



Related MLN Matters Article #: MM3679

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### *New Remittance Advice (RA) Message for Referred Clinical Diagnostic/Purchased Diagnostic Service Duplicate Claims*

#### Key Words

Diagnostic, CR3551, MM3551, CR3679, MM3679, Duplicate, Remittance, Remark, Notice, N347

#### Provider Types Affected

Physicians/suppliers who bill Medicare Carriers, excluding Durable Medical Equipment Regional Carriers (DMERCs), for referred clinical diagnostic laboratory and purchased diagnostic services

#### Key Points

- The effective date of the instruction is July 1, 2005.
- The implementation date is July 5, 2005.
- Effective April 1, 2005 the Centers for Medicare & Medicaid Services (CMS) will implement a new Common Working File (CWF) edit to check for duplicate claims for referred clinical diagnostic laboratory services and purchased diagnostic services submitted by physicians/suppliers to more than one carrier per Change Request 3551.
- Claims submitted for referred clinical diagnostic/purchased diagnostic services will be considered duplicate when:
  - Claims contain different carrier numbers; and
  - All of the data matches on the following claim fields:
    - Beneficiary Name
    - Beneficiary Health Insurance Claim Number (HICN)
    - Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) Code
    - Date of Service
    - CPT/HCPCS Code Modifier.

- Effective for claims processed on or after July 1, 2005, CMS will implement a new Remittance Advice (RA) message for claim items denied due to the CWF duplicate claim edit for referred clinical diagnostic/purchased diagnostic service claims.
- Carriers will use the following remark code on remittance advice notices generated for a referred clinical diagnostic/purchased diagnostic service claim line item denied as a duplicate of a previously paid service: "Your claim for a referred clinical diagnostic/purchased diagnostic service cannot be paid because payment has been made for this service in another carrier jurisdiction."
- The new remark code is N347.
- The CWF duplicate claim edit will only apply to claims containing CPT code included on clinical laboratory fee schedule or HCPCS code included on the Abstract File for Purchased Diagnostic Tests/Interpretations to be implemented in April 2005.

### Important Links

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3679.pdf>

The official instruction issued to carriers regarding this change can be found at <http://www.cms.hhs.gov/Transmittals/downloads/R582CP.pdf> on the CMS website.

The related MLN Matters article MM3551 can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3551.pdf> on the CMS website.