

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



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- [“Medicare Dependent Hospital,”](#) Fact Sheet, ICN 901683 Downloadable only.

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Duplicate Claims—Outpatient

Provider Types Affected

This MLN Matters® Special Edition (SE) Article is intended for providers submitting claims to Medicare contractors for services to Medicare beneficiaries.

What You Need to Know

Recovery Auditors continue to conduct automated reviews of claims to identify duplicate services billed and reimbursed under Medicare. Specific codes are listed in the Background section of this article.

Provider Action Needed

The Centers for Medicare & Medicaid Services (CMS) is publishing this article to alert providers to include the appropriate modifier when billing for multiple diagnostic services on the same day. Providers, coders, and billing staff should review the claims submitted, and verify that appropriate modifiers are used for claims that are submitted for the same beneficiary, for the same date of service, with the same codes, but are verified to be unique.

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Background

An issue may exist when duplicate services are billed and reimbursed under Medicare. Outpatient claims submitted by a facility for the same service to a particular individual on a specified date of service that was included in a previously submitted claim will be audited for duplicate payments. Exact duplicate data fields submitted for outpatient facility claims including same beneficiary, same provider, same dates of service, same types of services, same place of service, same procedure codes, and same billed amount will be audited for duplicate payments.

The following Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes were involved in this audit:

- HCPCS - A codes - Ambulance/Transportation services;
- HCPCS - B&C codes -Enteral and Parenteral Therapy;
- HCPCS - D codes -Dental Procedures;
- HCPCS - E codes - Durable Medical Equipment;
- HCPCS - G&H codes - Temporary Procedures and Professional Services and Mental Health;
- HCPCS codes - J Codes-Drugs Administered Other Than Oral Method;
- HCPCS codes - L Codes-Orthotic Procedures;
- HCPCS codes - M-P Codes-Medical Services & Pathology/Laboratory;
- HCPCS codes - Q-R-S Codes-Temporary Codes;
- HCPCS codes - V Codes-Vision Codes;
- CPT codes- Anesthesia - 00100 to 01999;
- CPT codes-Medicine - 90281 to 99607 (excluding E/M 99201 to 99499);
- CPT codes-Path & Lab - 80047 to 89356;
- CPT codes-Radiology - 70010 to 79999; and
- CPT codes-Surgery -10021 to 69990.

Case Studies

Example 1: A provider received duplicate payments of \$87.45 on 4/13/12 and 5/5/12 for CPT 71020 (Chest x-ray) with billed date of service of 3/29/12. Both claims were billed for same patient, same provider, and same date of service, same charge, same CPT code, and same units, without a modifier. The duplicate billing increased the subscriber's liability by \$53.00.

Resolution: Billing of modifier 76 (repeat procedure or service by the same physician or other qualified health care professional) or 77 (repeat procedure or service by another physician or other

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qualified health care professional) should be used to report the performance of multiple diagnostic services on the same day if these were not actually duplicate claims.

Example 2: A provider received duplicate payments of \$64.19 on 2/22/12 and 4/20/12 for CPT 77080 Dual-energy X-ray absorptiometry (DXA), Bone Density axial) with billed date of service of 1/31/12. Both claims were billed for the same patient, same provider, and same date of service, same charge, same CPT code, and same units, without a modifier.

Resolution: Billing of modifier 76 or 77 should be used to report the performance of multiple diagnostic services on the same day if these were not actually duplicate claims.

Additional Information

The most current MLN® article MM8121 about the “Clarification of Detection of Duplicate Claims Section of the CMS Internet Only Manual” is available at <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8121.pdf> on the CMS website.

If you have any questions, please contact your Medicare contractor 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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