



Duplicate Claims

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Molina Healthcare's reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval. If there is a state exception, please refer to the state exception table listed below.

Policy Overview

A duplicate claim is defined as a claim or claim line that has previously received reimbursement with the same NPI (National Provider Identification). Duplicate claims can be identified based on various criteria, including but not limited to:

1. Same Date: If two or more claims or claim lines are submitted with the exact same date of service.
2. Same Network Provider: If multiple claims or claim lines are filed by the same network provider for the same service.
3. Same Service: If different providers submit claims for the same service on the same date.

This policy establishes that only one claim should be submitted for a given date of service and the same National Provider Identifier (NPI), regardless of differences in Tax ID or Provider ID. Any additional claims under these conditions will be considered duplicates. These duplicate claims or claim lines will be cross-referenced with paid claims in the member's history. If it is determined that the claims or claim lines are indeed duplicates, they will be denied. It is important to note that this policy is in accordance with our system configuration and adheres to both Federal and state regulations.

Reimbursement Guidelines

1. Molina Health Plan does not authorize duplicate claims for identical services submitted with the same NPI, Tax ID, or Provider ID.
2. When it comes to the same date of service and the same NPI, Molina Health Plan will approve and pay the initial claim and subsequently deny any duplicate claims.
3. It's important to note that duplicate claims will not be eligible for reimbursement.
4. If duplicate claims are erroneously paid, Molina Healthcare will initiate the process to recover those funds

Supplemental Information

Definitions

Term	Definition
CMS	Center for Medicare and Medicaid
NPI	National Provider Identifier

State Exceptions

State	Exception
WI	For WI Medicaid providers, please reference this link for additional information regarding your state guidelines. Online Handbook Display (wi.gov)

Documentation History

Type	Date	Action
Published	11/01/2022	New Policy
Revised	09/01/2023	Updated Formatting
Revised	12/12/2024	Updated formatting

Reference

CMS

[0064 - Facility Duplicate Claims | CMS](#)

[0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments | CMS](#)

[0084-Cataract Removal: Duplicate Payment | CMS](#)

[0091 - Duplicate Claims- Professional Services | CMS](#)

[Article - Billing and Coding: Repeat or Duplicate Services on the Same Day \(A53482\) \(cms.gov\)](#)

CODING DISCLAIMER. Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes which are not effective at the time the service is rendered may not be eligible for reimbursement. Listing of a service or device code in this policy does guarantee coverage. Coverage is determined by the benefit document. Molina adheres to Current Procedural Terminology (CPT®), a registered trademark of the American Medical Association (AMA). All CPT codes and descriptions are copyrighted by the AMA; this information is included for informational purposes only. Providers and facilities are expected to utilize industry standard coding practices for all submissions. When improper billing and coding is not followed, Molina has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Molina reserves the right to revise this policy as needed.