# Smart Edits

Frequently Asked Questions (FAQs)

## Overview

Smart Edits is a claims optimization tool that UnitedHealthcare is using in the electronic data interchange (EDI) workflow to detect potential billing errors within a claim. Smart Edits are sent within 24 hours of a claim submission. For more information, visit **UHCprovider.com/smartedits**.

## Frequently Asked Questions

### What are Smart Edits?

Smart Edits are an EDI capability which detect claims with potential errors within electronic claims. Smart Edit sends a message back to the submitting care provider to explain why the claim was returned, provide direction on how to resolve and resubmit them via the 277CA clearinghouse rejection report. This is the same process by which Health Insurance Portability and Accountability Act (HIPAA) edit rejections are currently communicated to you.

### Why is UnitedHealthcare using them?

When claims are submitted accurately and in compliance with the latest policies and regulations, it results in less rework, quicker approvals and faster payments. Smart Edits are expected to make claims processing more collaborative between UnitedHealthcare and care providers.

### When did UnitedHealthcare begin using Smart Edits?

In September 2017, we began using Smart Edits for 837P (professional claims) for a small number of our commercial plans. Now, Smart Edits are eligible to care providers for all lines of business. Click here to view a list of health plans and their Payer ID.

### Do I need any special software?

No. Smart Edits are delivered using the industry standard 277CA clearinghouse rejection report. The messages are typically mapped from your software vendor so that edit messages appear on the same claim status reports you receive for HIPAA edits. You can always find Smart Edit messages on your raw EDI transaction data.

### Key Points

Smart Edits is a claims optimization tool to help you catch claims billing errors and correct them before they're processed.

When UnitedHealthcare receives a claim, a Smart Edit message is sent within 24 hours. If the information within your claim triggers a Smart Edit, you will see an edit message on your 277CA clearinghouse rejection report within 24 hours of submitting a claim.

Advantages of Smart Edits include:

- Easy-to-read alerts using your existing clearinghouse or practice management system
- No special software to download or contracts to sign
- Expected to help reduce denied claims and rework for your staff, reduce the potential of medical record requests or future overpayment requests

Smart Edits apply to commercial, Medicare Advantage and Medicaid plans with various Payer IDs. Please refer to our Payer ID list found on **UHCprovider.com/smartedits**.

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## What are the types of Smart Edits and what do I do with them?

There are four types of Smart Edits: Return Edits, Rejection Edits, Documentation Edits and Informational Edits. The type of Smart Edit that you receive will define what specific action is needed from you.

## Return Edits

A Return Edit is sent when the claim in question is likely to result in a denial, reduce potential medical record request or reduce potential future overpayment requests if it continues into the claims processing system. The Return Edit could include a message about clinical code combinations using industry sourced guidelines. For example, the Centers for Medicare & Medicaid Services' National Correct Coding Initiatives (NCCI) rules or information about code sets and modifier validation.

- What do I do with Return Edits? You can resolve and resubmit the claim within five calendar days, before your claim is automatically processed as originally submitted.
- Example: "Per NCCI Guidelines, Procedure Code 43249 has an unbundle relationship with Procedure Code 43236. Review documentation to determine if use of a modifier is appropriate."

## Rejection Edits

A Rejection Edit will be sent when a claim is automatically returned before it's processed and requires you to resubmit the claim. If no action is taken to correct the claim, it will not enter UnitedHealthcare's claims processing system.

- What do I do with Rejection Edits? Resubmit the claim and include the information needed to process your claim.
- Example: "Operative and Pathology notes may be required and can be uploaded to the claimsLink Tool at https://healthid.optum.com. For more information on this edit go to UHCprovider.com/smartedits."

## Documentation Edits

A Documentation Edit alerts you when a submitted claim requires additional information before processing. This edit will describe what supporting documentation is required and the appropriate format, which you can then submit using the claimsLink tool on Link. All Documentation Edits will begin with a prefix of "uATC".

- What do I do with Documentation Edits? Review the Smart Edit message to determine what supporting documentation is needed and submit using claimsLink tool on Link.
- Example: "Operative and Pathology notes may be required and can be uploaded to the claimsLink Tool at https://healthid.optum.com. For more information on this edit go to UHCprovider.com/smartedits."

## Informational Edits

An Informational Edit message notifies you of key information in the claim submission process or about upcoming events that require your attention. Informational Edits do not impact the specific claim submitted, as this is a line-level edit.

