

# Duplicate Services

Reimbursement Policy ID: RPC.0013.7700

Recent review date: 11/2023

Next review date: 11/2025

*AmeriHealth Caritas Ohio reimbursement policies and their resulting edits are based on guidelines from established industry sources, such as the Centers for Medicare & 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 Ohio 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 Current Procedural Terminology (CPT); the Healthcare Common Procedure Coding System (HCPCS); and the International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10-CM), and other relevant sources. Other factors that may affect payment include 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 health plan policies, and other relevant factors. These factors may supplement, modify, or in some cases supersede reimbursement policies.*

*This reimbursement policy applies to all health care services billed on a CMS-1500 form or its electronic equivalent, or when billed on a UB-04 form or its electronic equivalent.*

## 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 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

## Reimbursement Guidelines

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-evaluation and management 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. Refer to ODM billing resources for fee schedules and other billing guidelines. Please 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 using 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) and associated publications and services.
- II. International Classification of Diseases, 10th Revision, Clinical Modification (ICD-10).
- III. Healthcare Common Procedure Coding System (HCPCS).
- IV. Centers for Medicare & Medicaid Services (CMS).
- V. The National Correct Coding Initiative (NCCI)
- VI. Ohio Medicaid Fee Schedule(s).
- VII. Ohio Administrative Code Rule 5160-1-29 Medicaid Fraud, Waste, and Abuse:  
<https://codes.ohio.gov/ohio-administrative-code/rule-5160-1-29>
- VIII. Ohio Department of Medicaid (ODM) fee schedules and other billing resources:  
<https://medicaid.ohio.gov/resources-for-providers/billing/billing>

## Attachments

N/A

## Associated Policies

RPC.0006.7700 Bilateral Procedures

## Policy History

04/2024	Revised preamble
11/2023	Reimbursement Policy Committee Approval
11/2023	Updated policy name from Duplicate Claim to Duplicate Services
08/2023	Policy Implemented by AmeriHealth Caritas Ohio removed from Policy History section
01/2023	Template revised <ul style="list-style-type: none"><li>• Revised preamble</li><li>• Removal of Applicable Claim Types table</li><li>• Coding section renamed to Reimbursement Guidelines</li><li>• Added Associated Policies section</li></ul>