Optum

Assurance Reimbursement Management™

Remittance Catalog XML report (1954)

This document covers a summary of the report usage, a data source table, how to download and import the report, and how to set up the report automation.

Report Usage

You can get payment adjustment data from your ANSI 835 remittance in an XML format through the Remittance Catalogue report. The report provides more visibility into adjudication information, including the description of adjustment reason codes and remark codes. The XML includes elements across these areas of the remit:

- File information from the transaction header
- Claim payment information from the CLP segment
- Claim payment remarks from the MIA and MOA segments
- Claim payment adjustments from the CAS segments
- Service line payment information from the SCV and AMT segments
- Service line adjustments from service line CAS segments
- Service line remarks from the LQ segment

The report can include matched and/or unmatched remits. It is sorted by Provider ID and then Patient Control Number. It can also be automatically generated by the system. The recommended auto module setup target is less than 3,000 remits per report. Set up the report frequency to accommodate this volume. Some customers may need to run daily reports for each line of business.

Data source table

This table includes each possible information item cross-referenced to the ANSI 835 5010 information or other source with a description. In the report, multiple lines represent a payment since there can be claim level and/or service line level remarks and adjustments. The XML includes claim and file info for each line to maintain data integrity.

Col	ANSI Reference			Description
	Loop	Segment	Element	
File information				
FileId	-	-	-	
FileName	-	-	-	The report looks up and adds the remit file name
ImportDate	-	-	-	The report looks up and adds the remit file import date
Claim information				

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

Col	ANSI Reference			Description
	Loop	Segment	Element	
ICN	2100	CLP	07	Payer's internal control number for the claim
PayerName	1000A	N1	02	Payer name when the N1 qualifying code is PR
PayerId	1000A	N1	04	Payer identification code when the N1 qualifying code is PR
FormType	2100	CLP	08	Identifies the first two positions of the Uniform Bill Type Code for institutional services or the Place of Service code for professional services.
TOB	2100	CLP	09	CLP09 is the Frequency Type code, the third position of the Uniform Bill Type Code. This value is empty for professional claims.
PatCtrlNo	2100	CLP	01	Patient Control Number assigned by the submitter (Claim Submitter's Identifier)
PatLastName	2100	NM1	03	Patient last name when the NM1 qualifying code is QC
StmtFrom	2100	DTM	02	Statement From date when the DTM qualifier is 232
StmtThru	2100	DTM	02	Statement Through date when the DTM qualifier is 233
ClaimStatus	2100	CLP	02	Code that identifies the status of the claim according to the payer. Examples: 1: Processed as Primary 2: Processed as Secondary 3: Processed as Tertiary 4: Denied 19: Processed as Primary, Forwarded to Additional Payers
TotalBilled	2100	CLP	03	Total Claim Charge Amount
PaidAmt	2100	CLP	04	Claim Payment Amount
PatResp	2100	CLP	05	Patient Responsibility Amount – amounts in this element must be accompanied supporting adjustments reported in CAS segments in Loop 2100 or 2110 with a Claim Adjustment Group code of PR. This item can include deductibles, non-covered services, co-payments, and co-insurance amounts.
FilInd	2100	CLP	06	Claim Filing Indicator Code – this code helps identify the payer-specific product or contractual arrangement. Examples: 12 = PPO, 13 = POS, CH = Champus
SubmitterName	1000B	N1	02	Payee name
ProviderId	Header	GS	03	Application Receiver's Code in the Functional Group Header
CheckNo	Header	TRN	02	Check or EFT number
CheckDate	Header	BPR	16	Check issue date or EFT effective date
CheckAmt	Header	BPR	02	Total payment amount to the provide for the 835
Claim payment remarks				
Source	-	-	-	Indicates the source for the remark code: MIA (Inpatient Adjudication Info) or MOA (Outpatient Adjudication Info).

