Optum

Assurance Reimbursement Management™

Current (Last) Claim Status (5011 or 5012)

The *Current (Last) Claim Status* report (5011 [released claims]) or *Current (Last) Claim Status* report (5012 [unreleased claims]) is a delimited file that contains the most recent status codes in a claim's history. It is best used when a client wants to export claim status data for accumulation or manipulation in applications that are external to Assurance.

Events in the life of a claim are marked by adding codes and descriptions to the claim. These codes display in the History tab in claim form interface (CFI). This file reports the last local code and the last set of clearinghouse/payer codes. Taken together, the codes on this report tell you the state of each claim at the time the report was created.

- The report uses the claim filter to select claims and provides the current status for each selected claim.
- The default delimiter is a pipe (|). If you create the report by an auto module, the delimiter can be changed without affecting your other delimited reports. (See Help system for *Maintenance > Auto Process > Auto Module*.)
- The report begins with a heading row that contains the column names.

File definition:

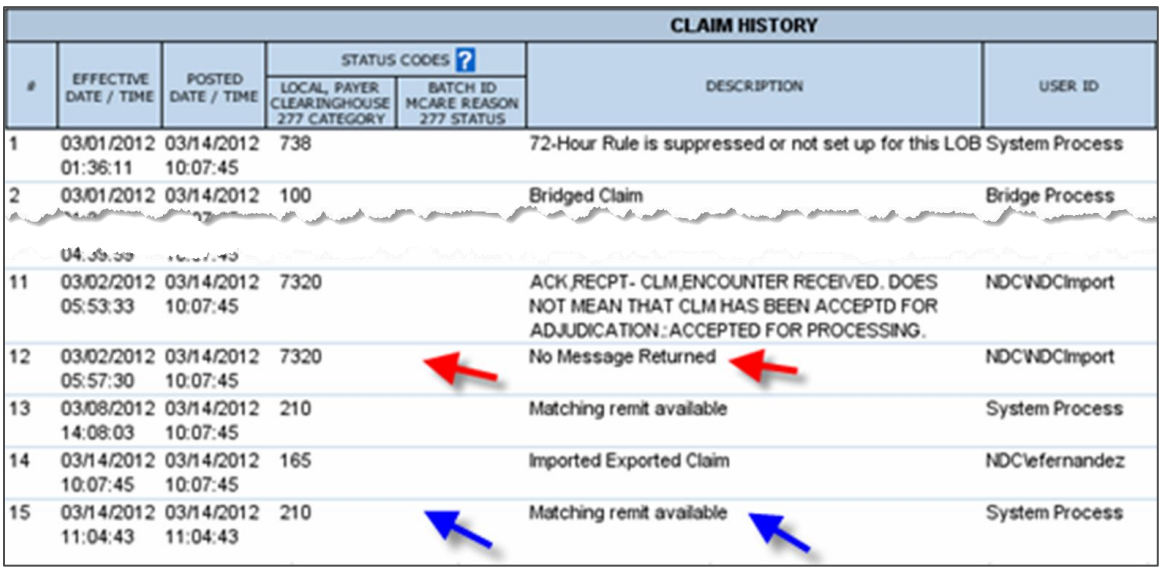
Column name	Comment
Organization Name	Facility Name. UB – FL 1, 1500 – FL 33
Billing Provider NPI	UB – FL 56, 1500 – FL 33a
CID	Client ID used when logging in
Patient LastName	UB – FL 8b, 1500 – FL 2
Patient FirstName	UB – FL 8b, 1500 – FL 2
Patient CtrlNo	UB – FL 3a, 1500 – FL 26
TotalAmount	Total charges on the claim. UB – TOTALS, 1500 – Fl 28
InsuredId	UB – FL 60, 1500 – FL 1a
TOB	Type of Bill. UB only – FL 4
Statement From	UB – From Date in FL 6. 1500 – From date on the first service line
Statement Thru	UB – Through Date in FL 6. 1500 – Through date on the first service line
Release Date	Release Date of the 135 local status code on the claim. *Not present on Unreleased report*
Payer Indicator	Top of from. A = Primary, B = Secondary, C = Tertiary
Release Status	Top of form. E = Electronic, L = Local Print, P = Clearinghouse print
Date Released to Payer	Date associated with the 1900 payer code
Payer Name	UB – FL 50, 1500 – FL 11c

