

UHC ENHANCED DUPLICATE LOGIC DEPLOYMENT UPDATE for Payer ID 95958

UNITEDHEALTHCARE SYSTEM NOTIFICATION ENHANCED DUPLICATE LOGIC DEPLOYMENT UPDATE

Date: August 27, 2018

Professional and Institutional Encounter Update for EDI Payer ID 95958

This is a follow up to a previous notification, regarding UnitedHealthcare's deployment of enhanced duplicate logic on August 18, 2018.

Based on the analysis of the duplicate edits after the August 18th deployment, the enhanced duplicate logic was removed from production the morning of August 22, 2018, as additional adjustments are needed.

All encounter submissions received by OptumInsight with EDI payer ID 95958 as of August 22nd, will be checked for duplicates using the **prior** duplicate logic that was deployed back on **November 18th 2015**.

UnitedHealthcare will send out an updated notification to advise on the new deployment date for the enhanced duplicate logic in the near future.

Existing Data Elements utilized for Duplicate Logic:

The data elements and location in the 005010X222A1- 837 Professional encounters are as follows:

Must Be Exact Match			
Loop Name	Implementation Name	Loop	Segment
Subscriber Name	Subscriber Primary Identifier	2010BA	NM109
Billing Provider Name	Billing Provider Tax Identification Number	2010AA	REF02
Claim Information	Patient Control Number	2300	CLM01
Claim Information	Total Claim Charge Amount	2300	CLM02
Claim Information	Place of Service Code	2300	CLM05-1
Claim Information	Claim Frequency Code	2300	CLM05-3
Claim Information	Diagnosis Code	2300	HI01-2
Rendering Provider Name	Rendering Provider Identifier	2310B	NM109
Service Line Number	Date Time Period Qualifier D8 RD8	2400	DTP02
Service Line Number	Service Date	2400	DTP03
Must Be Exact Match and In Any Order			
Loop Name	Implementation Name	Loop	Segment
Service Line Number	Procedure Code	2400	SV101-2 (+ any additional SV101-2)

The data elements and location in the 005010X223A2- 837 Institutional encounters are as follows:

Must Be Exact Match			
Loop Name	Implementation Name	Loop	Segment
Subscriber Name	Subscriber Primary Identifier	2010BA	NM109
Billing Provider Name	Billing Provider Tax Identification Number	2010AA	REF02
Claim Information	Patient Control Number	2300	CLM01
Claim Information	Total Claim Charge Amount	2300	CLM02
Claim Information	Place of Service Code	2300	CLM05-1
Claim Information	Claim Frequency Code	2300	CLM05-3
Claim Information	Statement From and To Date	2300	DTP03
Claim Information	Principal Diagnosis Code	2300	HI01-2
Attending Provider Name	Attending Provider Primary Identifier	2310A	NM109
Must Be Exact Match and In Any Order			
Loop Name	Implementation Name	Loop	Segment
Service Line Number	Service Line Revenue Code	2400	SV201 (+ any additional SV201)
Service Line Number	Procedure Code	2400	SV202-2 (+ any additional SV202-2)

Submitter Action: Continue to review your 277CA or text reporting.

When duplicate encounters are identified in your encounter submissions you will continue to see the following rejection message:

Health Care Claim Status Category Code:

A7: Acknowledgement/Rejected for Invalid Information - The claim/encounter has invalid information as specified in the Status details and has been rejected.

Health Care Claim Status Code:

54: Duplicate of a previously processed claim/line.

Status Information Action Code

U: Reject

277CA Rejected Duplicate Encounter Example:

STC*A7:54*20180808*U*4900

If you have any questions, please contact your clearinghouse for EDI and technical assistance or contact UnitedHealthcare Encounter Data Collections Team at encountercollection@uhc.com.