We are currently updating the OP Help Center content for the release of OP 14.19 or OP 19. OP 19 is a member of the certified OP 14 family of products (official version is 14.19.1), which you may see in your software (such as in Help > About) and in the Help Center tabs labeled 14.19. You may also notice that the version number in content and videos may not match the version of your software, and some procedural content may not match the workflow in your software. We appreciate your patience and understanding as we make these enhancements.

How Claim Status Categories are Defined

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Version 14.19

If your office is contracted for Full HIPAA Services and your office contracted with a supported clearinghouse, you have the ability to view claim statuses within OP.

The most frequent Claim Status Categories are as follows:

- **Q0**: defined as a claim that has not been transferred to the transmittal queue so it has not been electronically transmitted to your clearinghouse or printed on HCFA.
- **Q1**: defined as a claim that has been transferred to the transmittal queue but has not been electronically transmitted to your clearinghouse or printed on HCFA yet.
- **Q2**: defined as a claim that has been transferred to the transmittal queue and has either been electronically transmitted to your clearinghouse (but not yet acknowledged by your clearinghouse).
- **Q3:** defined as print on a paper HCFA.
- **A0**: defined as a possible claim rejection by OP and/or your clearinghouse; requires further research and may require correction and resubmission.
- **A1**: defined as a claim accepted/acknowledged by your clearinghouse on initial submission.
- **A2**: defined as a claim accepted/acknowledged by your payer on initial submission.
- **A3**: defined as a claim rejected by OP and/or clearinghouse; requires correction and resubmission.

When reviewing claim status, please be aware of the following Claim Status Guidelines:

1. All successfully acknowledged claims should reach an A1 or A2 status with the exception of self-pay and paper claims. For both self-pay and paper claims, a Q2 status is acceptable.
2. Transfer any electronic claims remaining in Q0, Q1 or Q2 status *after* acknowledgement reports are processed into OP back to the queue for retransmission to your clearinghouse.

3. Review and correct any electronic claims remaining in A0 or A3 status and transfer them back to the queue for retransmission to your clearinghouse. To determine if an A0 is a valid entry in terms of truly being forwarded to another entity, check the claim status history details (click the claim, click the plus sign to the left and make sure you are viewing status history). If there is no entry in the notes field *and* you can verify that your clearinghouse has acknowledged receipt of this claim, then A0 is most likely a valid entry. If, however, there is some text in the notes field referencing invalid data OR if your clearinghouse cannot acknowledge receipt of the claim, then correct and resubmit the A0 claim to your clearinghouse.
4. Claims in A1 or A2 status do represent successful clearinghouse acknowledgement upon initial submission. All clearinghouses, however, do have levels of claim review. A claim may be initially acknowledged as accepted in level 1 (as represented by the A1 or A2 status in OP), however, the same claim may be rejected in the level 2 review by the clearinghouse. Level 2 (or higher) rejections are reported by your clearinghouse on their website and are not represented in OP.
5. Regularly check your clearinghouse claim status to identify rejected claims. In addition, regularly review your open claims (accounts receivable) to identify claims that are outstanding where payment from the payer is overdue. Regularly assessing open claims assists a user in minimizing issues of timely filing.

There is an extensive list of claim status categories but for the purposes of OP, the following is a bit more comprehensive listing of most commonly reported statuses (dependent on your clearinghouse and payer mix):

- A0: Acknowledgement-Forwarded to another entity
- A1: Acknowledgement-Received
- A2: Acknowledgement-Accepted for adjudication
- A3: Acknowledgement-Returned as not processable
- P0: Pending
- P1: Pending-In adjudication process
- P2: Pending-Suspended for review
- P3: Pending-Waiting for requested information
- P4: Pending-Waiting for patient response
- F0: Finalized-Complete
- F1: Finalized-Paid
- F2: Finalized-Denied
- F3: Finalized-Revised
- F3F: Finalized-Paid/forwarded
- F3N: Finalized-Paid/not forwarded
- F4: Finalized-Complete, no further payment
- Q0: Current, not queued
- Q1: Queued for transmission
- Q2: Transmitted/printed

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