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Column name	Comment
CPID	Electronic tab, Payer section.
Effective Date Last Local Code	History tab. Date Last Local Code was attached to the claim. Because the code is local, the effective date and the posting date are the same
Last Local Code	History tab. Code that defines the last event internal to *Assurance.* These are three-digit codes. Both unreleased and released claims will have a last local code.
Last Local Code Description	History tab. Descriptive text for the last local code
Effective Date Last Payer Code	History tab. Date the event described by the last payer code set is effective. *Not present on Unreleased report*
Last Payer Code	History tab. Left column of codes. First part of the last payer code set. In the claim's History table. This code can be a four-digit clearinghouse code, a 277 category code, or a payer-specific code from a portal response. *Not present on Unreleased report*
Last Payer Code Description	History tab. *Not present on Unreleased report*
Last Payer Status	History tab, right column of codes. Second part of the payer code set. This code can be: • The release Batch ID (If the last payer code is 1900) • The 277 status code (If the last payer code is a 277 category code. • A complete 277 code set (Category:Status:Entity). (If the last payer code is a four-digit clearinghouse code that reports a payer response received in a non-standard response file.) *Not present on unreleased report*
Last Payer Status Description	History tab. Narrative description of the last payer status code or code set. *Not present on unreleased report*

Reading the report

Here is a sample History tab:

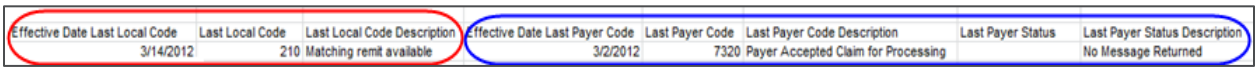


CLAIM HISTORY

#	EFFECTIVE DATE / TIME	POSTED DATE / TIME	STATUS CODES: LOCAL, PAYER CLEARINGHOUSE 277 CATEGORY	STATUS CODES: BATCH ID MCARE REASON 277 STATUS	DESCRIPTION	USER ID
1	03/01/2012 01:36:11	03/14/2012 10:07:45	738		72-Hour Rule is suppressed or not set up for this LOB	System Process
2	03/01/2012	03/14/2012	100		Bridged Claim	Bridge Process
11	03/02/2012 05:53:33	03/14/2012 10:07:45	7320		ACK,RECPT- CLM,ENCOUNTER RECEIVED. DOES NOT MEAN THAT CLM HAS BEEN ACCEPTD FOR ADJUDICATION.:ACCEPTED FOR PROCESSING.	NDC\NDCImport
12	03/02/2012 05:57:30	03/14/2012 10:07:45	7320		No Message Returned	NDC\NDCImport
13	03/08/2012 14:08:03	03/14/2012 10:07:45	210		Matching remit available	System Process
14	03/14/2012 10:07:45	03/14/2012 10:07:45	165		Imported Exported Claim	NDC\efernandez
15	03/14/2012 11:04:43	03/14/2012 11:04:43	210		Matching remit available	System Process

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Here are the code columns on the claim for this sample:



Effective Date Last Local Code	Last Local Code	Last Local Code Description	Effective Date Last Payer Code	Last Payer Code	Last Payer Code Description	Last Payer Status	Last Payer Status Description
3/14/2012	210	Matching remit available	3/2/2012	7320	Payer Accepted Claim for Processing		No Message Returned

- **Local codes** are three-digit codes that mark actions applied to claims by *Assurance* processes. On the CFI History tab, local codes display in the left code column. In the sample History tab, the last local code for the claim is 210. On the report, the Last Local Code column contains 210.
- **Payer codes** are four-digit clearinghouse codes or two-character 277 category codes. These codes mark events that happened outside of *Assurance*. On the CFI History tab, they display in the left code column. In the sample History tab, the last payer code is 7320 which was returned with no message. On the report, 7320 is in the Last Payer Code column. The last payer code description contains the default description for code 7320.
- **Payer status codes** are codes that display in the right code column on the CFI History tab. In this sample, there is no payer status code tied to the last payer code (7320). On the report, the columns for the last payer status code are empty and the description is *No Message Returned*.
- If multiple codes have the same datetime stamp, the highest number code will be on the report.

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