



Duplicate Claims Part A and B

September 13 – 15, 2011



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Presented By



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WHEN EXPERIENCE COUNTS & QUALITY MATTERS

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Acronym List



- CMS – The Centers for Medicare & Medicaid Services
- CPT – Current Procedural Terminology
- DDE – Direct Data Entry
- DOS – Date Of Service
- FAQ – Frequently-asked Question
- FCSO – First Coast Service Options
- HCPCS – Healthcare Common Procedure Coding System
- IOM – Internet-only Manual
- IVR – Interactive Voice Response system
- PDS – Provider Data Summary
- RA – Remittance Advice
- WBT – Web-based Training module

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Agenda Items



- Duplicate claims and costs
- Avoiding duplicate claims
- Common reasons for duplicates
- Tips and self-service tools
- Group exercises
- Questions and answers
- Additional resources
- Summary

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Learning Objectives



- **At the conclusion of this session you will be able to**
 - Define a duplicate claim
 - Discuss how duplicate claims impact you financially
 - Know where to find tips and self-service tools
 - Be proactive and avoid duplicate claims

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Duplicate Claims and Costs

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Duplicate Claims

- What's a duplicate claim?
 - Exact duplicate of a previously submitted claim . . .
- Part A
 - Reject
- Part B
 - Denial

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What are These Numbers?



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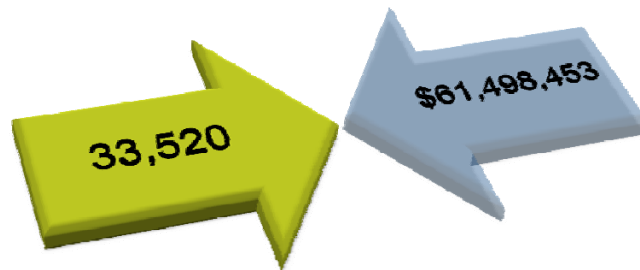
Part B Duplicates: 2010



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Part A Duplicates: 2010



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Duplicate Claims Comparison



- Part A
 - January – July 2011: 16,408
 - January – July 2010: 17,353

- Part B
 - January – July 2011: 1,204,110
 - January – July 2010: 1,200,234

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Associated Costs



- Processing costs
- Employee costs
- Additional billing service costs
- Cost of non-productive effort
 - Paying for **nothing**

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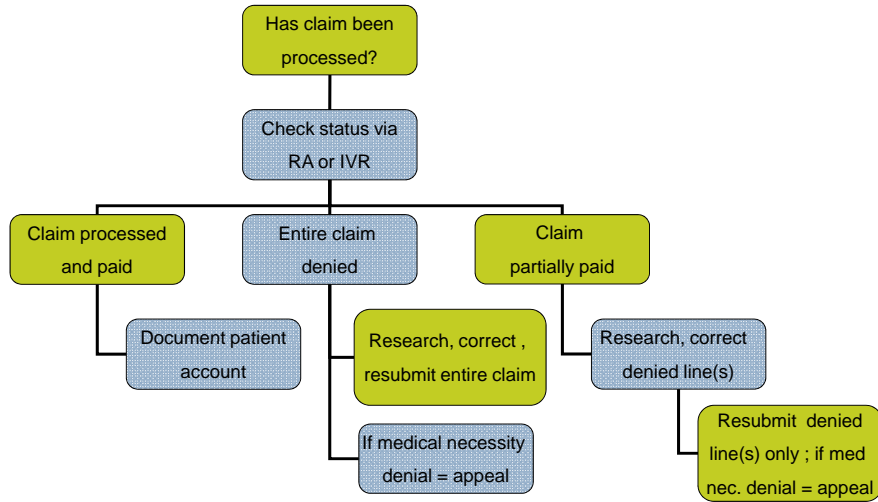
Avoiding Duplicate Claims



