

Optum in-office assessment reject code explanations

In-office assessments submitted by your office have been rejected, preventing coding and possible administrative reimbursement.

Please reference the rejection codes and solutions below to resolve the rejections and permit processing.

Reject QR01: Document illegible

Explanation/solution: The image quality renders the note unreadable. Provider must resend a legible medical record that can be read/coded.

Reject QR03: Coversheet only

Explanation/solution: Only the assessment was submitted with no "change in patient status" boxes checked. Provider must send valid medical record.

Reject QR04: Missing provider credentials

Explanation/solution: The credentials are not present and/or identifiable on the medical record. A valid, signed (electronic or handwritten format) medical record with valid provider credentials must be resubmitted to Optum, or, if permitted by the health plan, the provider can submit a Signature Log to Optum.

Reject QR05: No provider signature

Explanation/solution: No provider signature is on the medical record. A valid, signed (electronic or handwritten format) medical record must be resubmitted to Optum.

Reject QR08: Missing patient name

Explanation/solution: Patient name is not present and/or legible on the medical record. Resend a valid medical record that includes the patient's name visible on all pages.

Reject QR09: Missing DOS

Explanation/solution: Date of service (DOS) on the medical record is missing or illegible. Resend medical record with visible and legible DOS.

Reject QR16: No codeable documentation

Explanation/solution: No codeable documentation has been received: Provider must send a valid medical record that includes the provider's exam and evidence of a face-to-face encounter between the provider and the patient.

What is the due date for resubmission of any rejected assessments?

Rejected assessments for the 2021 in-office assessment program can be resubmitted by March 31, 2022.

How do I submit assessments?

Please submit assessments and all supporting medical records via:

- **Optum electronic portal/modality**
- **Optum Uploader**
To get started, please visit:
optumupload.com
- **Traceable carrier (any commercial carrier with traceable delivery):**
Optum Prospective Programs Processing
2222 W. Dunlap Avenue
Phoenix, AZ 85021
- **Secure fax**
1-972-957-2145

Who can I contact if I have questions?

For more information, please contact the Optum Provider Support Center between 8 a.m.–7 p.m. EST, Monday–Friday, at 1-877-751-9207 or call your Optum representative. You may also email providersupport@optum.com.



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Reject QR17: Pages missing

Explanation/solution: Necessary pages missing. Provider must resend valid medical record to include all pages.

Reject QR18: Fax viewing error

Explanation/solution: The image received via fax encountered a transmission error rendering the faxed documentation illegible. Provider needs to resend the medical record.

Reject QR22: Expired project year

Explanation/solution: Assessment submitted for an expired project year. Resubmission is not permitted.

Reject QR23: Invalid DOS

Explanation/solution: DOS presented does not align with the project year. A valid DOS must be submitted for the assessment to be processed. Provider needs to submit a DOS that is the same year as the assessment project it is submitted for. Example: An assessment deployed in 2021 needs to be accompanied by a 2021 DOS for eligibility.

Reject QR24: No EMR valid E/S date

Explanation/solution: Electronic medical record must include the date representing when the record was electronically signed. This date must be within 180 days of the DOS. Provider must resubmit the medical record to include the electronic signature (E/S) date (which cannot exceed 180 days from DOS) or a new valid DOS. If a new DOS is from an EMR, the E/S must include the date and it must be within 180 days from the DOS.

Reject QR25: Telehealth

Explanation/solution: If telehealth encounters are allowed by the health plan, the telehealth encounter(s) submitted does not meet CMS guidelines for Risk Adjustment. Provider must resubmit a valid program year encounter. If a telehealth encounter is included in the resubmission, it must include an acceptable DOS for coding and include acceptable verbiage indicating interactive audio and visual telecommunications were utilized to conduct the encounter.

Reject QR26: Acute visit and/or incomplete OA&E section

Explanation/solution: The *Ongoing Assessment and Evaluation (OA&E)* section submitted was incomplete as per program instructions and/or an acute visit was submitted. Provider must submit an assessment with responses documented for all suspects in the OA&E section and/or a non-acute visit.