

DISTRIBUTED DATA COLLECTION (DDC) FOR REINSURANCE (RI) AND RISK ADJUSTMENT (RA): EDGE MEDICAL FILE – DUPLICATE CLAIM LOGIC AND RESEARCHING COMMON DUPLICATE CLAIM DISCREPANCIES

November 10, 2015

Health Insurance Marketplace Program
Training Series



[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Agenda

- Session Guidelines
- Intended Audience
- Purpose
- Duplicate Claim Logic for Medical Claims
- Duplicate Claim Logic – Inpatient Institutional Claims
- Inpatient Institutional Claims – Researching and Resolving Overlapping Stay Errors
- Duplicate Claim Logic – Outpatient Institutional and Professional Claims
- Outpatient Institutional and Professional Claims – Researching and Resolving Duplicate Claim Errors
- Closing Summary
- Upcoming Webinars

Session Guidelines

- This is a 90-minute webinar session.
- For questions regarding content and the DDC program, please contact your Financial Management (FM) Service Representative directly and copy the Centers for Medicare & Medicaid Services (CMS) Help Desk (CMS_FEPS@cms.hhs.gov).
- For questions regarding logistics and registration, please contact the Registrar at: (800) 257-9520.

Intended Audience

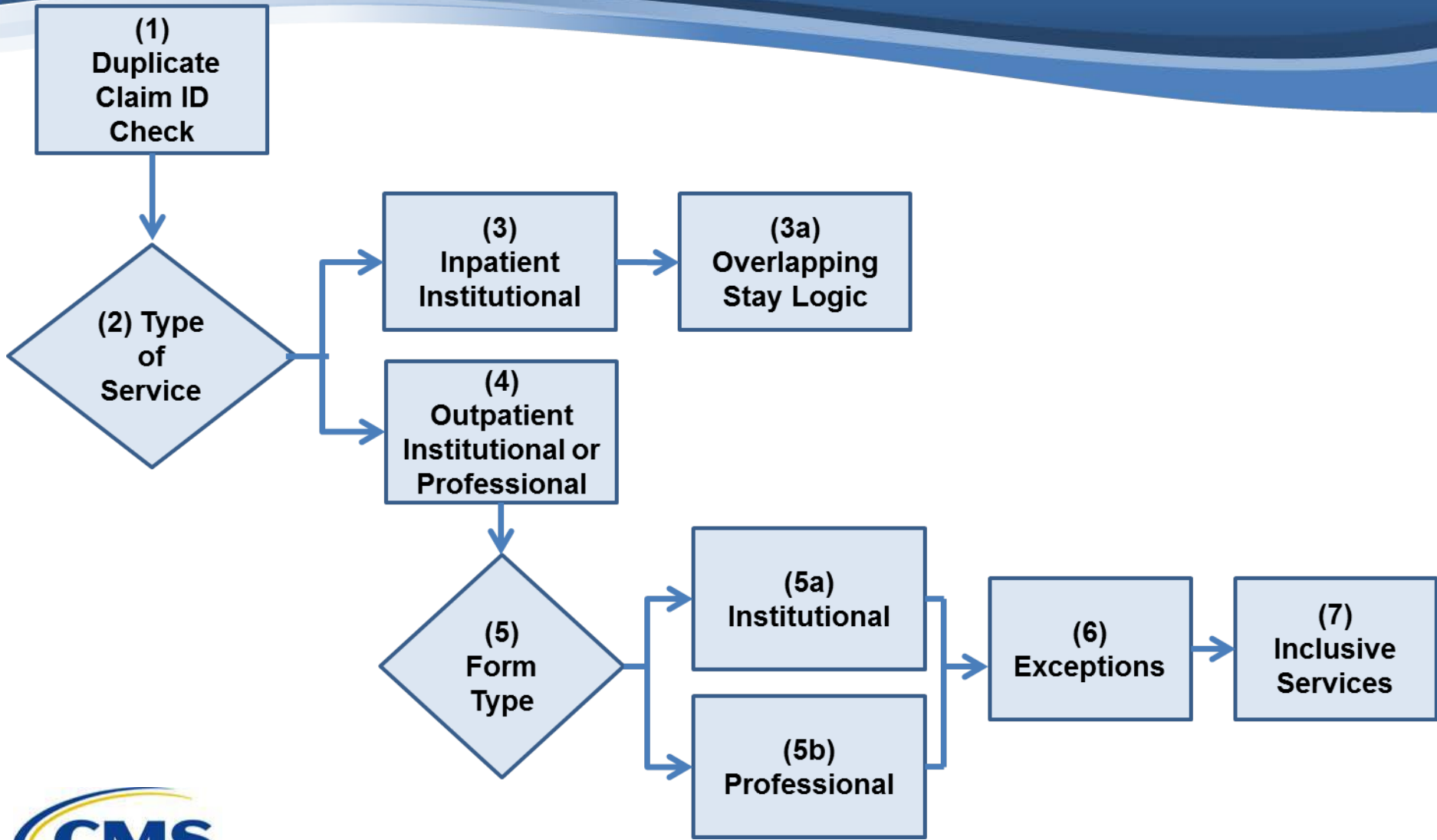
- Issuers (Marketplace and Non-Marketplace) of plans in states where the U.S. Department of Health & Human Services (HHS) operates the Affordable Care Act (ACA) Risk Adjustment and Reinsurance Programs
- Third Party Administrators (TPAs) and Support Vendors
- Amazon and On-Premise External Data Gathering Environment (EDGE) server issuers (Exchange and Non-Exchange)

Purpose

- This presentation will:
 - Review the duplicate claim logic used during medical claim file ingest.
 - Provide training on how to troubleshoot medical claims that were rejected due to overlapping coverage or duplicate claim line error codes.
 - Demonstrate how to determine the existing claim in the database that caused the inbound medical claim to be rejected.
- This presentation will not cover duplicate claim logic applied during pharmacy claim submission.