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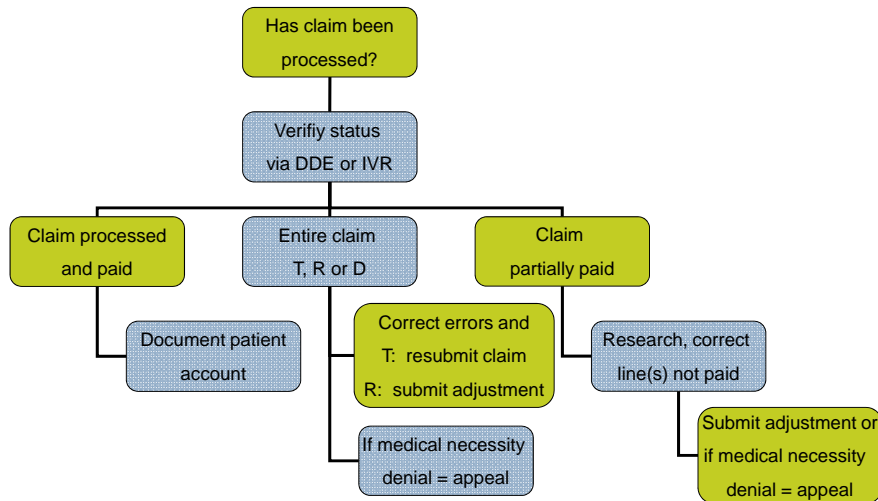
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Avoiding Duplicate Claims-Part B



WHEN EXPERIENCE COUNTS & QUALITY MATTERS

Avoiding Duplicate Claims-Part A



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Common Reasons for Duplicates

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Common Reasons for Duplicates

Status of claim not obtained

Entire batch of claims resubmitted

Billing software
set to
automatically
resubmit

Computer
errors

Allowed
amount
applied to
deductible/
coinsurance

Missing
modifiers

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Modifiers



- **Repeat Services—Same Day**
 - Repeat services must be medically necessary and documented
 - Modifier 76 - same provider performed service
 - Modifier 77 – different provider performed service
 - If claim denies/rejects, can appeal

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Modifiers (Continued)



- **Unilateral/Bilateral Procedures-Same Day**
 - Modifier RT – performed on right side only
 - Modifier LT – performed on left side only
 - Modifier 50 – performed bilaterally
 - If procedure code definition is “bilateral” or “unilateral or bilateral,” modifier is not applicable

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Tips and Self-Service Tools



- **Provider Data Summary (PDS) Report**
- **Tips on FCSO website**
 - Part B: reason code CO18
 - Part A: reason codes 38031, 38035 and 38200
- **IVR**

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Provider Data Summary (PDS) Report

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Example of a PDS Report—Part B



Reporting Period: MAR11 and APR11 By Paid Date

		APR11	% of total (A)	MAR11	% of total (B)	Change APR11-MAR11	% Change (B - A)	APR11 PEER AVG	% of total (C)	Diff (+/-)	%Diff (A - C)
Claim Totals	Total Allowed \$	338,918		255,756		83,162		57,215		281,703	
	Total Paid \$	259,309		199,210		60,099		40,465		218,844	
	Total Claims Paid	4,068		3,382		686		473		3,505	
	Avg. Paid/Paid Claim	40		35		5		0		40	
Claim Volumes (Services)	Paid	5,349	82.3%	4,482	76.9%	867	(5.40%)	854	82.8%	4,495	(0.50%)
	Denied	1,010	15.5%	1,027	17.6%	-17	2.10%	133	12.6%	877	2.60%
	Duplicate	62	1.00%	231	4.00%	-169	3.00%	15	1.50%	47	(0.50%)
	Subtotal (Processed)	6,421	98.8%	5,740	98.5%	681	(0.30%)	1,002	97.1%	5,419	1.70%
	Unprocessable	81	1.20%	90	1.50%	-9	0.30%	29	2.80%	52	(1.60%)
	Total	6,502	100%	5,830	100%	672	0.00%	1,032	100%	5,470	0.00%
Claim Billed Dollars (Services)	Paid	930,310	86.5%	709,661	81.4%	220,655	(5.10%)	111,113	90.2%	819,203	(3.70%)
	Denied	123,787	11.5%	109,001	12.5%	14,786	1.00%	6,688	5.40%	117,069	6.10%
	Duplicate	9,415	0.90%	25,787	3.00%	-16,372	2.10%	2,570	2.10%	6,845	(1.20%)
	Subtotal (Processed)	1,063,518	98.9%	844,449	96.9%	219,069	(2.00%)	120,371	97.7%	943,147	1.20%
	Unprocessable	11,958	1.10%	27,424	3.10%	-15,466	2.00%	2,800	2.30%	9,068	(1.20%)
	Total	1,075,476	100%	871,873	100%	203,603	0.00%	123,231	100%	952,245	0.00%
	Processed	98.8%		98.5%		(0.30%)		97.1%			
% of Services Received	Unprocessable	1.20%		1.50%		0.30%		2.80%			
% of Services Processed	Denied	15.7%		17.9%		(1.70%)		13.3%			
	Duplicate	1.00%		4.00%		(2.73%)		1.50%			
	Number of Patients	2,269		2,073		196					

