- **Date of Birth** – Enter the patient's date of birth.
- **Patient Status** – If the patient's status is other than "01", enter a valid patient status in this field. This field is required for outpatient claims. A list of valid patient codes and an explanation of each can be found in the Appendix.

Claim Lines

The claim line fields provide information about the procedures that were performed while the patient was receiving care from the provider. At least one claim line is required by the Portal and CES in order to provide results.





Click on the **Add Lines** button to add more claim lines, as needed.

- **Rev Code** – Enter an applicable revenue code for the service that was rendered.
- **HCPCS/HIPPS** – If the procedure is tied to a related ancillary services (HCPCS) or Health Insurance Prospective Payment System (HIPPS) code, enter that value.
- **Modifier** – If there are any modifiers related to this specific claim line that may affect payment, enter that information.
- **Service Date** – Enter the date that the service was rendered or performed. The format is DD/MM/CCYY, or you may select the date from the calendar.
- **Units** – In cases where there is an actual measurement such as pints of blood, miles traveled, or number of inpatient days, this unit number is entered in this field.
- **Total Charges** – Enter the total amount of charges, covered and non-covered.

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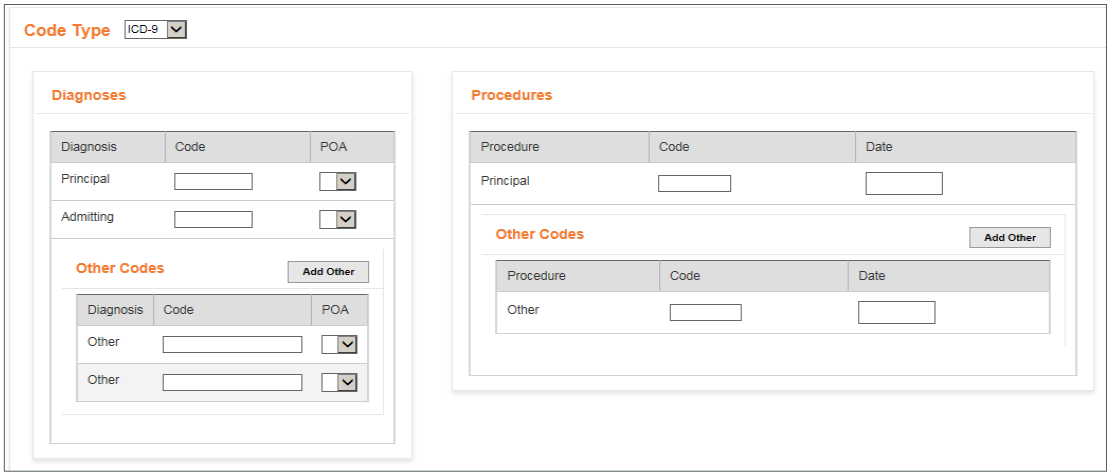
Diagnoses and Procedures



Code Type – This specifies whether the diagnoses and procedures codes on the claim correspond to the ICD-9 or ICD-10 code set. Defaults to ICD-9.

Three different types of Diagnoses codes may be entered for a Facility claim:
Principal, **Admitting**, or **Other Diagnosis Code** – This specifies the associated ICD diagnosis code.

POA – The POA fields are generally used for UB-04 claims and refer to Present on Admission. Select one of the values from the drop-down list. The valid options are:

- Y – Yes
- N – No
- U – No information in the record
- W – Clinically undetermined
- 1 – Code is exempt from POA

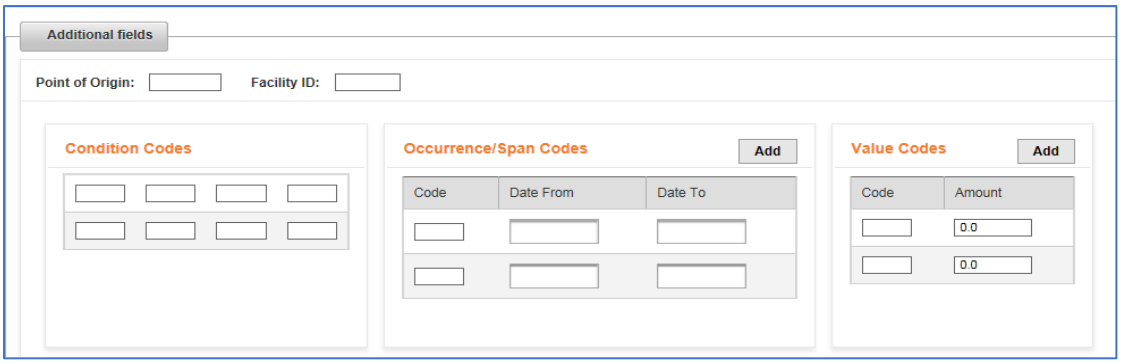
Procedure Code – Specifies the procedure administered during the visit.

Procedure Date – Specifies the date the associated procedure was administered.

Click the **Add Other** buttons to specify additional diagnoses or procedures codes, as needed.

Additional Fields

Click the **Additional Fields** button to toggle on/off supplemental claim fields, including



Point of Origin – This specifies where the diagnosis originated, i.e., was this patient originally seen in an emergency room setting and transferred to another department?

Facility ID – Enter the identification number for the facility in this field.

Condition Codes – These fields are used to report events related to the claim that may affect how the claim is adjudicated.

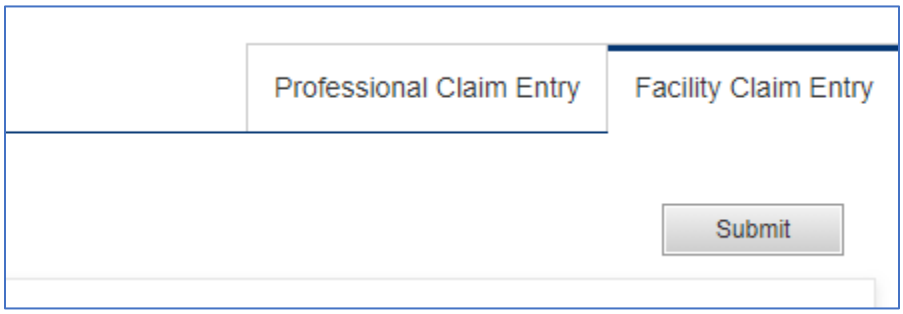
Occurrences – Like condition codes, occurrence codes are entered for a significant event that may affect payment by a payer. The occurrence codes may be related to an auto accident, an employment-related accident, etc.

Occurrence Spans – These fields are for reporting the specific dates that span the related event or occurrence.

Value Codes – These codes and their related dollar amount show the monetary or possible entitlement for processing a claim. This is a required field.

Submitting the Claim

Once all required and pertinent information has been entered for the claim, click on the **Submit** button. This indicates that the claim is ready to be processed by CES. You will be redirected to the *Claim Edit Results* screen. Refer to the Claim Edit Results section for a review.



Alternatively, users may click the **Reset** button to clear the Facility Claim Entry form and enter a new claim.