Optum

Assurance Reimbursement Management™

277 - Code usage report

This report is a printout generated from View 277 Responses on the Report menu. It is created by clicking ***Print*** after the response information is sorted to suit your purposes. The printout shows which payers are sending you which category: Status codes sets as well as when they began sending the set and when they last sent the set. The list of payers and codes is followed by a key that provides descriptions for all codes in the list. Use this information to keep saved filters current.

Payer name	From	Thru	Category	Status	Count
MEDICARE	03/22/2006	03/22/2006	F1	0	3
O/P MEDI-CAL	03/22/2006	03/22/2006	F1	2	1
O/P MEDI-CAL	03/22/2006	03/29/2006	F1	3	3
TEXAS MEDICAID/HEALTHCARE SERVICES	05/30/2006	05/30/2006	E0	35	1
TEXAS MEDICAID/HEALTHCARE SERVICES	05/30/2006	05/30/2006	F1	104	13
TEXAS MEDICAID/HEALTHCARE SERVICES	05/30/2006	05/30/2006	F2	105	2
TEXAS MEDICARE SERVICES	04/27/2006	04/27/2006	A0	2	1
TEXAS MEDICARE SERVICES	03/30/2006	03/30/2006	F0	1	4
TEXAS MEDICARE SERVICES	03/30/2006	05/30/2006	F3	1	16
TEXAS MEDICARE SERVICES	04/05/2006	04/05/2006	F3N	2	2

Category	Description
A0	Acknowledgement/Forwarded - The claim/encounter has been forwarded to another entity.
E0	Response not possible - error on submitted request data
F0	Finalized - The claim/encounter has completed the adjudication cycle, and no more action will be taken.
F1	Finalized/Payment - The claim/line has been paid.
F2	Finalized/Denial - The claim/line has been denied.
F3	Finalized/Revised - Adjudication information has been changed
F3N	Finalized/Not Forwarded - The claim/encounter processing has been completed. Any applicable payment has been made. The claim/encounter has NOT been forwarded to any subsequent entity identified on the original claim.

Status	Description
0	Cannot provide further status electronically.
1	For more detailed information, see remittance advice.
2	More detailed information in letter.
3	Claim has been adjudicated and is awaiting payment cycle.
35	Claim/encounter not found.
104	Processed according to plan provisions.
105	Claim/line is capitated.

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