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Example of a PDS Report—Part A



Reporting Period: MAR11 and APR11 By Paid Date

		APR11	% of total (A)	MAR11	% of total (B)	Change APR11-MAR11	% Change (B - A)	APR11 PEER AVG	% of total (C)	Diff (+/-)	%Diff (A - C)
Processed by Origin	Automated	10,625	73.0%	13,009	83.2%	-2,884	9.60%	7,890	73.8%	2,735	(0.20%)
	Hardcopy	3,811	26.4%	2,747	16.8%	1,064	(6.60%)	2,797	26.2%	1,014	0.20%
	Total	14,436	100%	16,356	100%	-1,920	0.00%	10,687	100%	3,749	0.00%
Processed by Place of Service	Inpatient Part A	2,395	16.6%	3,526	21.6%	-1,131	5.00%	844	7.00%	1,551	8.70%
	Hospital Based or Inpatient (Part B)	67	0.50%	152	0.90%	-85	0.40%	21	0.20%	46	0.30%
	Outpatient	11,974	82.9%	12,678	77.5%	-704	(6.40%)	8,631	80.9%	3,343	2.10%
	Other (Part B)	0	0.00%	0	0.00%	0	0.00%	1,192	11.2%	-1,192	(11.2%)
	Reserved for Nat Assignment	0	0.00%	0	0.00%	0	0.00%	0	0.00%	0	0.00%
	Total	14,436	100%	16,356	100%	-1,920	0.00%	10,687	100%	3,749	0.00%
Processed by Category	Clean Claims	7,901	55.4%	10,505	64.2%	-2,514	8.80%	8,127	76.0%	-136	(20.6%)
	Rejected Duplicate Claim	500	3.50%	721	4.40%	-221	0.90%	187	1.70%	313	1.80%
	Rejects	90	0.60%	182	1.10%	-92	0.50%	26	0.20%	64	0.40%
	Sub Total	8,581	59.4%	11,408	69.7%	-2,827	10.3%	8,340	78.0%	241	(18.6%)
	Adjustments	4,369	30.5%	3,376	20.6%	1,023	(6.90%)	1,325	12.4%	3,074	18.1%
	Line Denial	1,450	10.1%	1,072	6.50%	378	(0.50%)	1,022	9.60%	434	0.50%
	Sub Total	5,855	40.8%	4,048	24.9%	1,807	(10.3%)	2,347	22.0%	3,508	18.6%
	Total	14,436	100%	16,356	100%	-1,920	0.00%	10,687	100%	3,749	0.00%
Processed by DTR	0 - 15 days	7,862	53.9%	8,885	54.2%	-1,173	0.90%	5,419	50.7%	2,276	2.60%
	16 - 30 days	1,164	8.10%	1,698	10.4%	-534	2.30%	1,254	11.7%	-90	(3.60%)
	31 - 60 days	900	6.20%	1,305	8.00%	-405	1.80%	552	5.20%	348	1.00%
	61 - 90 days	336	2.30%	641	3.90%	-305	1.60%	246	2.30%	90	0.00%
	91 - 120 days	115	0.80%	353	2.30%	-238	1.50%	145	1.40%	-30	(0.80%)
	121 - 180 days	184	1.30%	392	2.40%	-208	1.10%	197	1.80%	-13	(0.60%)

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Reason Code CO18



- **CO18: Duplicate claim/service**
 - Before resubmitting a claim, check claims status through the IVR
 - Do not resubmit an entire claim when partial payment made; when appropriate, resubmit denied lines only
 - If more than one face-to-face E/M for same related problem is provided by physician/more than one physician of same specialty in same group, physicians should select a level of service representative of the combined visits and submit the appropriate code for that level
 - Ensure necessary appropriate modifiers are appended to claim lines

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Codes 38031, 38035 and 38200



