

Emergency Department Evaluation & Management: Optum Emergency Department Claim (EDC) Analyzer

Effective Date: July 1, 2026

Lines of Business: Commercial and Medicare Lines of Business

Overview

Effective **July 1, 2026**, Providence Health Plan and Providence Health Assurance will implement the **Optum Emergency Department Claim (EDC) Analyzer** for facility emergency department (ED) claims. This change applies to Commercial and Medicare members and will be used to support consistent, clinically appropriate reimbursement for emergency department facility claims.

The EDC Analyzer is an industry-standard tool that evaluates emergency department visit levels based on documentation of intensity, services rendered, and patient complexity. To learn more about the EDC Analyzer tool, please visit the [Optum EDC Analyzer Information Page](#).

What Is Changing

Beginning July 1, 2026:

- Emergency department (ED) facility claims will be reviewed using the Optum EDC Analyzer when all of the following parameters are met:
 - Claim is submitted on a UB04 or 8371 claim form; and
 - CPT® code 99283, 99284 or 99285 is billed; and
 - Discharge status code is 01, 06, or 07.
- The analyzer assesses the reported level of service against submitted claim data (including procedure codes, diagnosis codes, and revenue codes).
- When the billed ED level is not supported by the documented intensity of services, payment may be adjusted to the level supported by documentation or denied in accordance with the provider contract, requiring correction to the appropriate level of service.

Note: the use of the Optum EDC Analyzer does not apply to:

- Wrap-network, out-of-network, or case rate ED facility contracts
- Claims where the member is admitted to inpatient
- Critical care services (CPT® codes 99291 and 99292)
- Members who are less than 2 years old

What Is Not Changing

- Professional (physician) ED E/M services are not impacted by this change. The current reimbursement policy and payment methodology will still apply.
- Coverage determinations and medical necessity criteria remain unchanged.
- This update does not affect member eligibility, benefits, or cost-sharing.
- Claims that align with EDC Analyzer logic and documentation expectations will continue to be reimbursed as billed.

Claims Impacted

- Emergency department facility claims with dates of service on or after July 1, 2026
- Applicable to both in-network and out-of-network providers, consistent with existing contract and reimbursement terms
- Applies to Commercial and Medicare lines of business

Provider Action Required

To support accurate and timely reimbursement, providers should:

- Ensure ED visit levels are billed in alignment with the intensity of services rendered
- Submit complete and accurate diagnosis and procedure coding on all ED facility claims
- Review internal ED leveling guidelines for consistency with national coding standards

We encourage providers to review Optum's publicly available EDC Analyzer educational materials linked above for additional background on how visit intensities are evaluated.

Reconsiderations and Appeals

Standard reconsideration and appeal rights apply to claims reviewed using the EDC Analyzer. Providers may submit medical records or additional documentation to support the billed level of service in accordance with existing claims dispute processes.

Questions or Additional Information

As part of this change, an update to our Emergency Department Evaluation & Management reimbursement policy ([RP11](#)) will be available on the [PHP website](#) on 7/1/2026 (or available prior to this date by request). If you have questions regarding this update or how it may affect your claims, please contact your Provider Relations representative.