Duplicate Claim Logic for Medical Claims

Duplicate Medical Claim Overview

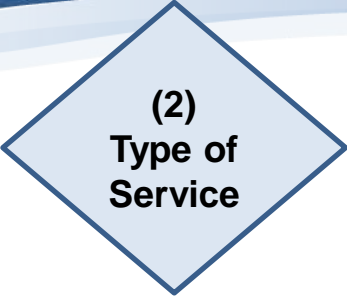


Duplicate Claim IDs

(1) Duplicate Claim ID Check

- All original claims undergo a duplicate Claim ID check.
 - A Claim ID cannot be duplicated under a single Issuer ID.
 - The duplicate Claim ID check is bypassed if the Void/Replace Indicator on the submitted claim is populated with a “V” or “R”.
- The duplicate Claim ID check is performed within the file and compares Claim IDs in the file against stored active claims.
 - If a duplicate Claim ID is found, then the claim and all associated claim lines are rejected.
 - Error Code 3.5.19 – duplicate Claim ID in the file or in the database.
 - If a duplicate ID is not found, the system determines whether the claim is an inpatient institutional claim, an outpatient institutional claim or professional claim.

Selecting the Duplicate Claim Path

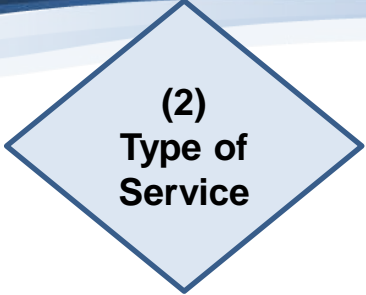


(2)
Type of
Service

- If a duplicate ID is not found, the system determines whether the claim is an inpatient institutional claim, an outpatient institutional claim or professional claim.
 - Form Type determines whether a claim is Institutional (“I”) or Professional (“P”).
 - Bill Type determines whether a claim is inpatient or outpatient.
 - Inpatient Bill Types: 111, 121, 181, 211, 221, 281, 411, 651, 661 and 861.
 - Outpatient Bill Types: 131, 141, 231, 321, 331, 341, 431, 711, 721, 731, 741, 751, 761, 771, 781, 791, 811, 821, 831, 841, 851 and 891.
- Inpatient institutional claims proceed down one (1) path and outpatient institutional and professional claims proceed down another path.

Selecting the Duplicate Claim Path

(Continued)

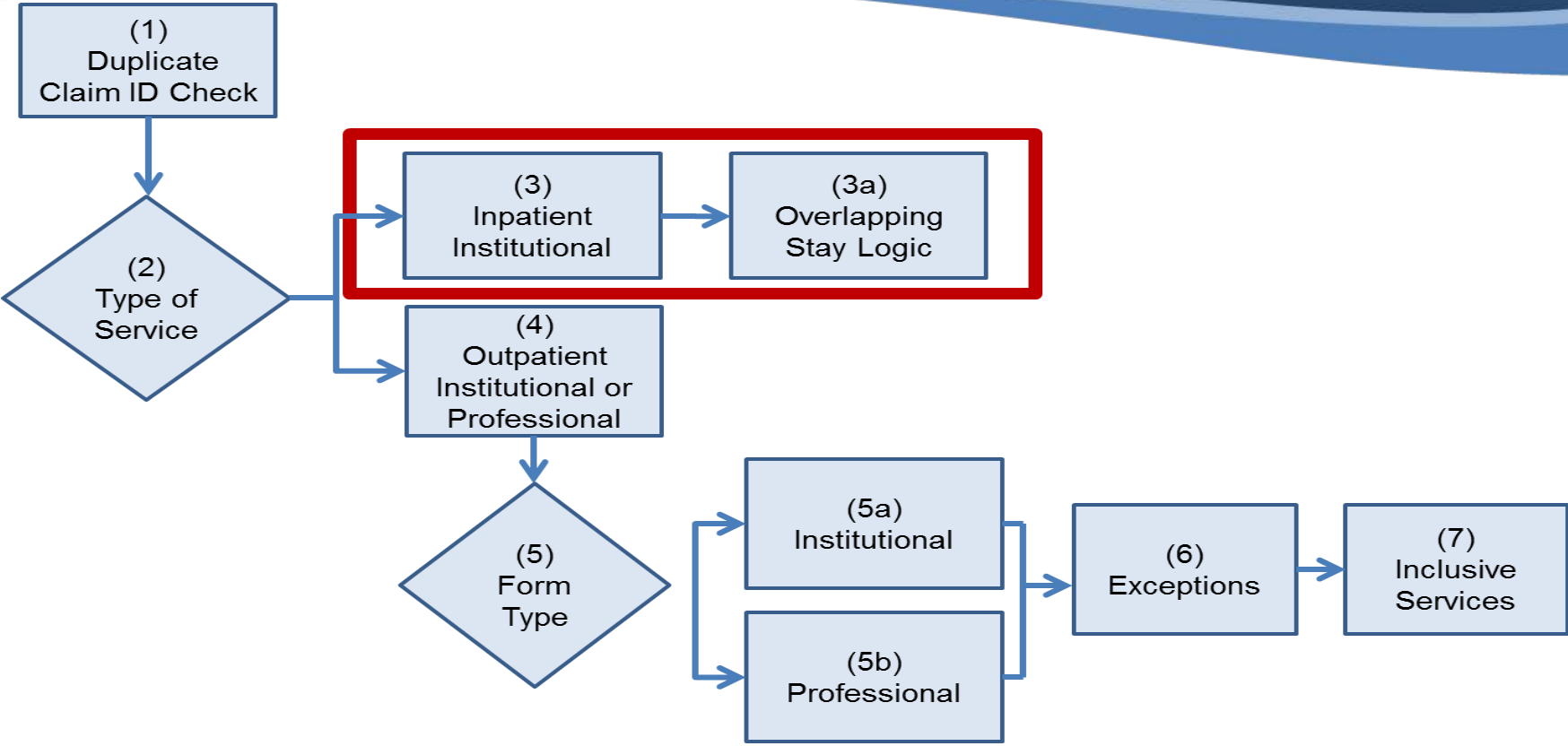


(2)
Type of
Service

- Since claims proceed down different paths based on the Form Type and Bill Type, claims will never be rejected as duplicates if they are not the same type of claim.
 - Inpatient institutional claims will never be rejected as duplicates of outpatient institutional claims or professional claims, or vice versa, since inpatient institutional claims undergo overlapping stay logic at the claim header and outpatient institutional claims and professional claims undergo duplicate edits using data elements primarily at the claim line level.
 - Outpatient institutional claims and professional claims will never be rejected as duplicates of each other due to variations in the data elements used to identify the duplicate.

