CHAPTER 8
SECTION 12

DUPLICATE PAYMENT PREVENTION

Each claim must be checked for duplicate billing to prevent erroneous expenditures. Duplicate detection requires both automated and manual procedures. Following are procedures for prevention of duplicate payments. If a contractor believes alternative procedures will meet the requirement it can request approval of such alternative procedures from TMA, at least thirty (30) days prior implementation. The TMA Claimcheck duplicate edits will be used to enhance existing requirements rather than replace them.

1.0. AUTOMATED DUPLICATE CHECKING - INDIVIDUAL PROVIDERS

Each line item on a claim must be checked for duplication against claims processed and claims in process for that beneficiary, as well as against other line items on the same claim. At a minimum, the following fields shall be compared:

1.1. Dates of Service (individual dates or inclusive dates)

1.2. Provider Number

1.3. Type of Service (see paragraph 4.0. below for categories)

1.4. Procedure Code

1.5. Place of Service (see paragraph 4.0. below for categories)

1.6. Submitted Charge

1.7. Exact Duplicate

Matches on all six fields (exact date(s) of service, provider number, type of service, procedure code, place of service, submitted charge) with completed or in-process claims shall be denied without clerical intervention. If the exact duplication occurs within a claim, clerical intervention is required.

1.8. Potential Duplicate

Two steps are required for automated detection of potential duplicates:

1.8.1. Step 1

Match the **date of service** with:

- Provider Number

- Type of Service and Procedure Code
- Type of Service alone

Contractors shall establish an edit which will identify a delivery billed within eight months of a prior delivery for the same beneficiary.

1.8.1.1. Option No. 1

The date of service (including overlap of inclusive dates) shall be first matched with the provider number. If there is a match on both items, the claim shall be pended for clerical review. The remaining claims shall be screened in the next sequence with the date of service, including overlap of inclusive dates, matched with the **type of service and procedure code**. If there is a match on these items, the claim shall be pended for clerical review.

1.8.1.2. Option No. 2

The date of service, including overlap of inclusive dates, shall be first matched with the provider number the same as in Option 1. Where there is a match, the claim shall be pended for clerical review. The remaining claims shall be screened further with the date of service, including overlap of inclusive dates, matched with the **type of service alone**. Again, if there is a match, the claim shall be pended for clerical review.

1.8.2. Step 2

Compare line items within the same claim. Identify line items as potential duplicates if:

- Provider numbers agree
- Dates of service overlap
- Type of service is equal
- Procedure codes are equal

If provider numbers do not agree, dates of service that overlap shall be matched with type of service and procedure code. If these are equal, the line items shall be identified as potential duplicate services and the claim shall be pended for clerical review.

2.0. AUTOMATED DUPLICATE CHECKING - INSTITUTIONAL PROVIDERS

Prevention of duplicate payments for services billed by institutions requires a coarser screen and more manual review than professional claims due to the lack of detailed itemization. Contractors shall compare the date(s) of service on inpatient and outpatient institutional claims for a particular beneficiary with those on other institutional claims processed and in process for that beneficiary. When there is a match or overlap, contractors shall pend the current claim(s) for manual review.

3.0. MANUAL DUPLICATE CHECKING (CLERICAL REVIEW)

All claims identified by the automated system as potential duplicates require clerical review. Some may require retrieval of the hard copy or microcopy of the suspected duplicate

claim and copies of previously processed or other in-process claims. The clerical review shall be used to resolve issues of concurrent care and utilization of services, as well as the question of duplicate service(s). Contractors should determine the medical necessity of concurrent care and/or multiplicity of services. Overlapping dates of service on consolidated drug claims would normally require retrieval of the individual claim to rule out duplication of drug charges.

4.0. PLACE OF SERVICE/TYPE OF SERVICE CATEGORIES

Contractors must use Place of Service and Type of Service codes found in the Automated Data Processing and Reporting Manual for the following categories, as a minimum, for use in duplicate checking:

PLACE OF SERVICE	TYPE OF SERVICE
Inpatient Hospital	Medical Care
Outpatient Hospital	Surgery, including Fracture Care
Provider's Office	Consultations
Patient's Home	Diagnostic Laboratory
Day Care Facility	Diagnostic X-ray
Night Care Facility	Radiation Therapy
Nursing Home	Anesthesia
Skilled Nursing Facility	Assist at Surgery
Ambulance	Other Medical
Other Locations	Psychiatric Care
Independent Laboratory	Maternity
Other Medical/Surgical Facility	
Residential Treatment Center	
Specialized Treatment Facility	