

Integrex Health Claim Status API V2

Overview

Link Claims APIs provide REST (Representational State Transfer) interface for Claim information. The API uses JavaScript Object Notation ([JSON](#)) for requests and responses. All API traffic is encrypted over [HTTPS](#) and authentication is handled with OAuth2.

Authorization via OAuth2

Access to our APIs is controlled via OAuth2 using the client credentials grant. This is a secure authorization workflow that allows you to obtain a short-lived (1 hour) access token that must be transmitted with your API request.

Type: OAuth 2.0

End-point: <https://api.integrexrcm.com:53443/api/v2/auth>

Grant Type: [Client Credentials](#)

Header Prefix: Bearer

Implementation: We highly recommend using a stable third party library for Authentication flow. For example in Python we can use [oauthlib](#). For Postman we can get the access token from the “[Authentication](#)” tab as:

The screenshot shows the 'Authorization' tab in Postman. The 'Name' field is set to 'Integrex'. The 'TYPE' dropdown is set to 'OAuth 2.0'. The 'Access Token' field contains 'fvusMzsJEbV5h3' and has an 'Available Tokens' dropdown. The 'Header Prefix' field is set to 'Bearer'. There is a 'Get New Access Token' button. The 'Add auth data to' dropdown is set to 'Request Headers'. A note states: 'This authorization method will be used for every request in this collection. You can override this by specifying one in the request. The authorization data will be automatically generated when you send the request. [Learn more about authorization](#)'.



Generic API response codes

Status Code	Description
200 202 400	Success
401 402	Processing. Poll after some time again.
	Some error with the data submitted
	Unauthorized
	Authentication Error

Claim Info API

This API returns standard claim status along with value-add data. This is a polling based API. We support both GET and POST verbs on this end-point. The clients are expected to submit a POST request with the patient data and use the ticket ID to send a GET request on the same end-point to fetch the data.

End-Point: <https://api.integrexrcm.com:53443/api/v2/claim-info>

Headers:

Authorization: Bearer {access_token}

[POST] Claim Request

Parameter	Type	Description
patientDob	String (yyyy-mm-dd)	Patient's date of birth
patientFirstName	String String String	Patient's first name Patient's
patientLastName		last name Subscriber or
subscriberId		Member policy ID#
subscriberFirstName	String	Subscriber's first name
subscriberLastName	String	Subscriber's last name
subscriberDob	String (yyyy-mm-dd)	Subscriber's date of birth
billingProviderNpi	String	Billing provider/group NPI submitted on claim Billing provider/group name
billingProviderName	String	Billing provider/group Tax ID submitted on claim
taxId	String	Date of service (if singular) or beginning date of admission
admitDate	String (yyyy-mm-dd)	Claim billed amount
totalCharges	String	Insurance Plan Payer ID
payerId	String	Insurance Plan Name
payerName	String	Client's internal account number
trackingId1	String	Client's internal account number
trackingId2	String	

[POST] Claim Response

Parameter	Type	Description
id	String	Unique request identifier

[GET] Claim Request

Parameter	Type	Description
id	String	Unique request identifier

[GET] Claim Response

Parameter	Type	Description
internalAccountNumber	String	Client's internal account number (alphanumeric)
internalAccountNumber2	String	Client's internal account number2 (alphanumeric)
patientLastName	String	Patient's last name
patientFirstName	String	Patient's first name
subID	String	Subscriber or Member policy ID # (alphanumeric)
billingEntityName	String	Name of billing provider/facility
responseDate	String (yyyy-mm-dd)	Date claim status response was received from payer
payerID	String	Payer ID used to communicate with payer for status response (alphanumeric)
payerContactName	String	Payer name as returned by the payer
payerContactPhone	String	Payer phone number
dateOfService	String (yyyy-mm-dd)	Date of service (if inpatient, this would be the admission date)
payerClmNo	String	Payer claim number

		(alphanumeric)
claimReceiptDate	String (yyyy-mm-dd)	Date the payer acknowledges receipt of the claim
chargeAmt	String	Claim billed amount
paymentAmt	String	Claim paid amount
adjudicationDate	String (yyyy-mm-dd)	Date the payer adjudicated the claim
checkDate	String (yyyy-mm-dd)	Date check was issued
checkNumber	String	Check number of payment issued (alphanumeric) Line item number of claim
svcLine	Integer	Standard claim category code (alphanumeric)
categoryCode	String	Standard claim status code
statusCode	String	Standard claim category code description
categoryDescription	String	Standard claim status code description
statusDescription	String	HCPCS/NUBC identifier HCPCS/CPT procedure code (if applicable)
procedureCdQual	String	NUBC revenue code (if applicable)
procedureCd	String	Number of units billed for service line
revenueCd	String	Payer designated allowed amount
svcLnQty	Integer	Payer designated amount applied to patient co-insurance
allowedAmount	Float	Payer designated amount applied to patient co-payment
coInsuranceAmount	Float	Payer designated non-
coPaymentAmount	Float	
nonCoveredAmount	Float	

		covered amount
checkStatus	String	Payer designated check status (i.e. was it cashed?) - does not apply to EFTs
dateCheckCashed	String (yyyy-mm-dd)	Date check cashed (if applicable). Does not apply to EFTs, in the case of EFT possible to receive text response of "null"
reasonSourceCd1	String	Value add denial reason code. For UHC this will be the internal REMARK code (non-standard, payer specific) (alphanumeric)
reasonSourceCdDescTxt1	String	Value add denial reason description. For UHC this will be the internal REMARK description (non-standard, payer specific)
reasonSourceCd2	String	Additional field for value add denial reason code. For UHC this will be the RARC code (non-standard, payer specific) (alphanumeric)
reasonSourceCdDescTxt2	String	Additional field for value add denial reason description. For UHC this will be the RARC code (non-standard, payer specific)
reasonSourceCd3	String	Additional field for value add denial reason code. For UHC this will be the CARC code (non-standard, payer specific) (alphanumeric)
reasonSourceCdDescTxt3	String	Additional field for value add denial reason description. For UHC this will be the CARC code (non-standard, payer specific)
authorizationCaseld	String	Authorization reference number (if applicable) (alphanumeric)

authorizationDescription	String	Authorization description/type (if applicable)
integrexId	String	Unique alpha-numeric identifier assigned to each encounter by Integrex Health