Duplicate Claim Logic – Inpatient Institutional Claims

Duplicate Claim Overview



Form Type: I

Bill Types: 111, 121, 181, 211, 221, 281, 411, 651, 661 and 861



Inpatient Institutional Claims

(3) Inpatient Institutional

- Inpatient institutional claims undergo a duplicate check, known as overlapping stay logic.
- Overlapping stay logic uses data elements from the claim header.
 - Error Code 3.5.49 - Claim header level rejected because the Statement Covers From and Statement Covers To dates are overlapping within the file or database.
- Inpatient institutional claims do not undergo line level duplicate checks.
 - Inpatient institutional claims will never be denied as duplicates of outpatient institutional or professional claims.

Inpatient Institutional Claims (Continued)

(3a) Overlapping Stay Logic

- Overlapping stay logic uses five (5) data elements to identify a duplicate claim.
 - Plan ID
 - Unique Enrollee ID
 - Form Type
 - Statement Covers From Dates
 - Statement Covers To Date
- Institutional inpatient claims with overlapping statement coverage dates at the same or different facility for enrollees in the same plan will be rejected.
 - Issuers who have multiple claims for an enrollee who has dual coverage in the same plan (i.e. an enrollee that is both a subscriber and non-subscriber/dependent or is a non-subscriber/dependent of two different subscribers) must combine the claims and submit a single claim.

Inpatient Institutional Claims (Continued)

(3a) Overlapping Stay Logic

- The six (6) data elements on the submitted claim are compared to original claims within the file and active claims stored in the medical claim table.
- Any inpatient claim with a Statement Covers From and/or Through date equal to or between the Statement Covers From and Through date of the submitted claim will be identified.
 - If the Statement Covers From date or the Statement Covers Through date is the **only** date that overlaps, then the new claim is accepted.
 - If any date between the Statement Covers From and Statement Covers Through date overlaps, then the Plan ID will be compared.
 - If the Plan ID is the same, the claim will reject.
 - If the Plan ID is different, the claim will be accepted.

Inpatient Institutional Claims – Researching and Resolving Overlapping Stay Errors

How to Resolve Overlapping Inpatient Medical Claim Errors

- Overlapping inpatient institutional medical claims are rejected with Error Code 3.5.49 – claim header level rejected because the Statement Covers From and Statement Covers To dates are overlapping within the file or database.
- Issuers can follow the below steps to identify the existing claim that caused an inbound claim to be rejected due to the overlapping claim error:
 1. Identify the rejected claim due to overlapping stay logic in the medical detail output eXtensible Markup Language (XML) file.
 2. Locate the corresponding claim record in the inbound medical claim XML file.
 3. Execute the overlapping query provided to determine which existing claim on the EDGE server caused the error.

Overlapping Inpatient Claims

Step 1: Identify Rejected Claim

- In the outbound medical detail report, issuers should be able to identify which claim has been rejected due to the overlapping inpatient claim Error Code 3.5.49.
 - Issuers should note the Record ID and Claim ID associated with the error.

- <includedClaimProcessingResult>

<medicalClaimRecordIdentifier>5</medicalClaimRecordIdentifier>

<medicalClaimIdentifier>CINFANT4SM00102</medicalClaimIdentifier>

- <classifyingProcessingStatusType>

<statusTypeCode>R</statusTypeCode>

</classifyingProcessingStatusType>

- <recordedError>

<offendingElementName>claimIdentifier</offendingElementName>

<offendingElementValue>CINFANT4SM00102</offendingElementValue>

<offendingElementErrorTypeCode>3.5.49</offendingElementErrorTypeCode>

<offendingElementErrorTypeMessage>Claim Header level rejected because the Statement-covers-from and Statement-covers-to dates are overlapping within the file or database</offendingElementErrorTypeMessage>

<offendingElementErrorTypeDetail>The Dates are overlapping</offendingElementErrorTypeDetail>

Overlapping Inpatient Claims

Step 2: Identify Claim in Ingest File

- This XML image is the inbound medical claim submission associated with the outbound medical detail report that included the reject.
- Locate the rejected claim on the inbound file using the **Record ID** and **Claim ID** from the medical detail outbound report.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>5</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS001</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>I</ns1:formTypeCode>
  <ns1:claimIdentifier>CINFANT4SM00102</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode>111</ns1:billTypeCode>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>3573</ns1:diagnosisCode>
  <ns1:diagnosisCode>27950</ns1:diagnosisCode>
  <ns1:diagnosisCode>76405</ns1:diagnosisCode>
  <ns1:dischargeStatusCode>20</ns1:dischargeStatusCode>
  <ns1:statementCoverFromDate>2015-03-20</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-31</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-05</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>6</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-20</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-31</ns1:serviceToDate>
    <ns1:revenueCode>0022</ns1:revenueCode>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode/>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
  </ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```


Overlapping Inpatient Claims

Step 2: Identify Claim in Ingest File (Continued)

- Issuers should identify the fields required to find the claim in the database that caused the rejection.
- These fields will be used to query the EDGE server database to identify the existing claim that caused the overlapping error.
- Note that issuers will also need the Plan ID under which this claim was submitted for the query.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>5</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS001</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>I</ns1:formTypeCode>
  <ns1:claimIdentifier>CINFANT4SM00102</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode>111</ns1:billTypeCode>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>3573</ns1:diagnosisCode>
  <ns1:diagnosisCode>27950</ns1:diagnosisCode>
  <ns1:diagnosisCode>76405</ns1:diagnosisCode>
  <ns1:dischargeStatusCode>20</ns1:dischargeStatusCode>
  <ns1:statementCoverFromDate>2015-03-20</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-31</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-05</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>6</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-20</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-31</ns1:serviceToDate>
    <ns1:revenueCode>0022</ns1:revenueCode>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode/>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```

Overlapping Inpatient Claim

Step 3: Query & Identifying Overlapping Claim

- Issuers should populate the below query using the appropriate fields from the rejected medical claim to identify the overlapping claim that caused the inbound claim to be rejected.