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

Col	ANSI Reference			Description
	Loop	Segment	Element	
Rmk	2100 2100 2100	MIA MIA MOA	05 20-23 03-07	Claim Payment Remark Codes
RmkText	-	-	-	The report looks up and adds the description.
Claim adjustments (Cas)				
ClmLvlCASSeq	-	-	-	Claim level CAS sequence number
AdjGrp	2100	CAS	01	Adjustment group code
AdjGrpDesc	-	-	-	The report looks up and adds the description.
AdjRsn1	2100	CAS	02	Adjustment reason code
AdjDesc1	-	-	-	The report looks up the code and adds the group description.
AdjAmt1	2100	CAS	03	Adjustment amount
AdjRsn2	2100	CAS	05	Adjustment reason code
AdjDesc2	-	-	-	The report looks up and adds the description.
AdjAmt2	2100	CAS	06	Adjustment amount
AdjRsn3	2100	CAS	08	Adjustment reason code
AdjDesc3	-	-	-	The report looks up and adds the description.
AdjAmt3	2100	CAS	09	Adjustment amount
AdjRsn4	2100	CAS	11	Adjustment reason code
AdjDesc4	-	-	-	The report looks up and adds the description.
AdjAmt4	2100	CAS	12	Adjustment amount
AdjRsn5	2100	CAS	14	Adjustment reason code
AdjDesc5	-	-	-	The report looks up and adds the description.
AdjAmt5	2100	CAS	15	Adjustment amount
AdjRsn6	2100	CAS	17	Adjustment reason code
AdjDesc6	-	-	-	The report looks up and adds the description.
AdjAmt6	2100	CAS	18	Adjustment amount
Service line payment information				
SLId	-	-	-	System service line identifier -this is the system GUID value
SLLineNo	2110	REF	02	Line-item control number when the REF qualifier is 6R

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

Col	ANSI Reference			Description
	Loop	Segment	Element	
SLRevCode	2110	SVC	04	Present when the revenue code was considered during adjudication in addition to the procedure code identified in SVC01.
SVCId	2110	SVC	01-2	Service line procedure (HCPCS) code
Mods	2110	SVC	01-3 01-4 01-5 01-6	Procedure code modifier for the service
SLDate	2110	DTM	02	Service date for the service line when the qualifier code is 472
SLQty	2110	SVC	05	Service quantity
SLBilledAmt	2110	SVC	02	Line-item charge amount
SLAmtPaid	2110	SVC	03	Line-item provider payment amount
SLAllowedAmount	2110	AMT	02	When the segment qualifier code is B6, this item specifies the allowable payment amount for the service line before patient responsibility
Service line adjustments				
SLSEQ	-	-	-	Service line sequence identifier
SLCASSEQ	-	-	-	Service line CAS sequence identifier
SLAdjGrp	2110	CAS	01	Adjustment group code
GrpDesc	-	-	-	The report looks up and adds the description.
SLAdjRsnCode1	2110	CAS	02	Adjustment reason code
SLRsnDesc1	-	-	-	The report looks up and adds the description.
SLAdjAmt1	2110	CAS	03	Adjustment amount
SLAdjQty1	2110	CAS	04	Adjustment quantity
SLAdjRsnCode2	2110	CAS	05	Adjustment reason code
SLRsnDesc2	-	-	-	The report looks up and adds the description.
SLAdjAmt2	2110	CAS	06	Adjustment amount
SLAdjQty2	2110	CAS	07	Adjustment quantity
SLAdjRsnCode3	2110	CAS	08	Adjustment reason code
SLRsnDesc3	-	-	-	The report looks up and adds the description.
SLAdjAmt3	2110	CAS	09	Adjustment amount
SLAdjQty3	2110	CAS	10	Adjustment quantity
SLAdjRsnCode4	2110	CAS	11	Adjustment reason code

