

# EDI Support Services

## ***X12 837 Duplicate Checking Criteria***

Background: EDI Support Services' (EDISS) front-end collection system performs duplicate checking on production x12 837 Professional, Institutional, and Dental Health Care Claim transactions. The collection system completes duplicate checking on the logical file (ST-SE) level and stores files in the duplicate system for accepted logical files on the 277CA report. The collection system reports a file rejection on the 277CA as follows:

- A8: Acknowledgement/Rejected for relational field in error
- 746: Duplicate Submission
- 40: Receiver

### **In this document:**

- Criteria to determine when a duplicate file has been received for X12 87P, X12 837I, and X12 837D

**Use the following criteria to determine when a duplicate file has been received for X12 837P (005010X222A1), X12 837I (005010X223A2) and X12 837D (005010X224) files.**

### ***X12 837 Duplicate Checking Criteria for Medicare Part A and Medicare Part B:***

If a submitted ST-SE's hash total/ISA06 combination matches any hash total/ISA06 combination within EDI Support Service (EDISS) Gateway System.

Hash Total: is an arbitrary total value assigned to the file sent by a Trading Partner. If the arbitrary total is received more than once within EDISS Gateway System it will reject as a duplicate file.

***X12 837 Duplicate Checking Criteria for the Lines of Business include:***  
**Blue Cross/Blue Shield of North Dakota and Wyoming, Iowa Medicaid, North Dakota Dental Services, North Dakota Medicaid, North Dakota Vision Services, North Dakota Workforce Safety and Insurance and Tricare North Dakota and Wyoming**

<b>Criteria</b>	<b>Description</b>
Trading Partner Id	ISA06
Claim Count	Number of claims (number of CLM segments – 2300 loop - counted by

## ***Frequently Asked Questions***

	translator within an ST-SE)
Record Count	Number of records lines (number of segments counted by translator within an ST-SE, inclusive of ST and SE)
Total Charge Amount	Total of all CLM02 elements within an ST-SE
File receipt date (from translator, not the data)	Translator will check claims sent within a 15-day span.
File receipt time (from translator, not the data)	Translator will check claims sent within a 15-day span.
First Claim, Patient Control Number	Loop 2300, CLM01
Last Claim, Patient Control Number	Loop 2300, CLM01
First Claim, charge amount	Loop 2300, CLM02
Last Claim, charge amount	Loop 2300, CLM02
Transaction Set Create Date	BHT04

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