



Activate additional savings with Advanced Claim Review

Enhance existing payment integrity programs

What is Advanced Claim Review (ACR)?

Advanced Claim Review is a payment integrity program that provides additional claim review for professional coding accuracy and increased savings.

With ACR, board-certified, specialty medical doctors compare physician claims with surgical notes to identify and prevent the payment of submitted claims that aren't consistent with the actual services rendered (or documented in the physician's clinical notes). This gives employers a unique, post-service pre-payment claims verification program – with the potential to generate savings through a specialized review process.

How ACR works

- ACR scores individual atypical claims and high-cost procedures to identify billing errors.
- The team of board-certified medical directors review claims and records by specialty for accurate coding.
- The ACR program features peer-to-peer discussions with providers who have questions about the ACR decisions.
- Instead of competitor claims' programs that simply identify over payments that they administer and then try to recoup, UMR's ACR actually stops payment of erroneous claims before they occur – allowing the plan to realize 100% of the identified savings.

High-cost surgical reviews apply to:

- Anesthesiology
- Cardiology
- Chiro
- Dermatology
- ENT
- General Surgery
- Hand Surgery
- Neurological Surgery
- Orthopedic Surgery
- Pain Management
- Plastic Surgery
- Podiatry
- Sports Medicine
- Urology



SAVINGS

ACR generates between **14% and 28%** in incremental savings



A UnitedHealthcare Company