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Reminder to Stop Duplicate Billings

Note: This article was updated on May 9, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Providers and suppliers who bill Local Part B Carriers and Durable Medical Equipment Regional Carriers (DMERCs)

Provider Action Needed



STOP – Impact to You

If you submit more than one claim for the same item or service, you can expect your duplicate claims to be denied. In addition, duplicate claims: 1) may delay payment; 2) could cause you to be identified as an abusive biller; or 3) if a pattern of duplicate billing is identified, may generate an investigation for fraud.



CAUTION – What You Need to Know

Some providers routinely submit duplicate claims to Local Part B Carriers and DMERCs for a single service encounter. This is inappropriate. CMS asks providers and suppliers to discontinue this practice. Unlike other health insurance payers where it is customary to bill until paid, multiple or repetitive billing to Medicare for a particular item or service is improper.



GO – What You Need to Do

Disclaimer

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Refrain from submitting multiple claims to Medicare for the same item or service. Make sure that your billing staff or third party billing service knows Medicare claims filing rules.

Background

Some providers are submitting duplicate claims to DMERCs and Local Part B Carriers for a single service encounter. A duplicate claim is a claim submitted to one or more Medicare contractors from the same provider for the:

- Same beneficiary; for the
- Same item or service; for the
- Same date of service.

Although CMS believes that most providers and suppliers are not deliberately trying to receive duplicate payment by submitting duplicate claims, CMS wants to remind providers and suppliers that submitting such duplicate claims for the same service encounter is inappropriate and asks you to discontinue this practice.

Moreover, please keep in mind that Medicare does not make payment for duplicate claims that you might submit. CMS will pay the first claim that is approved and will deny subsequent claims for the same service as duplicates. Also note that, although Medicare is prohibited by law from paying claims immediately, over 90% of clean, payable claims are paid within 30 days.

Therefore, once you submit a claim, please don't keep re-submitting until you get paid. One submission is all that is required. CMS suggests that if you have not received payment after 30 days and are concerned about your payment, contact your carrier or DMERC via the toll-free lines they have to check on claims status or use other electronic claims status inquiry functions to check with your carrier on claim status.

If you do not know the toll-free number, you can find it at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

CMS appreciates your cooperation in avoiding duplicate billing. Doing so will help Medicare process all claims more efficiently and cost-effectively so that timely payments can continue to be made.

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