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

Col	ANSI Reference			Description
	Loop	Segment	Element	
SLRsnDesc4	-	-	-	The report looks up and adds the description.
SLAdjAmt4	2110	CAS	12	Adjustment amount
SLAdjQty4	2110	CAS	13	Adjustment quantity
SLAdjRsnCode5	2110	CAS	14	Adjustment reason code
SLRsnDesc5	-	-	-	The report looks up and adds the description.
SLAdjAmt5	2110	CAS	15	Adjustment amount
SLAdjQty5	2110	CAS	16	Adjustment quantity
SLAdjRsnCode6	2110	CAS	17	Adjustment reason code
SLRsnDesc6	-	-	-	The report looks up and adds the description.
SLAdjAmt6	2110	CAS	18	Adjustment amount
SLAdjQty6	2110	CAS	19	Adjustment quantity
Service line remarks				
LQSEQ	-	-	-	Sequence Identifier
LQRmkQC	2110	LQ	01	Qualifying code that identifies it as a payment remark code or NCPDP reject/payment code. This is required when information is necessary to understand the adjudication message for the given service line.
LQRmkCode	2110	LQ	02	Remark Code
LQRmkDesc	-	-	-	The report looks up and adds the description.

Download the Remittance Catalogue XML report

Follow these steps to download and review the Remittance Catalogue XML report:

1. Navigate to the Reports > View Reports. The system displays the View Reports page.
2. In the last column heading dropdown list, select Download.
3. Select the Download checkbox for each Remittance Catalogue report you need.
4. Click OK. The system will zip up one or more files. Follow your browser prompts to download and save the zip file.



© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

Notes:

You can click the report name to view the content in a browser window, but do not save the file through this browser window. These files are typically very large. The action can corrupt the data and crash the browser.

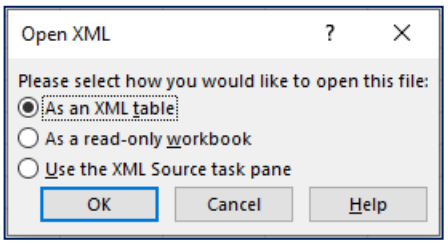
The zip creation process can take a few seconds or a few minutes, depending on the amount of data. Be patient after you click OK to download files, and wait for the browser window to respond. The standard recommended practice is to automate the generation and downloading of this report.

Import XML into Excel 2016 (or later)

While you can use any third-party software application compatible with XML formatted data, these instructions describe how to use Excel 2016 (or later).

1. **Create** and **download** the XML file.
2. **Open** a new Excel spreadsheet.
3. **Navigate to** and **choose** the XML file.

The Open XML dialog box appears.



4. Click **OK** to use the default **As an XML table** option as the method for opening the file.

Note: If Excel shows “The specified XML source data does not refer to a schema. Excel will create a schema based on the XML source data.” message, click **OK**.

Excel opens a spreadsheet with the XML data in table format.

Tip: For more targeted control over the content, select the *Use the XML Source task pane* option when opening the XML file in Excel.

