



MLN Matters[®]



Information for Medicare Fee-For-Service Health Care Professionals

Related Change Request (CR) #: 3946

MLN Matters Number: MM3946

Related CR Release Date: July 29, 2005

Related CR Transmittal #: 626

Effective Date: January 1, 2006

Implementation Date: January 3, 2006

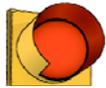
Medicare's Common Working File (CWF) Expansion of Duplicate Claim Edit for Clinical Diagnostic Services

Note: This article was updated on February 12, 2013, to reflect current Web addresses. All other information remains unchanged.

Provider Types Affected

Clinical laboratories billing Medicare carriers for laboratory services

Provider Action Needed



STOP – Impact to You

Effective January 1, 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.



CAUTION – What You Need to Know

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: (a) Beneficiary Name; (b) Beneficiary Health Insurance Claim Number (HICN); (c) Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code; and (d) Date of Service.



GO – What You Need to Do

Affected providers should be aware of this change.

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Background

The Centers for Medicare & Medicaid Services (CMS) issued CR 3551, Transmittal 124, on October 29, 2004, to implement a new edit in Medicare's systems, effective April 1, 2005, to check for duplicate claims for referred clinical diagnostic laboratory services and purchased diagnostic services submitted by physicians/supplier to more than one carrier.

This edit for clinical diagnostic laboratory services and purchased diagnostic claims, which was implemented on April 4, 2005, did not edit line items that contained the "90" modifier. When performing the data matching, the Medicare duplicate claim edit for referred clinical diagnostic laboratory performed the matching on the claim fields: (a) Beneficiary Name; (b) Beneficiary Health Insurance Claim Number (HICN); (c) Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) code; (d) Date of Service; and (e) CPT/HCPCS Code Modifier. That edit was not applied to claims with a "90" modifier.

Medicare will modify the duplicate claim edit to reject all clinical laboratory services submitted to carriers when it has been determined that another carrier has already paid for the same service on the same date of service, **with the exception of those claims containing the "91" modifier. This modified edit will apply to all laboratory claims** with dates of service on or after January 1, 2006.

When claims are denied as a result of this edit, Medicare carriers will use remark code N347 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."

Note: Repeat clinical laboratory services for the same beneficiary on the same date of service are identified by the "91" modifier. When performing the data matching, 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, but will perform matching on all others as specified above.

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.gov/Medicare/Medicare-Fee-for-Service-Payment/ClinicalLabFeeSched/index.html>), or a HCPCS code that is included on the Abstract File for Purchased Diagnostic Tests/Interpretations implemented in April 2005

Additional Information

CR 3551, Transmittal 124, Common Working File (CWF) Duplicate Claim Edit for Referred Clinical Diagnostic/Purchased Service may be viewed at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R124OTN.pdf> on the CMS website.

The related MLN Matters article may be viewed at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3551.pdf> on the CMS website.

For complete details on this change, please see the official instruction issued to your carrier. That instruction may be viewed by going to <http://cms.hhs.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R626CP.pdf> on the CMS website.

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If you have any questions, please contact your Medicare 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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