



Related MLN Matters Article #: MM3946

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Medicare's Common Working File (CWF) Expansion of Duplicate Claim Edit for Clinical Diagnostic Services

Key Words

MM3946, CR3946, R626CP, Diagnostic, CWF, Duplicate, Claim, CPT, HCPCS, HICN

Provider Types Affected

Clinical laboratories billing Medicare carriers for laboratory services

Key Points

- The effective date of the instruction is January 1, 2006.
- The implementation date is January 3, 2006.
- The Medicare system's edit, to check for duplicate claims for referred clinical diagnostic laboratory services to more than one carrier, will be modified to include all claims, with or without the "90" modifier, effective January 1, 2006.
- Claims submitted, with or without the "90" modifier, for referred clinical diagnostic laboratory services will be identified as "duplicate claims" when the involved claims contain different carrier numbers and all of the following data matches in the claim fields:
 - Beneficiary Name;
 - Beneficiary Health Insurance Claim Number (HICN);
 - Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code; and
 - Date of Service.
- The remark code N347 will be used on the remittance advice to show *"Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contractor representing the payer"* when claims are denied as a result of the edit.

- The CWF duplicate claim edit will only apply to claims containing a CPT code that is included on the clinical laboratory fee schedule, or a HCPCS code that is included on the Abstract File for Purchased Diagnostic Tests/Interpretations implemented in April 2005.
- The CWF duplicate claim edit for referred clinical diagnostic laboratory service will not include the “91” modifier on referred laboratory claims in the matching criteria.
- The modifier “91” is used to identify repeat clinical laboratory services for the same beneficiary on the same date of service.

Important Links

The related MLN Matters article may be viewed at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM3946.pdf> on the CMS website.

The official instructions (CR3946) issued to the provider’s Medicare carrier regarding this change, can be found at

<http://www.cms.hhs.gov/Transmittals/downloads/R626CP.pdf> on the CMS website.

The CWF duplicate claim edit will only apply to claims containing a CPT code that is included on the clinical laboratory fee schedule (available on the CMS clinical laboratory website at <http://www.cms.hhs.gov/ClinicalLabFeeSched>), or a HCPCS code that is included on the Abstract File for Purchased Diagnostic Tests/Interpretations implemented in April 2005.