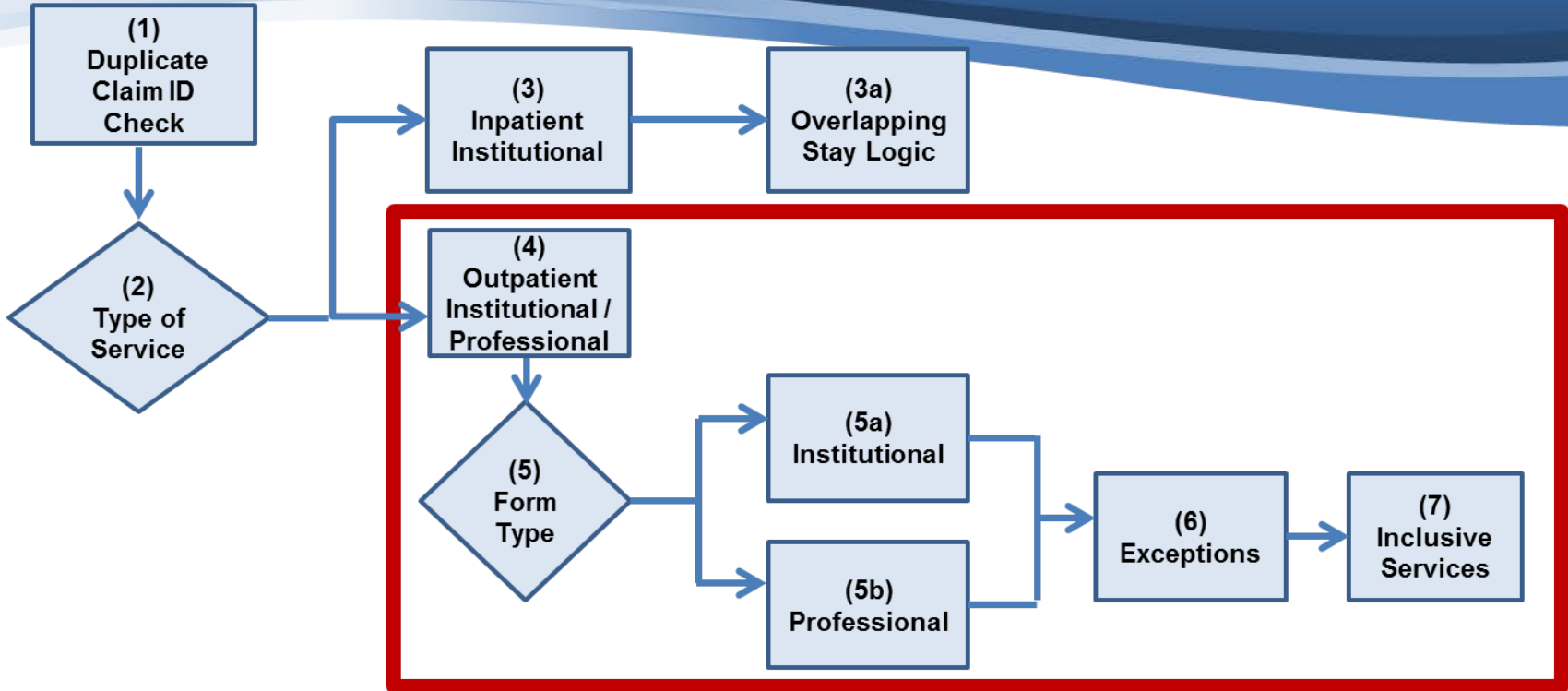
```
SELECT
    *
FROM
    MEDICAL_CLAIM mc ,
    EDGE_SRVR_COMMON.CLAIM_BILL_TYPE cbt
WHERE
    cbt.CLM_TYPE_CD = 'I'
    AND CLAIM_FORM_TYPE = 'I'
    AND mc.CLAIM_BILL_TYPE = cbt.CLM_BILL_TYPE_CD
    AND mc.INACTIVATION_DT IS NULL
    AND RECEIVED_INSURED_MEMBER_ID = '<Insured Member ID>'
    AND INSURANCE_PLAN_ID = '<Plan ID>'
    AND STATEMENT_COVERS_FROM_DATE < '<Statement Covers From Date>'\G;
    AND STATEMENT_COVERS_TO_DATE > '<Statement Covers to Date>'
```

Example Output
(select fields only):

```
***** 1. ROW *****
      MEDICAL_CLAIM_ID: CINFANT4SM00101
RECEIVED_INSURED_MEMBER_ID: ARS001
      INSURANCE_PLAN_ID: 57964VA018000101
STATEMENT_COVERS_FROM_DATE: 2015-03-05
      STATEMENT_COVERS_TO_DATE: 2015-03-28
      INACTIVATION_DT: NULL
```

Duplicate Claim Logic – Outpatient Institutional and Professional Claims

Duplicate Claim Overview



Outpatient Institutional Claims

Form Type: I

Bill Types: 131, 141, 231, 321, 331, 341, 431, 711, 721, 731, 741, 751, 761, 771, 781, 791, 811, 821, 831, 841, 851 and 891

Professional Claims

Form Type: P



Outpatient Institutional and Professional Claims

(4) Outpatient Institutional or Professional

- Outpatient institutional claims and professional claims undergo duplicate checks based on elements that are primarily at the claim line level.
 - An outpatient claim and professional claim would never be rejected as duplicates of each other due to the differences in the data elements used.
- Duplicate edits are bypassed when:
 - An exception modifier is present or,
 - Duplicate lines are present within the same claim.

