

# Duplicate Claim

Reimbursement Policy ID: RPC.0013.7700

Recent review date: 11/2022

Next review date: 11/2023

*AmeriHealth Caritas Ohio claim payment policies and the 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 regulatory agencies, and medical specialty professional societies. In making claim payment determinations, the health plan also uses coding terminology and methodologies that are based on accepted industry standards, including the Healthcare Common Procedure Coding System (HCPCS), Current Procedural Terminology (CPT®), the International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10); and the National Uniform Billing Code (NUBC).*

*Other factors affecting reimbursement may supplement, modify, or in some cases supersede medical/claim payment policy. These factors may include but are not limited to: legislative or regulatory mandates, a provider's contract, and/or a member's eligibility to receive covered health care services.*

## Policy Overview

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

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—whether it is to an individual physician or to the same group practice with the same specialty.

Per Ohio Administrative Code (OAC) rule 5160-1-29, providers participating with Ohio Medicaid are not entitled to reimbursement of duplicate claims. Providers must submit clean claims, consistent with Ohio Department of Medicaid (ODM) and other state and federal billing guidelines, using appropriate CPT/HCPCS codes and their modifiers. Services must be medically necessary.

## Exceptions

N/A

## Coding

AmeriHealth Caritas Ohio 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. See also Reimbursement Policy RPC.0006.7700 on Bilateral Procedures.

Refer to CPT/HCPS manuals for complete descriptions of procedures and modifiers. Please refer to ODM billing resources for fee schedules and other billing guidelines. Please also note that a corrected claim must include the appropriate Frequency/Bill Type code to indicate that it is not a duplicate.

## 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.

## Applicable Claim Types

Line of Business	Facility	Professional
Medicare	No	No
Medicaid	Yes	Yes
ACA Exchange	No	No

## Edit Sources

- I. *Current Procedural Terminology (CPT®)*, *Healthcare Common Procedure Coding System (HCPCS)*, *International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD-10)*, and associated publications and services.
- II. The Centers for Medicare and Medicaid Services (CMS): <https://www.cms.gov/>
- III. Ohio Administrative Code Rule 5160-1-29 *Medicaid Fraud, Waste, and Abuse*: <https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-29>
- IV. Ohio Department of Medicaid (ODM) fee schedules and other billing resources: <https://medicaid.ohio.gov/resources-for-providers/billing/billing>

## Attachments

N/A

## Policy History

11/15/2022	AmeriHealth Caritas Implementation
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11/15/2022

Reimbursement Policy Committee Approval