Optum

Assurance Reimbursement Management™

Current Rejected Claim Inventory file map (2015)

The Current Rejected Claim Inventory report (2015) is a delimited file that contains information about unreleased claims. This report version includes claim errors that have not been overridden. It does not include warnings. Since there can be multiple lines per claim based on the volume of claim errors, please be aware that this report can generate very large data files.

The first row in the report is a heading row that names the columns.

1. When a claim is included in this inventory file, it is marked with a local status code **451** (included in rejected claim inventory file). Released claims are not included in this version of the report.
2. The native file extension is .CSV.
3. Default delimiters are set in Reports > Report Setup > Report Options. These settings define all your delimited files. To change the delimiters for this file only, set it up as an auto module, and then change the delimiters used by the auto module.
4. **Trailer:** The final row in this file consists of three elements:
   - **TOTALS**
   - **Error count**
   - **Sum of claim charges including multiple entries**

Col	Content description	Len	Comment
1	Claim ID	36	Uniquely identifies the claim in the claims database
2	Unit Number	5	Sent with claim / Displayed on the Electronic tab
3	Patient Acct Number	20	UB: FL 3a 1500: FL 26
4	Patient Name	24	Last, First, MI
5	Insured ID number	19	UB: FL 60 1500: FL 1a, FL 9a, or Electronic tab
6	Medical Record Number	12	UB: FL 3b 1500: Electronic tab
7	Claim From Date	10	Format: MM/DD/CCYY UB: Statement From Date FL 6 1500: From Date FL 24A of the first service line
8	Claim Through Date	10	Format: MM/DD/CCYY UB: Statement Thru Date FL 6 1500: Service Thru Date FL 24A of the first service line
9	Creation Date	10	Date claim was first saved in the database. Format: MM/DD/CCYY UB: Creation Dat. 1500: Date in FL 31

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Col	Content description	Len	Comment
10	Type of Bill	4	UB FL 4 1500: Not used
11	Type of Claim	4	Claim form: UB or 1500
12	Reason Code	4	Defines reason the claim is held. (Visible on claim as HOLD CODE in the top bar.) This is * if an unreleased claim does not contain a hold code.
13	Total Charges	10	UB: TOTALS (below service lines) 1500: FL 28
14	Comment Field 1	80	Future use
15	Comment Field 2	80	Future use
16	Financial Class	2	Both forms: In the bar at the beginning of the claim
17	Sub Unit	5	Sent with claim / Displayed on the Electronic tab • Accommodates five (5) characters
18	Client-specific payer info	5	Both forms: Contents of PLAN NO in the Payer section of the Electronic tab
19	Claim Status	1	1 = Error (Unreleased contains errors but no hold code) 2 = Hold (unreleased claim with a hold code) 3 = Valid (Unreleased, no errors, no hold code) 5 = Billed (Released claim) 6 = Post release (Released claim with claim note) 7 = Deleted (Claim is hidden in the database)
20	Payer Sequence	1	1 = Primary, 2 = Secondary, 3 = Tertiary
21	CPID	15	Both forms: CPID in the Payer section of the Electronic tab
22	National Provider Number	10	UB: FL 56 1500: FL 33a
23	Service Code	4	1 in the Client-Specific Information section of the Electronic tab
24	Payer Sub ID	4	Both Forms: SUB ID in Payer section of the Electronic tab
25	Destination/Method	1	How the claim is sent to its payer: • E = Electronic • L = Printed by you on your local system • P = Printed by the exchange print office Both forms: RELEASE STATUS at the top of the form
26	Last User Name	7	Last user to change the claim. AppServiceUser means the claim was not changed since being bridged in. Both forms: USER ID at top of the History tab
27	Document Control Number	26	UB: FL 64. 1500: Third payer bar on the Electronic tab
28	Notes	4840	Notes attached to the claim by a user / Display as Notes on the History tab.
29	Reason Code Description	50	Description of hold code holding the claim. Not visible on the claim. Obtained from the Hold Code Maintenance table.

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Col	Content description	Len	Comment
30	Claim Submission Date	10	Released claims only. Date claim sent to payer. Format: MM/DD/CCYY Displays on the History tab as the date of one of the released codes (135, 136, 175, 335, 336)
31	Payer ID	5	Both forms: PAYER ID in the Payer section of the Electronic tab
32	Payer Category	1	UB: SOURCE OF PAYMENT in the Payer section of the Electronic tab 1500: SOP in the Payer section of the Electronic tab
33	Other Reason Code	4	Reason an action like deleting or rebilling was done. These codes/descriptions are from a client-specific reason code file uploaded into the database. If used, these are visible in the Reason Code column of the History tab.
34	Patient Type	3	Indicates whether a patient is inpatient, outpatient, emergency, surgical, or industrial. • First character must be I, O, E, S, **or** N. Those beginning with “I” are considered inpatient. “O,” “E,” and “S” are processed as outpatients. “N” identifies industrial accounts. • Additional characters are optional. If used, they must be a valid combination of B, P, R, or V. I=Inpatient, O=Outpatient, E=Emergency, S=Surgical, N=Industrial, B=Newborn, P=Preadmit/registration, R=Recurring, V=Observation. • Valid inpatient types are I, IB, IP. Valid outpatient types are O, E, S, OP, OR, OV, SP, SV, EP, ER, EV. Displays in STSPC_2 of the Electronic tab
35	Edit Name		Name of the claim edit
36	Error Message		Description of the error
37	Error Field		Claim field that has the error
38	Error Data		Entry in the claim field that has the error
39	Error Category Name		Names the classification assigned to the error. The Operations Dashboard groups errors on related fields into categories. These categories may be used to set up workflow code assignment rules.

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