Outpatient Institutional and Professional Claims (Continued)

(4)
Outpatient
Institutional or
Professional

- Error Code 4.5.36 - Claim Service Line level rejected because the claim service line already exists in the database - is produced when a duplicate at the line is identified.
- Claims may be rejected as duplicates even if an exact match is not identified due to inclusive service modifiers.
 - When researching duplicate claims, issuers should not include the modifier in their search criteria in the event that the duplicate rejection was caused by an inclusive service modifier.

Outpatient Institutional and Professional Claims (Continued)

(5)
Form
Type

The submitted Form Type is used to determine the data elements that are used to identify a duplicate claim line.

Outpatient Institutional Claims (5a)	Professional Claims (5b)
Form Type: I	Form Type: P
<ul style="list-style-type: none"> • Plan ID • Unique Enrollee ID • Rendering Provider Qualifier • Rendering Provider ID • Bill Type* • Revenue Code* • Service Code • Service Code Modifier(s) <ul style="list-style-type: none"> ○ <i>Exceptions exist</i> ○ <i>Inclusive Services exist</i> • Date of Service - From and To 	<ul style="list-style-type: none"> • Plan ID • Unique Enrollee ID • Rendering Provider Qualifier • Rendering Provider ID • Service Code • Service Code Modifier(s) <ul style="list-style-type: none"> ○ <i>Exceptions exist</i> ○ <i>Inclusive Services exist</i> • Place of Service Code • Date of Service - From and To

* Unique to outpatient institutional claims

Outpatient Institutional Claim – Example 1

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
2045	987654	I	55555C1012	0131		2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
2046	1	2015-02-03	2015-02-03	0360	03	29880		99	988441200
2047	2	2015-02-03	2015-02-03	0270				99	988441200
2048	3	2015-02-03	2015-02-03	0320	03	73723	TC	99	988441200

- Assuming the above claim was accepted and stored in the medical claim table, the claim below would NOT be rejected since the Revenue Code is different.
 - The Statement Covers From and Through dates, while the same, are not taken into consideration; therefore, overlapping stay logic is not applied.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
3314	987654	I	88888J9041	0131		2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
3315	1	2015-02-03	2015-02-03	0710				99	988441200



Outpatient Institutional Claim – Example 2

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
2045	987654	I	55555C1012	0131		2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
2046	1	2015-02-03	2015-02-03	0360	03	29880		99	988441200
2047	2	2015-02-03	2015-02-03	0270				99	988441200
2048	3	2015-02-03	2015-02-03	0320	03	73723	TC	99	988441200

- Assuming the above claim was accepted and stored in the medical claim table, the claim below WOULD be rejected since the Revenue Code and Current Procedural Terminology (CPT) code are identical.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
5509	987654	I	99999C3300	0131		2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
5510	1	2015-02-03	2015-02-03	0360	03	29880		99	988441200

Professional Claim – Example 1

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
82141	4T6jwx	P	20156666666			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
82142	1	2015-04-15	2015-04-15		03	99214		XX	1891865473
82143	2	2015-04-15	2015-04-15		03	36415		XX	1891865473

- Assuming the above claim was accepted and stored in the medical claim table, the claim below would NOT be rejected since the Service Code is different.
 - The Statement Covers From and Through dates, while the same, are not taken into consideration; therefore, overlapping stay logic is not applied.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
100881	4T6jwx	P	20158888888			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
100882	1	2015-04-15	2015-04-15			81001		XX	1891865473



Professional Claim – Example 2

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
82141	4T6jwx	P	20156666666			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
82142	1	2015-04-15	2015-04-15		03	99214		XX	1891865473
82143	2	2015-04-15	2015-04-15		03	36415		XX	1891865473

- Assuming the above claim was accepted and stored in the medical claim table, the claim below WOULD be rejected since the Service Code is the same.
 - This edit could be bypassed with an exception modifier or the second claim could be combined with the first claim and submitted as a replacement claim.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
100881	4T6jwx	P	20159999999			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
100882	1	2015-04-15	2015-04-15			36415		XX	1891865473



Outpatient Institutional Claim and Professional Claim Example

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
2045	987654	I	55555C1012	0131		2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
2046	1	2015-02-03	2015-02-03	0360	03	29880		99	988441200
2047	2	2015-02-03	2015-02-03	0270				99	988441200
2048	3	2015-02-03	2015-02-03	0320	03	73723	TC	99	988441200

- Assuming the above institutional outpatient claim was accepted and stored in the medical claim table, the claim below would NOT be rejected since institutional outpatient claims are not compared to professional claims.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
55604	987654	P	222222C9901			2015-02-03	2015-02-03

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
55605	1	2015-02-03	2015-02-03		03	73723	26	99	225554581

Exceptions to Duplicate Lines

(6) Exceptions

- Specific modifiers, Revenue Codes and Service Codes included on a claim line will bypass the duplicate edits performed for outpatient institutional and professional claims.
 - Modifiers – 25, 27, 51, 59, 76, 91 & GG.
 - Revenue Codes – 0250-0259, 0270-0279, 0631-0637, 0761.
 - CPT/Healthcare Common Procedure Coding System (HCPCS) – 90460 through 90474.
- Where duplicate services are identified on different claims and the issuer has applied their internal operational policies or other reasonable guidelines to determine that these duplicate services were valid and eligible for reimbursement, issuers may add an exception modifier to the claim line to bypass the duplicate edit.
 - A second option to bypass the duplicate edit is to combine the claims and submit a replacement claim.

