CMS Manual System

Pub. 100-04 Medicare Claims Processing

Transmittal 626

Department of Health & Human Services

Center for Medicare and & Medicaid Services

Date: JULY 29, 2005

Change Request 3946

SUBJECT: Common Working File Expansion of Duplicate Claim Edit for Clinical Diagnostic Services

I. SUMMARY OF CHANGES: This instruction expands the duplicate claim edit in the Common Working File to identify and reject claims for clinical diagnostic laboratory services when the same service is billed to more than one carrier with or without a modifier 90.

NEW/REVISED MATERIAL :

EFFECTIVE DATE : January 01, 2006

IMPLEMENTATION DATE : January 03, 2006

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R = REVISED, N = NEW, D = DELETED

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
N/A	

III. FUNDING:

No additional funding will be provided by CMS; Contractor activities are to be carried out within their FY 2006 operating budgets.

IV. ATTACHMENTS:

One-Time Notification

Unless otherwise specified, the effective date is the date of service.

Attachment – One-Time Notification

Pub. 100-04	Transmittal: 626	Date: July 29, 2005	Change Request 3946

SUBJECT: Common Working File (CWF) Duplicate Claim Edit for Clinical Diagnostic Laboratory Services

I. GENERAL INFORMATION

A. Background: Effective April 1, 2005, CMS implemented duplicate claim editing in the CWF to check for duplicate claims for clinical diagnostic laboratory services and for diagnostic services paid from the physician fee schedule.

The editing implemented in April 2005, did not edit claims for clinical diagnostic laboratory services submitted with a modifier 90 to claims without a modifier 90. CMS has determined that CWF shall edit and reject **all** clinical laboratory services submitted to carriers when a claim on history indicates that another carrier has already paid for the same service on the same date of service with the exception of those line items that contain a modifier 91.

B. Policy: Effective, January 1, 2006, the CWF will modify the duplicate edit for clinical diagnostic laboratory services to check for duplicate claims for line items submitted with a modifier 90. The edit will identify as duplicates of previously paid claims those claims submitted for clinical diagnostic laboratory services when all of the data matches on the following claim fields and the claims contain different carrier numbers:

a. Beneficiary Name
b. Beneficiary Health Insurance Claim Number (HICN)
c. Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) Code
d. Date of Service

NOTE: Clinical diagnostic laboratory services that are ordered as a repeat of the same test on the same date of service are identified with modifier 91. When performing the data matching, the CWF duplicate claim edit will not include line items submitted with a “91” modifier in the matching criteria, but will perform matching on all other criteria specified above.

II. BUSINESS REQUIREMENTS

"Shall" denotes a mandatory requirement
"Should" denotes an optional requirement

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3946.1	Effective for claims with dates of service on or after January 1, 2006, the CWF shall revise the duplicate claim edit for clinical diagnostic laboratory services to identify as duplicate claims for previously paid claims those claims submitted for clinical diagnostic laboratory services when all of the data matches on the following claim fields and the claims contains different carrier numbers: a. Beneficiary Name b. Beneficiary HICN c. CPT/HCPCS d. Date of Service								X	
3946.1.1	CWF shall exclude line items with the "91" modifier on laboratory claims in the matching criteria, but will perform matching on all other criteria specified in 3946.1, above.								X	
3946.2	When the CWF identifies a claim for a clinical diagnostic laboratory service as a duplicate of a previously paid claim for the same service, the CWF shall reject the later submitted claim.								X	
3946.3	When a claim for a clinical diagnostic laboratory service is rejected by CWF, as a duplicate claim, the CWF shall return the carrier number and internal control number of the previously paid claim in a trailer record.								X	
3946.4	Carriers shall retain the CWF trailer record information of clinical diagnostic laboratory service claims that are rejected by the CWF duplicate claim edit, for use in appeals.			X			X			

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3946.5	When a claim for a clinical diagnostic laboratory service is rejected by CWF as a duplicate claim, the carrier shall deny the appropriate claim line(s).			X						
3946.6	Carriers shall use the following remark code on the remittance advice notice(s) generated for a clinical diagnostic laboratory service claim line(s) denied as a duplicate of a previously paid service(s): Remark Code N347 – Your claim for a referred or purchased service cannot be paid because payment has already been made for this same service to another provider by a payment contactor representing the payer.			X						
3946.7	Carriers that determine that a clinical diagnostic laboratory service claim that has been rejected by CWF is not a duplicate of another claim submitted for the same service, and that the service claim is otherwise allowable, shall use the CWF override code to allow payment.			X			X		X	

III. PROVIDER EDUCATION

Requirement Number	Requirements	Responsibility ("X" indicates the columns that apply)								
		FI	RHHI	Carrier	DMERC	Shared System Maintainers				Other
						FISS	MCS	VMS	CWF	
3946.8	Contractors shall post this entire instruction, or a direct link to this instruction, on their Web site and include information about it in a listserv message within 1 week of the release of this instruction. In addition, the entire instruction must be included in your next regularly scheduled bulletin and incorporated into any educational events on this topic.			X						

IV. SUPPORTING INFORMATION AND POSSIBLE DESIGN CONSIDERATIONS

A. Other Instructions: N/A

X-Ref Requirement #	Instructions
CR 3551	CWF shall not create a new edit but modify the existing edits created under CR 3551

B. Design Considerations:

X-Ref Requirement #	Recommendation for Medicare System Requirements
CR 3551 3551.3	The CWF shall modify an existing trailer record to contain the information specified in this instruction.
CR 3551 3551.7	The CWF shall use the value created in Requirement #3551.7 for carriers use in overriding certain claims.

C. Interfaces: N/A

D. Contractor Financial Reporting /Workload Impact: N/A

E. Dependencies: N/A

F. Testing Considerations: N/A

SCHEDULE, CONTACTS, AND FUNDING

Effective Date*: January 1, 2006 **Implementation Date:** January 3, 2006 **Pre-Implementation Contact(s):** Joan Proctor-Young, (410) 786-0949 **Post-Implementation Contact(s):** Joan Proctor-Young (410) 786-0949	**No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2006 operating budgets.**

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