1941/1951/1961 – Payer Response Status Detail Report

The Payer Response Status Detail reports provide claim identification information for claims to which a response is attached. This response may be a 277 claim status response or a portal payer response, if your site has the Status Amplifier add-on option. Each one can be automated:

- 1941, **Payer Response Status Detail** report: Lists the most recent 277 claim status response and/or portal payer response, if your site has the Status Amplifier add-on option. A claim can be listed multiple times if there is both a 277 and portal status entry.
- 1951, **Payer Response Status Detail (277)** report: Lists the most recent payer status response from a 277 transaction for the claims.
- 1961, **Payer Response Status Detail (Portal)** report: Lists the most recent payer status from a portal transaction, if your site has the Status Amplifier add-on option.

- The report is ordered by the category groups from the *Response Status Summary* reports which can serve as a drill-down if both the summary and detail reports are run using the same filter. Portal responses are categorized as Payer Specific Responses.
- Each Category/Status code set starts with the code and description, followed by the list of claims.
- The claim list contains demographics as well as dates that show service start date, claim release date, and the status effective date.

September 14, VVYY 12:54:40AM

PAGE NO 1
CLIENT 9999
USERID juser1

PAYER RESPONSE STATUS DETAIL REPORT

Unique Claims: 76
Claim Value: $1,980,000.00
Claims that contain multiple category codes will appear multiple times in this report.
Percentage totals are +/- .05%

ERROR

CATEGORY CODE	DESCRIPTION	STATUS CODE	DESCRIPTION
E0	Response not possible - error on submitted request data	31	Subscriber and policyholder name mismatched.

PATIENT NAME	PATIENT CTRL NO	LOB	PAYER NAME	SERVICE FROM DATE	RELEASE DATE	EFFECTIVE DATE	TOB	CHARGES
LAST, FIRST A	1111111111111111111	MEDICARE	MEDICARE PART A	05/20/CCYY	05/25/CCYY	5/31/CCYY	131	50,000.00
LAST, FIRST B	2222222222222222222	BCBS	BCBS OKLAHOMA	05/20/CCYY	05/25/CCYY	5/31/CCYY	131	25,000.00
. . .								
LAST, FIRST E	555555555	BCBS	BCBS OKLAHOMA	05/20/CCYY	05/25/CCYY	5/31/CCYY	131	25,000.00
TOTAL:								**150,000.00**

Code	Description	Code	Description
E0	Response not possible - error on submitted request data	33	33: Subscriber and subscriber id not found.

PATIENT NAME	PATIENT CTRL NO	LOB	PAYER NAME	SERVIC FROM DATE	RELEASE DATE	EFFECTIVE DATE	TOB	CHARGES
Last, First A	1111111111111111111	Medicare	Medicare Part A	05/20/CCYY	05/25/CCYY	5/31/CCYY	131	15,000.00
Last, First B	2222222222222222222	BCBS	BCBS Oklahoma	05/20/CCYY	05/25/CCYY	5/31/CCYY	131	5,000.00
Last, First C	333333333	Medicaid	DHS – OK	05/21/CCYY	05/25/CCYY	5/31/CCYY	131	20,000.00

Last, First D	444444444	Commercial	AETNA	05/22/CCYY	05/25/CCYY	5/31/CCYY	131	25,000.00
. . .								
TOTAL:								**1,000,000,00**

Next Group: ACKNOWLEDGED RECEIPT, etc.