Exception Modifier Example

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
82141	4T6jwx	P	2015666666			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
82142	1	2015-04-15	2015-04-15		03	99214		XX	1891865473
82143	2	2015-04-15	2015-04-15		03	36415		XX	1891865473

- Assuming the above claim was accepted and stored in the medical claim table, the claim below would NOT be rejected since the Service Code Modifier exception is present.
 - Issuers may include these modifiers even if the Rendering Provider did not include it on the original claim, as outlined in the previous slide.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
100881	4T6jwx	P	20159999999			2015-04-15	2015-04-15

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
100882	1	2015-04-15	2015-04-15			36415	76	XX	1891865473



Inclusive Services

(7) Inclusive Services

- Some outpatient institutional and professional claims include modifiers that indicate inclusive services.
 - In these cases, claims will be rejected as duplicates even when the modifier is not an exact match.
 - Where one (1) claim has a global service* and another claim has either a 26 or TC Modifier.
 - Where one (1) claim has a modifier 50 (bilateral service) and another claim has either an RT or LT Modifier.
 - Where one (1) claim has a global, RR, NU or UE modifier and another claim has a global, RR, NU or UE Modifier.
- * A global service is submitted with no modifier.

Inclusive Service Modifier Example

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
54615	R02mb8	P	2015343434			2015-06-02	2015-06-02

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
54616	1	2015-06-02	2015-06-02		03	58752	50	99	4468581336

- Assuming the above claim was accepted and stored in the medical claim table, the claim below would be rejected since the Service Code Modifiers indicate the services are inclusive of each other.

Claim Header

Record ID	Unique Enrollee ID	Form Type	Claim ID	Bill Type	Void/Replace Indicator	Statement Covers From	Statement Covers Through
74401	R02mb8	P	2015989898			2015-06-02	2015-06-02

Claim Line

Record ID	Service Line Number	Date of Service From	Date of Service To	Revenue Code	Service Code Qualifier	Service Code	Service Code Modifier	Rendering Provider ID Qualifier	Rendering Provider ID
74402	1	2015-06-02	2015-06-02			58752	RT	99	4468581336



Outpatient Institutional and Professional Claims – Researching and Resolving Duplicate Claim Errors

How to Resolve Duplicate Errors for Outpatient and Professional Claims

- Duplicate claim lines for outpatient and professional claims are rejected with Error Code 4.5.36 – claim service line level rejected because the claim service line already exists in the database.
- Follow the below steps to identify the duplicate claim line:
 1. Identify the rejected claim due to duplicate claim service line(s).
 2. Locate the corresponding claim record within the submitted medical claim file.
 3. Select the required fields from the rejected claim line and execute the first query for the appropriate claim type (institutional outpatient or professional) to identify claims with potential duplicate lines.
 4. Execute the second query to return the modifier code(s) for each potential claim and analyze the results.

How to Resolve Duplicate Errors for Outpatient and Professional Claims (Continued)

- The following slides will demonstrate the steps on the three (3) examples described below:
 1. An institutional outpatient claim is rejected due to an exact duplicate line on an existing claim in the database.
 2. A professional claim is rejected due to a claim line that is a duplicate of one (1) of two (2) lines of an existing professional claim in the database.
 3. A professional claim is rejected due to an inclusive service claim line that has a Service Code Modifier of 'TC' and is a duplicate of a claim line with no Service Code Modifier.

Example 1: Duplicate Institutional Outpatient Claim

Step 1: Identify Rejected Claim

- Identify which claim has been rejected due to the duplicate claim line error.
- The below XML image is the reject record from the medical detail report.

```
- <includedClaimServiceLineProcessingResult>  
  <medicalClaimServiceLineRecordIdentifier>10</medicalClaimServiceLineRecordIdentifier>  
  <serviceLineNumber>1</serviceLineNumber>  
  - <classifyingProcessingStatusType>  
    <statusTypeCode>R</statusTypeCode>  
  </classifyingProcessingStatusType>  
  - <recordedError>  
    <offendingElementName>No associated data element</offendingElementName>  
    <offendingElementValue>1</offendingElementValue>  
    <offendingElementErrorTypeCode>4.5.36</offendingElementErrorTypeCode>  
    <offendingElementErrorMessage>Claim Service Line level rejected because the claim service line already exists  
      in the database</offendingElementErrorMessage>  
    <offendingElementErrorTypeDetail/>  
  </recordedError>  
</includedClaimServiceLineProcessingResult>
```


Example 1: Duplicate Institutional Outpatient Claim

Step 2: Identify Claim in Ingest File

- This XML image is the corresponding duplicate reject record from the medical detail report.
- Locate the rejected claim on the ingest file using the **Record ID** and **service line number** from the medical detail output report.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>9</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS002</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>I</ns1:formTypeCode>
  <ns1:claimIdentifier>CADULT4SM00103</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode>131</ns1:billTypeCode>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>24910</ns1:diagnosisCode>
  <ns1:dischargeStatusCode>20</ns1:dischargeStatusCode>
  <ns1:statementCoverFromDate>2015-03-10</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-10</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-05</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>10</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-10</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-10</ns1:serviceToDate>
    <ns1:revenueCode>0022</ns1:revenueCode>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode/>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```


Example 1: Duplicate Institutional Outpatient Claim

Step 2: Identify Claim in Ingest File (Continued)

- Issuers should identify the fields required to identify the claim in the database that caused the rejection.
- These fields will be used to query the EDGE server database to identify the existing claim that caused the duplicate error.
- Note that issuers will also need the Plan ID under which this claim was submitted for the query.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>9</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS002</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>I</ns1:formTypeCode>
  <ns1:claimIdentifier>CADULT4SM00103</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode>131</ns1:billTypeCode>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>24910</ns1:diagnosisCode>
  <ns1:dischargeStatusCode>20</ns1:dischargeStatusCode>
  <ns1:statementCoverFromDate>2015-03-10</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-10</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-05</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>10</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-10</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-10</ns1:serviceToDate>
    <ns1:revenueCode>0022</ns1:revenueCode>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode/>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```

