



# MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3679

MLN Matters Number: MM3679

Related CR Release Date: June 10, 2005

Related CR Transmittal #: 582

Effective Date: July 1, 2005

Implementation Date: July 5, 2005

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

**Note:** This article was updated on March 28, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians/suppliers who bill Medicare carriers (excluding DMERCs) for referred clinical diagnostic laboratory and purchased diagnostic services

### Provider Action Needed



#### **STOP – Impact to You**

Effective April 1, 2005, a claim for a referred clinical diagnostic/purchased diagnostic service that is identified as duplicate will be denied. For full details of this edit, please see MLN Matters article MM3551 at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/mm3551.pdf> on the CMS website.



#### **CAUTION – What You Need to Know**

Effective with claims processed on or after July 1, 2005, CMS will implement a new Remittance Advice (RA) message for such duplicate 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 or purchased service cannot be paid because payment has already been made for this service to another provider by a payment contractor representing the payer." The new remark code is N347.



#### **GO – What You Need to Do**

Be ready to accept this new remark code (N347) indicating a duplicate claim submission.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

## Background

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 Transmittal 124, Change Request 3551, published on October 29, 2004 and described in MLN Matters article MM3551)

As a reminder, claims submitted for referred clinical diagnostic/purchased diagnostic services will be considered duplicate when:

- The 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.

The CWF duplicate claim edit will apply only to:

- Claims containing a CPT code that is included on the clinical laboratory fee schedule (available online at <http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/index.html> on the CMS website.);
- or
- An HCPCS code that is included on the Abstract File for Purchased Diagnostic Tests/Interpretations to be implemented in April 2005.

**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 (N347) 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 or purchased service cannot be paid because payment has already been made for this service to another provider by a payment contractor representing this payer."*

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## Additional Information

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

To view the file for the CR3551, go to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1240TN.pdf> on the CMS website.

If you have questions regarding this issue, you may also contact your carrier at their toll free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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