



Updates to Claims Editing System (CES) supported by Optum

Dear Provider Billing Teams,

Denver Health Medical Plan has uploaded an updated CES Optum pricer for claims review to our website. If you have claims come back as denied for CES edits (pattern #####) please refer to the sheet to review how to adjust and edit claims for payment. Of you have questions on remits or billing details please email **ManagedCare.ProviderRelations@dhha.org**.

To review the Optum Pricer and Claims billing guides [CLICK HERE](#)

How to use the Optum Claims Editing Resource:

1. Go to the Optum Claims Editing Pricer
2. Click on the Professional or Facility claims tab depending on your claim type
3. Locate the pattern from the claim remit and find it in the spreadsheet in column A
4. Column B will give you the rule/denial reason
5. Scroll to Column K to find a link to CMS to correct your claim and resend for payment
6. Be sure to include change reason on claim
7. If there is no cms.gov link in the column K please reach out to Provider Relations for assistance in understanding why your claim denied for CES edit

For reconsiderations on claims please file per reconsideration rules 60 days from date of remit. Timely filing applies to all corrected claims.