

## Payment Policy 45

### Duplicate Claim Reimbursement Policy

#### Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by 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 a conflict, federal and state guidelines, as applicable, and the member's benefit plan document may supersede the information in this policy. Also, to the extent of 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.

#### Policy Overview

A claim or claim line is considered to be a duplicate if it has been previously reimbursed for payment for:

- Member
- Date of service
- Procedure/Revenue code
- Billed charges
- Rendering Provider

Examples of duplicate claims criteria include, but are not limited to: same date, same network provider, same service, or any combination of these criteria.

This policy states that only one claim would be expected to be reported for the same date of service and same National Provider Identifier (NPI), Tax ID or Provider ID; else it is considered a duplicate claim. Duplicate claims/claim lines will be verified against paid claims in the members history and if the claim/claim lines are determined to be a duplicate the duplicate claims/claim lines will be denied. This policy is reflective of our system configuration and is aligned with federal and state regulations. Duplicate claims are not reimbursable.

The following are not considered duplicate services:

- Multiple ER visits on the same day, for different attending providers.
- Same services submitted by providers with different specialties.
- Generic DME services (CPT E1399) will be reimbursed up to authorized units.
- Multiple anesthesiologist's claims (CPT 01402) billed same day with different start times.
- Multiple transportation services: One ambulance ride from member home to facility and other claim from facility to member home.
- Surgeon and Co-surgeon each with a different specialty billed with modifier 62.

#### Reimbursement Guidelines

1. Passport by Molina Healthcare will not approve duplicate claims for the exact same service with the same NPI, Tax ID or Provider ID.
2. Passport by Molina Healthcare will pay the first claim and deny subsequent claims for the same date of service and the same NPI.
3. Passport by Molina Healthcare will pay for duplicate services provided on the same date of service if billed with an appropriate modifier, unless state, federal or provider contracts state otherwise.

#### **Audit and Recovery Process:**

- ✚ **Review:** Claims will be meticulously examined against Passport by Molina Healthcare's standards.
- ✚ **Discrepancy Identification:** Any inconsistencies or errors identified will be documented.

- ✦ **Recovery:** Overpayments due to inaccuracies will be recovered either by offsetting from future payments or through direct refund requests.
- ✦ **Appeals:** Providers reserve the right to contest any claim adjustments or denials. Details of the appeal process will accompany the notification.

### **Policy Monitoring, Review, and Updates:**

- ✦ The policy will undergo annual reviews or as required, ensuring its alignment with industry best practices, regulatory mandates, and Passport by Molina Healthcare's operational necessities. Any updates will be promptly communicated to providers.

## Supplemental Information

Please note, Passport has followed and enforced these guidelines, in accordance with applicable regulations, since inception on January 1, 2021. For this specific policy, the publication date is merely the date the policy was formally memorialized.

## Definitions

Term	Definition
CMS	the Centers for Medicare & Medicaid Services. It is a federal agency within the United States Department of Health and Human Services that administers the Medicare program and works in partnership with state governments to administer Medicaid, the Children's Health Insurance Program (CHIP), and health insurance portability standards.
NPI	National Provider Identifier
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.

## Documentation History

Type	Date	Action
Effective Date	12/03/2022	New Policy
Revised Date	03/05/2024	Clarification added and removed the word regardless of in Policy Overview
Revised Date	<<7/5/2024>>	Updated policy to add clarifying language.
Revised Date	09/03/2024	Updated Policy to define duplicate claim, add exclusions to duplicate claims, reimbursement with appropriate modifiers.

## Coding

**CODING DISCLAIMER.** Codes listed in this policy are for reference purposes only and may not be all-inclusive. Deleted codes and codes not effective when 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. Passport by Molina Healthcare Passport by Molina Healthcare 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, Passport by Molina Healthcare has the right to reject/deny the claim and recover claim payment(s). Due to changing industry practices, Passport reserves the right to revise this policy as needed.

## References

### 1. Kentucky Medicaid

- a. 907 KAR 1:005. Nonduplication of payments  
Link: [Title 907 Chapter 1 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission](#)
- b. 907 KAR 3:005. Coverage of physicians' services  
Link: [Title 907 Chapter 3 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission](#)
- c. Benefit Policy Branch  
Link: [Benefit Policy Branch - Cabinet for Health and Family Services \(ky.gov\)](#)

### 2. CMS

- a. [0064 - Facility Duplicate Claims | CMS](#)
- b. [0072 - Outpatient Service Overlapping or During an Inpatient Stay: Duplicate Payments |](#)
- c. [0091 - Duplicate Claims- Professional Services | CMS](#)
- d. [Article - Billing and Coding: Repeat or Duplicate Services on the Same Day \(A53482\) \(cms.gov\)](#)

This policy is designed to provide guidance and is not a guarantee of payment. Healthcare providers should make medical necessity determinations based on the individual clinical circumstances of each patient.