- What do I do with Informational Edits? Please review the additional information to support our common goal of reducing claims errors.
- Example: "Per Medicare Guidelines, documentation is required for claims submitted with a Modifier 52. To expedite claim payment, please visit…"

## What is an Informational Banner?

Claims receiving Smart Edits will have an Informational Banner placed at the claim level. The intent of the banner is to provide resources for further information on Smart Edits and the associated policies.




## What is a Rejection Banner?

Institutional: This claim has been rejected and will not be processed. See UHCprovider.com/SmartEdits. Repaired claims should be sent with the original bill type, not a replacement or voided bill type ending in 7 or 8.

Professional: This claim has been rejected and will not be processed. See UHCprovider.com/SmartEdits. Repaired claims should be sent with the original frequency code, not a replacement or voided bill type ending in 7 or 8.

## If I received multiple reasons in a Smart Edit message that a claim contains errors and I only correct one of them, what happens?

One claim can result in multiple Smart Edits. In this case, the claim will be returned once but with multiple edits. If you have two Smart Edits on one claim, they will both be viewable on your 277CA clearinghouse rejection report. If you correct only one, the claim will be returned again when you resubmit because you didn't address the second edit. If you don't address both edits within the claim, your claim will be returned for a second time. Please be aware that timely filing doesn't reset on claims returned multiple times.

## Where can I get additional information about the Smart Edit messages?

To see the list of active Smart Edits messages, go to **UHCprovider.com** > Menu > Resource Library > EDI Claims Edits: HIPAA and Smart Edits. Select "Smart Edits Guide" under Resources.

## How much information is included in a Smart Edit message?

Smart Edit messages may be up to 264 characters in length. They communicate the specific problem that triggered the edit and suggest an action to fix the problem. For more detailed information, visit the Smart Edits Guide under Resources at **UHCprovider.com/smartedits**.

## What will UnitedHealthcare do to support practices who receive a higher number of Smart Edits?

UnitedHealthcare will reach out to care providers more heavily impacted by Smart Edits. We will also provide updates through the Network Bulletin and **UHCprovider.com/smartedits**. If you would like more specialized help with your Smart Edit messages, please coordinate with your UnitedHealthcare Advocate or reach out to EDI Support.

## How will I know whether my claim was accepted or rejected by UnitedHealthcare?

Use your 277CA clearinghouse rejection report to determine whether a claim was accepted or rejected.

## How will Smart Edits affect timely filing if I see an increase of rejections for claims I submit?

Timely filing rules will apply, regardless of any front-end editing. Claims must pass Smart Edit requirements before they're accepted by UnitedHealthcare. This is the same process that occurs today with HIPAA edits. Please review your electronic claim submission reports to prevent timely filing denials resulting from unaddressed claims.

## If I respond to a Smart Edits message, how does that affect the claim submission deadline?

The claim will update the date of submission to when the claim is received by UnitedHealthcare.




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## How do I bypass Smart Edits with lines on claims they know will not be reimbursed by UnitedHealthcare?

For lines that are being submitted for relative value unit (RVU) tracking purposes rather than reimbursement, please bill these claim lines at $.03 or less. Lines billed with this amount will bypass Smart Edits.

## Need Help?

For more information on Smart Edits, visit **UHCprovider.com/smartedits**. You can also contact EDI Support online at EDI Transaction Support Form, by email at SupportEDI@uhc.com or by calling **800-842-1109.**


These Frequently Asked Questions (FAQs) based on accepted coding practices and guidelines as defined in the ICD-10-CM coding book and the Official Guidelines for Coding and Reporting (the "Code Book and Official Guidelines"). This information in these FAQs is to be used for informational purposes only and was current at the time it was written; however, the Code Book and Official Guidelines are the authoritative reference for accurate and complete coding. Remaining current with respect to the updates and changes to the Code Book and Official Guidelines is the sole responsibility of the healthcare provider.

Enhanced precision and accuracy in the codes selected is the ultimate goal of the Smart Edits tool. The physician or other health care provider must submit adequate documentation to ensure that the claims are supported as billed. Documentation should include, for example, the presenting complaint, pertinent facts, findings and observations, history of past and present illnesses or conditions, examination or test results, treatment plans and outcomes. If the documentation in the medical record does not support a given code, a claim payment may be delayed or denied."



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