Example 1: Duplicate Institutional Outpatient Claim

Step 3: Query & Identify Potential Duplicate Claims

- Issuers should populate the following query using the appropriate fields from the rejected medical claim to identify potential claims that may have caused the inbound claim to be rejected.

```
SELECT
    ml.MEDICAL_SRVC_LINE_NUM,
    mc.*
FROM
    MEDICAL_CLAIM mc
JOIN
    MEDICAL_CLAIM_SRVC_LINE ml ON mc.UID = ml.MEDICAL_CLAIM_UID_FK
JOIN
    EDGE_SRVR_COMMON.CLAIM_BILL_TYPE cbt on mc.CLAIM_BILL_TYPE = cbt.CLM_BILL_TYPE_CD
WHERE
    mc.INACTIVATION_DT IS NULL
    AND mc.CLAIM_FORM_TYPE = 'I'
    AND cbt.CLM_TYPE_CD = 'O'
    AND mc.RECEIVED_INSURED_MEMBER_ID = '<Insured Member ID>'
    AND mc.CLAIM_BILL_TYPE = '<Bill Type Code>'
    AND mc.INSURANCE_PLAN_ID = '<Plan ID>'
    AND ml.RNDRNG_PRVDR_QLFYR_CD = '<Rendering Provider ID Qualifier>'
    AND ml.RNDRNG_PRVDR_ID = '<Rendering Provider ID>'
    AND ml.REV_CD = '<Revenue Code>'
    AND ml.SRVC_CD = '<Service Code>'\G;
```

Example Output
(select fields only):

```
***** 1. row *****
      MEDICAL_SRVC_LINE_NUM: 1
      MEDICAL_CLAIM_ID: CADULT4SM00102
RECEIVED_INSURED_MEMBER_ID: ARS002
      INSURANCE_PLAN_ID: 57964VA018000101
      CLAIM_FORM_TYPE: I
      CLAIM_BILL_TYPE: 131
BILLING_PROVIDER_QLFYR_CODE: 99
      RECORD_ID: 7
      INACTIVATION_DT: NULL
42
1 row in set (0.00 sec)
```

Example 1: Duplicate Professional Claim Line

Step 3: Query & Compare Service Code Modifiers

- Issuers should populate the below query with each Claim ID returned in the previous step to identify the serviceModifierCode.

```
SELECT
    mc.MEDICAL_CLAIM_ID,
    mcsl.MEDICAL_SRVC_LINE_NUM,
    mcsmas.SRVC_MDFR_CD
FROM
    MEDICAL_CLAIM mc
LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_LINE mcsl on mc.UID = mcsl.MEDICAL_CLAIM_UID_FK
LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_MDFR_ASCTN mcsmas on mcsl.UID = mcsmas.MEDICAL_CLAIM_SRVC_LINE_UID_FK
WHERE
    mc.MEDICAL_CLAIM_ID = '<Medical Claim ID>'\G;
```

Example Output:

```
***** 1. row *****
MEDICAL_CLAIM_ID: CADULT4SM00102
MEDICAL_SRVC_LINE_NUM: 1
SRVC_MDFR_CD: A1
1 row in set (0.00 sec)
```

- **Note:** In this example, claim line 1 identified in the previous query returned the same serviceModifierCode (A1) as the rejected claim and is the claim line that caused the duplicate error.

Example 2: Duplicate Professional Claim Line

Step 1: Identify Rejected Claim

- Identify which claim has been rejected due to the duplicate claim line error.
- The below XML image is the reject record from the medical detail report.

```
- <includedClaimServiceLineProcessingResult>  
  <medicalClaimServiceLineRecordIdentifier>15</medicalClaimServiceLineRecordIdentifier>  
  <serviceLineNumber>1</serviceLineNumber>  
  - <classifyingProcessingStatusType>  
    <statusTypeCode>R</statusTypeCode>  
  </classifyingProcessingStatusType>  
  - <recordedError>  
    <offendingElementName>No associated data element</offendingElementName>  
    <offendingElementValue/>  
    <offendingElementErrorTypeCode>4.5.36</offendingElementErrorTypeCode>  
    <offendingElementErrorMessage>Claim Service Line level rejected because the claim service line already exists  
      in the database</offendingElementErrorMessage>  
    <offendingElementErrorTypeDetail/>  
  </recordedError>  
</includedClaimServiceLineProcessingResult>
```


Example 2: Duplicate Professional Claim Line

Step 2: Identify Claim in Ingest File

- This XML image is the corresponding duplicate reject record from the medical detail report.
- Locate the rejected claim on the ingest file using the **Record ID** and **service line number** from the medical detail output report.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>14</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS003</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>P</ns1:formTypeCode>
  <ns1:claimIdentifier>CCHILD4SM00106</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-22T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode/>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>1960</ns1:diagnosisCode>
  <ns1:dischargeStatusCode/>
  <ns1:statementCoverFromDate>2015-03-05</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-05</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-15</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>15</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-05</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-05</ns1:serviceToDate>
    <ns1:revenueCode/>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode>57</ns1:serviceFacilityTypeCode>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```

Example 2: Duplicate Professional Claim Line

Step 2: Identify Claim in Ingest File (Continued)

- Issuers should identify the fields required to identify the claim in the database that caused the rejection.
- These fields will be used to query the EDGE server database to identify the existing claim that caused the duplicate error.
- Note that issuers will also need the Plan ID under which this claim was submitted for the query.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>14</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS003</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>P</ns1:formTypeCode>
  <ns1:claimIdentifier>CCHILD4SM00106</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-22T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode/>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>1960</ns1:diagnosisCode>
  <ns1:dischargeStatusCode/>
  <ns1:statementCoverFromDate>2015-03-05</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-05</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-15</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>15</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-05</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-05</ns1:serviceToDate>
    <ns1:revenueCode/>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>G0161</ns1:serviceCode>
    <ns1:serviceModifierCode>A1</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode>57</ns1:serviceFacilityTypeCode>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
</ns1:includedMedicalClaimDetail>
```

Example 2: Duplicate Professional Claim Line

Step 3: Query & Identify Potential Duplicate Claims

- Issuers should populate the below query using the appropriate fields from the rejected medical claim to identify potential claims that may have caused the inbound claim to be rejected.

