

Optum® Clinical Claim Review (CCR) – pre-pay review

The Optum Care Clinical Claims Review (CCR) team reviews readmissions for a similar or related condition (same or similar DRG) that occurs 30 days following a prior discharge, from the same hospital to determine whether the readmission was preventable.

Why are medical records requested?

Claims are identified by Optum Payment Integrity as readmission claims. Once the claims are identified, the Clinical Claim Review (CCR) team requests medical records from the facility. Providers are encouraged to fulfill all medical record requests within the designated timeline communicated within the request.



Please provide all information relevant to the claim and dates of service requested. Failure to provide all essential documentation may delay the review or denial of the claim line charges due to services not being supported.

How to submit medical records

Medical records may be submitted by paper copy. Instructions on how to submit by each method is included with each medical record request.

Mountain West Arizona/Utah

Optum Care Claims
P.O. Box 30539
Salt Lake City, UT 84130

What's happens next?

If the determination is that the readmission was unpreventable, the claim is processed accordingly. If the determination is that the readmission was preventable, the readmission claim is denied. The facility may submit one claim and receive one combined DRG payment for both admissions because both are for the treatment of the same episode of illness.



Need help?

Contact the Provider Inquiry Resolution Team (PIRT) to discuss a medical record request or review findings.

Mountain West Arizona/Utah

1-877-370-2845 / Monday – Friday,
8 a.m. - 8 p.m., MT