

# **Duplicate Claim**

**Reimbursement Policy ID: RPC.0013.2100**

**Recent review date: 03/2023**

**Next review date: 03/2024**

**AmeriHealth Caritas Louisiana reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare and Medicaid Services (CMS), the American Medical Association (AMA), state and federal regulatory agencies, and medical specialty professional societies. Reimbursement policies are intended as a general reference and do not constitute a contract or other guarantee of payment. AmeriHealth Caritas Louisiana may use reasonable discretion in interpreting and applying its policies to services provided in a particular case and may modify its policies at any time.**

**In making claim payment determinations, the health plan also uses coding terminology and methodologies based on accepted industry standards, including but not limited to Current Procedural Terminology (CPT®), the Healthcare Common Procedure Coding System (HCPCS), and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM). Other factors that may affect payment include but are not limited to medical record documentation, legislative or regulatory mandates, a provider's contract, a member's eligibility in receiving covered services, submission of clean claims, and other policies. These factors may supplement, modify, or in some cases supersede reimbursement policies.**

**This reimbursement policy applies to all healthcare services billed on CMS-1500 forms or its electronic equivalent and, when specified, billed on UB-04 forms or its electronic equivalent.**

## **Policy Overview**

**This policy describes the denial of duplicate claim submissions by providers contracted with AmeriHealth Caritas Louisiana.**

**A claim or claim line is considered a duplicate if payment of the same service for the same patient on the same date of service was processed to the same provider.**

**Providers must submit clean claims, consistent with Louisiana Medicaid and other state and federal billing guidelines, using appropriate CPT/HCPCS codes and their modifiers. Services must be medically necessary.**

## **Exceptions**

**Claims submitted for reimbursement using specific modifiers may be excluded from duplicate claim edits. For example, procedures performed on a different side of the body (RT/LT), or when technical/professional service modifiers (26/TC) apply to a service.**

## **Reimbursement Guidelines**

AmeriHealth Caritas Louisiana has edits to prevent payment of duplicate claims. Exact duplicates of a claim or claim line will be denied. Claims or claim lines that align closely with a claim that was processed for payment are considered suspect duplicates, and they will also be denied.

An associated modifier may indicate that a CPT/HCPCS code being billed is not a duplicate claim. For example, anatomical modifiers specify the area or part of the body on which certain procedures or non-E/M services were performed. Clinical documentation must support the services being reported.

Refer to CPT/HCPCS manuals for complete descriptions of procedures and modifiers. Please refer to Louisiana state billing resources for fee schedules and other billing guidelines. Duplicate services apply to Professional and Facility claim types.

## **Definitions**

### **Duplicate Claim**

A claim or claim line for which payment of the same service for the same patient, on the same date of service, was processed to the same provider.

### **Same Provider**

A physician or other qualified health care professional from the same group practice, under the same specialty, and under the same Tax Identification Number (TIN), is considered the same provider.

### **Suspect Duplicate Claim**

A claim or claim line that aligns with a claim that was processed for payment so closely that it is considered a duplicate claim.

## **Edit Sources**

- I. Current Procedural Terminology (CPT®), Healthcare Common Procedure Coding System (HCPCS), International Statistical Classification of Diseases and Related Health Problems (ICD), and associated publications and services.
- II. Louisiana Department of Health/Louisiana Medicaid fee schedule  
[https://www.lamedicaid.com/provweb1/fee\\_schedules/feeschedulesindex.htm](https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm)

## **Attachments**

N/A

## **Associated Policies**

N/A

## **Policy History**

<u>04/11/2023</u>	<u>Policy Implemented by AmeriHealth Caritas</u>
<u>04/11/2023</u>	<u>Reimbursement Policy Committee Approval</u>
<u>01/10/2023</u>	<u>Template Revised</u> <u>Revised preamble</u>

	<b><u>Removal of Applicable Claim Types table</u></b> <b><u>Coding section renamed to Reimbursement Guidelines</u></b> <b><u>Added Associated Policies section</u></b>
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