Reimbursement Policy	
Subject: **Duplicate or Subsequent Services on the Same Day of Service**	
Policy Number: **G-06032**	Policy Section: **Administration**
Last Approval Date: **04/11/2022**	Effective Date: **04/11/2022**

**** Visit our provider website for the most current version of our reimbursement policies. If you are using a printed version of this policy, please verify the information by going to **https://provider.healthybluela.com**. ****

Disclaimer

These policies serve as a guide to assist you in accurate claim submissions and to outline the basis for reimbursement by Healthy Blue if the service is covered by a member's Healthy Louisiana benefit plan. The determination that a service, procedure, item, etc. is covered under a member's benefit plan is not a determination that you will be reimbursed. Services must meet authorization and medical necessity guidelines appropriate to the procedure and diagnosis. You must follow proper billing and submission guidelines. You are required to use industry standard, compliant codes on all claim submissions. Services should be billed with CPT® codes, HCPCS codes, and/or revenue codes. The codes denote the services and/or procedures performed. The billed code(s) are required to be fully supported in the medical record and/or office notes. Unless otherwise noted within the policy, our policies apply to both participating and nonparticipating providers and facilities.

If appropriate coding/billing guidelines or current reimbursement policies are not followed, Healthy Blue may:

- Reject or deny the claim.
- Recover and/or recoup claim payment.

Healthy Blue reimbursement policies are developed based on nationally accepted industry standards and coding principles.

Healthy Blue reserves the right to review and revise our policies periodically when necessary. When there is an update, we will publish the most current policy to our provider website.

Policy

~~We allow~~ Healthy Blue allows reimbursement of a duplicate or subsequent service provided on the same date of service if billed with an appropriate modifier~~or with additional units unless, as applicable within benefit limits~~, unless ~~otherwise noted by~~ provider, state, federal, or CMS contracts and/or requirements indicate otherwise.~~.~~

Reimbursement of a Duplicate or Subsequent Service

Reimbursement of duplicate or subsequent services is based on the correct usage ~~of the below~~ of the modifiers located in the Related Coding section. ~~which~~These modifiers~~ ~~indicate the service was appropriately repeated or additionally billed for the same member.~~:~~

- ~~Modifier 62: Co-surgeons~~

- ~~Modifier 66: Surgical teams~~
- ~~Modifier 76: Repeat procedure by the same physician~~
- ~~Modifier 77: Repeat procedure by another physician~~
- ~~Modifier 80: Assistant at surgery providing full assistance to the primary surgeon~~
- ~~Modifier 81: Assistant at surgery providing minimal assistance to the primary surgeon~~
- ~~Modifier 82: Assistant at surgery, when a qualified resident surgeon is not available to assist the primary surgeon~~
- ~~Modifier AS: Assistant at surgery who is a nonphysician (e.g. physician assistant, nurse practitioner)~~
- ~~Modifier 91: Repeat clinical diagnostic laboratory test~~
- ~~Modifier GG: Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day~~
- ~~Modifier GH: Diagnostic mammogram converted from screening mammogram on same day~~

~~We may deny a duplicate or subsequent service provided on the same date of service billed on the same or separate claims unless billed with an appropriate modifier.~~

Healthy Blue will review claims billed with suspected duplicate or subsequent services. Claims will be denied for services determined to be duplicate or subsequent ~~claims~~ without the appropriate modifier(s), when billed on the same or separate claim.~~.~~

Reimbursement of Bundled Services

When a service is unbundled from a more complex or comprehensive service and billed individually on the same date of service. ~~as the more comprehensive service:~~

- The claim line for the individual service will be denied through code editing if billed on the same claim
- The claim will be reviewed if billed on separate claims

~~The following~~ The modifiers that indicate an individual service is distinct and separate from the more comprehensive service~~:~~ are identified in the Related Coding section below.