Setup

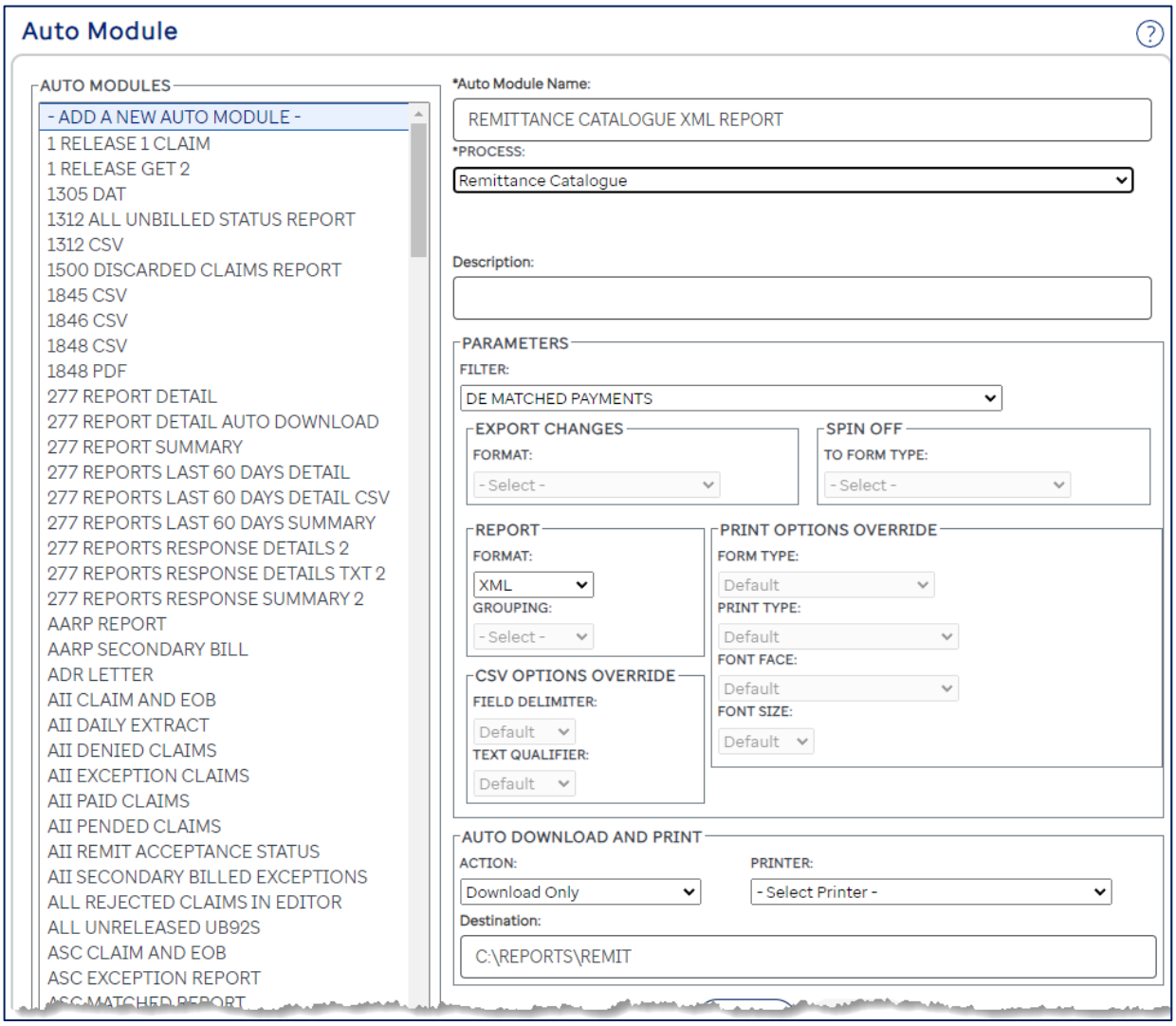
You can automate this report using the Auto Process options under the Maintenance menu. Since the suggested limit for report content is <3,000 items, you may need multiple auto modules to accommodate splitting reports by line of business and other criteria.

Follow these steps to set up an auto module for the new report.

1. **Navigate** to the Maintenance > Auto Process > Auto Module. The system displays the Auto Module **page**.
2. Select **ADD A NEW AUTO MODULE** within the Auto Modules list, if needed. Type a **name** (e.g., Remittance Catalogue XML Report).
3. Select the **Remittance Catalogue** option as the Process found in the Reports - Remit section.
4. Select a **saved remit filter** that targets the 835 file data you want.

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.

5. Choose **XML** as the format.
6. Set up any desired **auto download and print options**.
7. Click **Add**.
8. Click **OK**.



Next, navigate to the Maintenance > Auto Process > Auto List option. Follow these steps to set up a new auto list.

Or, select an existing auto list and use steps 5-6 to add the module. Since the suggested limit for report content is <3,000 items, if you schedule the reports, you may need to run them daily rather than weekly.

1. Select ADD A NEW AUTO LIST within the Auto Lists panel, if needed. Type an Auto List Name such as Remit Reports.
2. Select the Trigger Event such as Remit Imported. Or, select Scheduled Event to specify the frequency and time for running the report.
3. Click Add.
4. Select the Groups that can manually run the auto list, if needed.
5. Add the auto modules, including the new module with the Remittance Catalogue process.
6. Click OK.

© 2025 Optum, Inc. and/or one of its subsidiaries. All rights reserved.