

IntakeQ Claims API

Please Note: The standard PracticeQ subscription includes 10 API requests/minute, max 500/day. Click here ([//support.intakeq.com/article/711-api-rate-limits](https://support.intakeq.com/article/711-api-rate-limits)) to learn how to increase your threshold and unlock the power of PracticeQ's flexible API's.

Overview

The IntakeQ Claims API is composed of HTTP endpoints that can be reached through a REST API.

Getting Started

To get started, you first need to enable API access (navigate to More > Settings > Integrations > Developer API). That's also where you'll find your API key, used to authenticate your HTTP calls.

- Only the main account owner has access to the API tab.
- Never expose your API key in plain text (config files, source control, etc.).
- Consider setting an IP Allow-List as explained here ([//support.intakeq.com/article/200-restricting-access-using-ip-address#api-ip-restriction](https://support.intakeq.com/article/200-restricting-access-using-ip-address#api-ip-restriction)).

Base URL

All endpoints are located under the following URL: <https://intakeq.com/api/v1/> (<https://intakeq.com/api/v1/>)

An example of a typical API call would look like this:

```
[GET] https://intakeq.com/api/v1/claims?clientId=123
```

Authentication

Every HTTP request needs to contain your API key embedded in an authentication header named X-Auth-Key.

```
X-Auth-Key:xxxxxxxxxxxxxxxxxxxxxxxxxxxx
```

GET All Claims for All Clients or Claims for a Specific Client

This method returns a list of claims. If clientId parameter is not passed, the method will return all claims for all clients

```
[GET] https://intakeq.com/api/v1/claims?clientId=123
```

This method accepts the following query string parameters:

- clientId (optional) – An integer used to identify the client. Leave blank to get claims for all clients
- startDate (optional) – Returns only claims that were created after the specified date. Use the following date format: yyyy-MM-dd (ex.: 2016-08-21)
- endDate (optional) – Returns only claims that were created before the specified date. Use the following date format: yyyy-MM-dd (ex.: 2016-08-21)
- page (optional) – This method returns a maximum of 100 records. Use the page parameter to implement paging from your end. Use 1 for page 1, 2 for page 2, etc.

This method returns a JSON object representing an array of claims. This is what the response looks like:

```
[  
  {  
    "Status": 0,  
    "PatientFirstName": "xxxx",  
    "PatientMiddleInitial": null,  
    "PatientLastName": "xxxx",  
    "PatientDateOfBirth": null,  
    "PatientGender": null,  
    "PatientStreetAddress": "",  
    "PatientCity": null,  
    "PatientState": null,  
    "PatientZip": null,  
    "PatientPhoneAreaCode": null,  
    "PatientPhoneNumber": null,  
    "PayerName": null,  
    "PayerStreetAddress": null,  
    "PayerCity": null,  
    "PayerState": null,  
    "PayerZip": null,  
    "ClientRelationshipToInsured": null,  
    "InsuredFirstName": null,  
    "InsuredMiddleInitial": null,  
    "InsuredLastName": null,  
    "InsuredDateOfBirth": null,  
    "InsuredGender": null,  
    "InsuredStreetAddress": null,  
    "InsuredCity": null,  
    "InsuredState": null,  
    "InsuredZip": null,  
    "InsuredPhoneAreaCode": null,  
    "InsuredPhoneNumber": null,  
    "InsuredId": null,  
  }]
```

```
"InsuredGroupId": null,  
"InsurancePlanName": null,  
"PatientAccountNumber": "xx",  
"ProviderNpi": null,  
"ProviderFirstName": "xx",  
"ProviderLastName": "xx",  
"TaxId": null,  
"ProviderOtherId": null,  
"ProviderStreetAddress": null,  
"ProviderCity": null,  
"ProviderState": null,  
"ProviderZip": null,  
"ProviderPhoneAreaCode": null,  
"ProviderPhoneNumber": null,  
"Diagnosis": [  
    "1"  
,  
    "Procedures": [  
        {  
            "Date": 1646398800000.0,  
            "PlaceOfService": null,  
            "Procedure": null,  
            "Modifiers": [],  
            "Diagnosis": [],  
            "Charges": 100.0,  
            "Units": 1.0,  
            "Npi": null  
        }  
,  
        "ReferringQualifier": null,  
        "ReferringProviderFirstName": null,  
        "ReferringProviderMiddleInitial": null,
```

```
"ReferringProviderLastName": null,  
"ReferringProviderNpi": null,  
"ReferringProviderOtherId": null,  
"FacilityName": null,  
"FacilityNpi": null,  
"FacilityOtherId": null,  
"FacilityStreetAddress": null,  
"FacilityCity": null,  
"FacilityState": null,  
"FacilityZip": null,  
"ConditionRelatedToEmployment": false,  
"ConditionRelatedToAutoAccident": false,  
"ConditionRelatedToOtherAccident": false,  
"OutsideLab": false,  
"ResubmissionReferenceNumber": null,  
"PriorAuthorizationNumber": null,  
"AcceptAssignment": true,  
"PayerType": null,  
"CurrentIllnessDate": null,  
"UnableToWorkStart": null,  
"UnableToWorkEnd": null,  
"HospitalizationStart": null,  
"HospitalizationEnd": null,  
"OtherDate": null,  
"PriorPaidAmount": 0.0,  
"AdditionalClaimInformation": null  
}  
]
```

Status Codes

Below is a breakdown for the claim status codes and what they mean:

- 0 = Draft
- 1 = Validated
- 2 = Submitted
- 4 = Rejected
- 5 = Denied
- 6 = Paid
- 7 = Deductible
- 10 = Canceled
- 100 = Acknowledged
- 101 = Processing
- 102 = Pending
- 103 = NotFound
- 104 = Adjudicated
- 105 = AdditionalInfoRequested