- ~~Modifier 25: **Significant, separately identifiable Evaluation and Management service by the same physician on the same day of the procedure or other service**~~
- ~~Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)~~

Note: Refer to specific modifier policies for applicability to individual states.

Related Coding

Modifiers that indicate the service was appropriately repeated or additionally billed for the same member	Modifier code list.pdf

Policy History

04/11/2022	Biennial review – updated template, moved modifiers to Related Coding section, minor language changes

04/21/2020	Biennial review approved and effective; Added rendering provider to definition section
04/16/2018	Biennial review approved
09/01/2017	Policy template updated
07/14/2016	Biennial review approved; Policy template updated
08/18/2014	Biennial review approved; Policy template updated
10/08/2012	Biennial review and approved; Policy language updated; Policy template updated
12/06/2010	Biennial Review approved; Policy language updated; Policy template updated
10/20/2008	Review approved; Policy template updated
06/16/2006	Initial approval and effective

References and Research Materials

This policy has been developed through consideration of the following:

- CMS
- State Medicaid
- State contract

Definitions

Duplicate Services	A service is considered a definite duplicate if some or all ~~of~~ the following elements on the claim match: ○ Member ○ Date of service ○ Charge amount ○ Provider of service/ Rendering provider. ○ Type of service, based on procedure or revenue codes used A service is suspected duplicate if the following elements on the claim match: ○ Member ○ Procedure code Date of service
Subsequent service	For purposes of this policy, it is a medically necessary service that is performed or provided for the same member more than once on the same date of service
General Reimbursement Policy Definitions	

Related Policies and Materials

Assistant at Surgery (Modifiers 80/81/82/AS)
Code and Clinical Editing Guidelines
Distinct Procedural Services (Modifiers 59, XE, XP, XS, XU)
Modifier 25: Significant, Separately Identifiable Evaluation and Management Service by the Same Physician on the Same Day of the Procedure or Other Service
Modifier 62: Co-Surgeons
Modifier 66: Surgical Teams

Modifier 76: Repeat Procedure by the Same Physician
Modifier 77: Repeat Procedure by Another Physician
Modifier 91: Repeat Clinical Diagnostic Laboratory Test
Modifier Usage

LA.pdf

Duplicate or Subsequent Services on the Same Date of Service

Modifiers that indicate the service was appropriately repeated or additionally billed for the same member.

Modifier	Description	Comment
Modifier 25	Significant, separately identifiable Evaluation and Management service by the same physician on the same day of the procedure or other service	See Reimbursement of Bundled Services section
Modifier 59	Distinct Procedural Service	See Reimbursement of Bundled Services section
Modifier 62	Co-surgeons	
Modifier 66	Surgical teams	
Modifier 76	Repeat procedure by the same physician	
Modifier 77	Repeat procedure by another physician	
Modifier 80	Assistant at surgery providing full assistance to the primary surgeon	
Modifier 81	Assistant at surgery providing minimal assistance to the primary surgeon	
Modifier 82	Assistant at surgery, when a qualified resident surgeon is not available to assist the primary surgeon	
Modifier 91	Repeat clinical diagnostic laboratory test	
Modifier AS	Assistant at surgery who is a nonphysician (e.g. physician assistant, nurse practitioner)	
Modifier GG	Performance and payment of a screening mammogram and diagnostic mammogram on the same patient, same day	
Modifier GH	Diagnostic mammogram converted from screening mammogram on same day	
Modifier XE	Separate encounter, a service that is distinct because it occurred during a separate encounter	See Reimbursement of Bundled Services section
Modifier XP	Procedure payable only in the inpatient setting when performed emergently on an outpatient who expires prior to admission	See Reimbursement of Bundled Services section
Modifier XS	Separate structure, a service that is distinct because it was performed on a separate organ/structure	See Reimbursement of Bundled Services section
Modifier XU	Unusual nonoverlapping service, the use of a service that is distinct because it does not overlap usual components of the main service	See Reimbursement of Bundled Services section