

Audio Title: Duplicate Claims
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Welcome to Medicare Learning Network Podcasts at the Centers for Medicare and Medicaid Services, or “CMS”. These podcasts are developed and produced by the Medicare Learning Network® within CMS, and they provide official information that healthcare professionals can trust.

If you are a health care professional submitting outpatient claims to Medicare Administrative Contractors (MACs), then you will benefit from this podcast!

Recovery Auditors are conducting automated claim reviews to identify duplicate services billed and reimbursed under Medicare. We will discuss specific codes related to this topic later in our podcast.

To begin, it is important for you to include the appropriate modifier when billing for multiple diagnostic services on the same day. You should review claims submitted, and verify that appropriate modifiers are used for claims:

- For the same beneficiary,
- For the same date of service,
- With the same codes, but are verified to be unique.

An issue may exist when duplicate services are billed and reimbursed under Medicare. If you submit outpatient claims to your MAC for a beneficiary on a specified date of service for the same service that was included in a previously submitted claim, it will be audited for duplicate payments. Exact duplicate data fields submitted for outpatient facility claims that will be audited for duplicate payments are same:

- Beneficiary,
- Provider,
- Dates of service,
- Types of services,
- Place of service,
- Procedure codes, and
- Billed amount.

Now let’s share the Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes involved in this audit. The HCPCS codes involved include:

- A codes - Ambulance/Transportation Services;
- B&C codes - Enteral and Parenteral Therapy;
- D codes - Dental Procedures;
- E codes - Durable Medical Equipment;
- G&H codes - Temporary Procedures and Professional Services and Mental Health;



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- J Codes - Drugs Administered Other Than Oral Method;
- L Codes-Orthotic Procedures;
- M-P Codes-Medical Services & Pathology/Laboratory;
- Q-R-S Codes-Temporary Codes; and
- V Codes-Vision Codes.

The CPT codes involved include:

- Anesthesia - 00100 to 01999;
- Medicine - 90281 to 99607 (excluding E/M 99201 to 99499);
- Path & Lab - 80047 to 89356;
- Radiology - 70010 to 79999; and
- Surgery -10021 to 69990.

To give you a better understanding of this topic, let's provide you with some examples.

- **Example 1 is:** You receive 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 the same beneficiary, provider, date of service, charge, CPT code, and units, without a modifier. The duplicate billing increased the beneficiary's liability by \$53.00.
- **The resolution is:** If these were not duplicate claims, you may bill 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 qualified health care professional) to report the performance of multiple diagnostic services on the same day.
- **Example 2 is:** You receive 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 for the same patient, provider, date of service, charge, CPT code, and units, without a modifier.
- **The resolution is:** Just as example 1's resolution, if these were not duplicate claims, you may bill modifier 76 or 77 to report the performance of multiple diagnostic services on the same day.

This concludes our duplicate outpatient claims podcast. To learn more about this topic:

Download the MLN Matters article number SE1314, by going to the CMS website at www.cms.gov and clicking on "Outreach and Education" at the top of the page. From that page, scroll down to the Medicare Learning Network section and click on the MLN Products link.

You can find a direct link to the article in the script of this podcast: <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE1314.pdf>

More questions? To learn more about duplicate claims and modifiers, contact your MAC or visit our website at www.cms.gov. Click on “Outreach and Education” at the top of the page. Scroll down to the Medicare Learning Network® section and click on the MLN Products link.

Look out for future MLN podcasts on the latest Medicare updates for health care professionals.

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