- **Possible duplicate to a previously submitted claim**
 - Before resubmitting a claim, check claims status through the IVR, DDE, RA
 - Do not resubmit entire batches
 - If you need to make changes to an original claim, perform an adjustment rather than resubmitting the claim
 - Verify HCPC and modifiers coded on claim

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First Coast Service Options Inc.

medicare.fcso.com

medicareespanol.fcso.com

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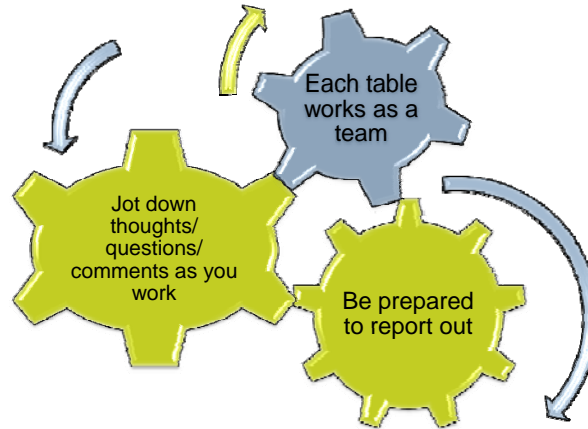
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Group Exercises

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Group Exercises



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Group Exercises Report-Out

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Question & Answer Session



- What questions do you have?



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Additional Resources

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First Coast Service Options Inc.

medicare.fcso.com
medicareespanol.fcso.com

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FCSO Resources—Part A

- Resources applicable to this session
 - Top Part A inquiries
 - http://medicare.fcso.com/Inquiries_and_denials/137556.asp
 - Top Part A claims rejects
 - http://medicare.fcso.com/Inquiries_and_denials/156255.asp
 - Top Part A returned to provider (RTP) claims
 - http://medicare.fcso.com/Inquiries_and_denials/156256.asp
 - Top Part A Rural Health returned to provider (RTP)
 - http://medicare.fcso.com/Inquiries_and_denials/170982.asp
 - Top Part A Rural Health rejects
 - http://medicare.fcso.com/Inquiries_and_denials/194366.asp

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FCSO Resources—Part A (Cont.)



■ Resources applicable to this session

- Appeals page
 - <http://medicare.fcso.com/Appeals/index.asp>
- IVR page
 - <http://medicare.fcso.com/IVR/>
- DDE page
 - http://medicare.fcso.com/Direct_data_entry/
- Remittance Advice
 - http://medicare.fcso.com/Remittance_advice/
- Self-audit resources page (PDS report)
 - <http://medicare.fcso.com/Landing/200831.asp>

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FCSO Resources—Part B



■ Resources applicable to this session

- Top Part B inquiries
 - http://medicare.fcso.com/Inquiries_and_denials/137688.asp
- Top Part B claim denials
 - http://medicare.fcso.com/Inquiries_and_denials/156449.asp
- Top Part B RUCs
 - http://medicare.fcso.com/Inquiries_and_denials/156451.asp
- Top Part B Rural Health claim denials
 - http://medicare.fcso.com/Inquiries_and_denials/149010.asp
- Top Part B Rural Health RUCs
 - http://medicare.fcso.com/Inquiries_and_denials/194368.asp

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■ Resources applicable to this session

- Modifier FAQs
 - <http://medicare.fcso.com/FAQs/138438.asp>
- Appeals page
 - <http://medicare.fcso.com/Appeals/index.asp>
- IVR page
 - <http://medicare.fcso.com/IVR/>
- Remittance Advice page
 - http://medicare.fcso.com/Remittance_advice/
- Self-audit resources page (PDS report)
 - <http://medicare.fcso.com/Landing/200831.asp>

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Centers for Medicare & Medicaid Services

www.cms.gov

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CMS Resources



- Resources applicable to this session
 - Internet Only Manual (IOM)
 - <http://www.cms.gov/Manuals/>
 - National Correct Coding Initiative Edits (NCCI)
 - <http://www.cms.gov/NationalCorrectCodInitEd/>

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Summary of Today's Topics



- Today we have reviewed
 - Duplicate claims—Part A and Part B
 - How duplicate claims impact you financially
 - How you can be proactive and avoid duplicate claims
 - Some of the top reasons for duplicate claims
 - Where to find tips and self-service tools

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Thank You for Participating



- **FCSO values your feedback**
 - It is important that you complete the evaluation form and return it before leaving the class



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