Optum

Assurance Reimbursement Management™

Current Claim Inventory file map (2012)

The Current Claim Inventory file (2012) is a delimited file containing information about currently active claims.

1. When a claim is included in an inventory file, it is marked with a local status code – 440 (unreleased), 441 (released), 442 (deleted), or 448 (post release note added). Released claims will not be included in any subsequent file unless the Claim Status (Col 19) changes or there is an additional note posted on a claim released within the last ten (10) days.
2. This report includes unreleased claims in every inventory file until they are released or deleted.
3. The native file extension is .csv.
4. Default delimiters are set in report options (Reports > Report Setup > Report Options), which defines **all** your delimited files. To set the delimiters for one file only, set it up as an auto module and change the delimiters used by the auto module.
5. Trailer: The final row in this file consists of three elements:
   TOTALS, claim count, sum of claim charges

Col	Content/Description	Len	Comments
1.	Claim ID	36	The GUID that uniquely identifies the claim in the claims database
2.	Unit number	5	Sent with claim, displayed on the Electronic tab in CFI
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	MM/DD/CCYY UB: Statement From Date FL 6 1500: From Date (FL 24A of the first service line
8.	Claim through date	10	MM/DD/CCYY UB: Statement Thru Date FL 6 1500: Service Thru Date FL 24A of the first service line
9.	Creation date	10	MM/DD/CCYY Date claim was first saved in the database UB: Creation Dat. / 1500: Date in FL 31
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	Code that defines the reason the claim is being held (Visible on the claim as HOLD CODE in the top bar). This value is * if an unreleased claim does not contain a **hold code**
13.	Total charges	10	UB: TOTALS (below the service lines) / 1500: FL 28
14.	Comment field 1	80	Future use
15.	Comment field 2	80	Future use
16.	Financial class	2	Both claims: In the bar at the beginning of the claim
17.	Sub unit	4	Sent with claim, displayed on the Electronic tab in CFI

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Col	Content/Description	Len	Comments
18.	Client-specific payer info	5	Both claims: contents of TP_PLAN 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 has been 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 Optum 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 has not been changed since it was 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. These display as notes on the History tab of the claim display.
29.	Reason code description	50	The description of the Hold Code that is holding the claim. This description is not visible on the claim. It is obtained from the Hold Code Maintenance table.
30.	Claim submission date	10	MM/DD/CCYY Date claim was sent to payer. (Applies to **released** claims only). Displays on the History tab as the date of one of the released codes (135, 136, 175, 335, 336)
31.	Payer ID	5	Both claims: 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 (source of payment) in the Payer section of the Electronic tab
33.	Other reason code	4	The code that gives the reason an action like deleting or rebilling was done to a claim. These codes and their descriptions are from a client-specific reason code file that is uploaded into the database. If used, these codes are visible on the History tab of any claim. Look in the Reason Code column of the History table.
34.	Patient type	3	Indicates whether patient is inpatient, outpatient, emergency, surgical, or industrial type. • First character must be I, O, E, S, or N. All types that begin with I are considered inpatient. Types O, E, and S are processed as outpatients. Type 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. (Patient type displays in STSPC_2 on the Electronic tab of CFI.)

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