```
SELECT
    ml.MEDICAL_SRVC_LINE_NUM,
    mc.*
FROM
    MEDICAL_CLAIM mc
JOIN
    MEDICAL_CLAIM_SRVC_LINE ml ON mc.UID = ml.MEDICAL_CLAIM_UID_FK
WHERE
    mc.INACTIVATION_DT IS NULL
    AND mc.CLAIM_FORM_TYPE = 'P'
    AND mc.RECEIVED_INSURED_MEMBER_ID = '<Insured Member ID>'
    AND mc.INSURANCE_PLAN_ID = '<Plan ID>'
    AND ml.RNDRNG_PRVDR_QLFYR_CD = '<Rendering Provider ID Qualifier>'
    AND ml.RNDRNG_PRVDR_ID = '<Rendering Provider ID>'
    AND ml.SRVC_CD = '<Service Code>'
    AND ml.SRVC_FROM_DT = '<Service From Date>'
    AND ml.SRVC_TO_DT = '<Service To Date>'
    AND ml.SRVC_PLACE_CD = '<Facility Type Code>' \G;
```

Example Output
(select fields only):

```
***** 1. row *****
MEDICAL_SRVC_LINE_NUM: 1
MEDICAL_CLAIM_ID: CCHILD4SM00104
RECEIVED_INSURED_MEMBER_ID: ARS003
INSURANCE_PLAN_ID: 57964VA018000101
SRVC_FROM_DT: 2015-03-05
SRVC_TO_DT: 2015-03-05
RECORD_ID: 11
INACTIVATION_DT: NULL
```


Example 2: Duplicate Professional Claim Line

Step 3: Query & Compare Service Code Modifiers

- Issuers should populate the below query with each Claim ID returned in the previous step to identify the serviceModifierCode.

```
SELECT
    mc.MEDICAL_CLAIM_ID,
    mcs1.MEDICAL_SRVC_LINE_NUM,
    mcsma.SRVC_MDFR_CD
FROM
    MEDICAL_CLAIM mc
    LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_LINE mcs1 on mc.UID = mcs1.MEDICAL_CLAIM_UID_FK
    LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_MDFR_ASCTN mcsma on mcs1.UID = mcsma.MEDICAL_CLAIM_SRVC_LINE_UID_FK
WHERE
    mc.MEDICAL_CLAIM_ID = '<Medical Claim ID>' \G;
```

Example Output:

```
***** 1. row *****
      MEDICAL_CLAIM_ID: CCHILD4SM00104
MEDICAL_SRVC_LINE_NUM: 1
      SRVC_MDFR_CD: A1
***** 2. row *****
      MEDICAL_CLAIM_ID: CCHILD4SM00104
MEDICAL_SRVC_LINE_NUM: 2
      SRVC_MDFR_CD: A1
2 rows in set (0.00 sec)
```

- **Note:** In this example, claim line 1 identified in the previous query returned the same serviceModifierCode (A1) as the rejected claim and is the claim line that caused the duplicate error.

Example 3: Duplicate Inclusive Service Claim Line

Step 1: Identify Rejected Claim

- Issuers should identify which claim has been rejected due to the duplicate claim line error.
- The below XML image is the reject record from the medical detail report.

```
- <includedClaimServiceLineProcessingResult>
  <medicalClaimServiceLineRecordIdentifier>19</medicalClaimServiceLineRecordIdentifier>
  <serviceLineNumber>1</serviceLineNumber>
  - <classifyingProcessingStatusType>
    <statusTypeCode>R</statusTypeCode>
  </classifyingProcessingStatusType>
  - <recordedError>
    <offendingElementName>No associated data element</offendingElementName>
    <offendingElementValue/>
    <offendingElementErrorTypeCode>4 5 36</offendingElementErrorTypeCode>
    <offendingElementErrorMessage>Claim Service Line level rejected because the claim service line already exists
      in the database</offendingElementErrorMessage>
    <offendingElementErrorTypeDetail/>
  </recordedError>
</includedClaimServiceLineProcessingResult>
```

Example 3: Duplicate Inclusive Service Claim Line

Step 2: Identify Claim in Ingest File

- This XML image is the corresponding duplicate reject record from the medical detail report.
- Locate the rejected claim on the ingest file using the **Record ID** and **service line number** from the medical detail output report.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>18</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS005</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>P</ns1:formTypeCode>
  <ns1:claimIdentifier>CCHILD4SM00107</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode/>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>5789</ns1:diagnosisCode>
  <ns1:dischargeStatusCode/>
  <ns1:statementCoverFromDate>2015-03-05</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-30</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-06</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>19</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-06</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-06</ns1:serviceToDate>
    <ns1:revenueCode/>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>00103</ns1:serviceCode>
    <ns1:serviceModifierCode>TC</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode>03</ns1:serviceFacilityTypeCode>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
```


Example 3: Duplicate Inclusive Service Claim Line

Step 2: Identify Claim in Ingest File (Continued)

- Issuers should identify the fields required to identify the claim in the database that caused the rejection.
- These fields will be used to query the EDGE server database to identify the existing claim that caused the duplicate error.
- Note that issuers will also need the Plan ID under which this claim was submitted for the query.

```
- <ns1:includedMedicalClaimDetail>
  <ns1:recordIdentifier>18</ns1:recordIdentifier>
  <ns1:insuredMemberIdentifier>ARS005</ns1:insuredMemberIdentifier>
  <ns1:formTypeCode>P</ns1:formTypeCode>
  <ns1:claimIdentifier>CCHILD45M00107</ns1:claimIdentifier>
  <ns1:originalClaimIdentifier/>
  <ns1:claimProcessedDateTime>2015-03-20T12:00:00</ns1:claimProcessedDateTime>
  <ns1:billTypeCode/>
  <ns1:voidReplaceCode/>
  <ns1:diagnosisTypeCode>01</ns1:diagnosisTypeCode>
  <ns1:diagnosisCode>5789</ns1:diagnosisCode>
  <ns1:dischargeStatusCode/>
  <ns1:statementCoverFromDate>2015-03-05</ns1:statementCoverFromDate>
  <ns1:statementCoverToDate>2015-03-30</ns1:statementCoverToDate>
  <ns1:billingProviderIDQualifier>99</ns1:billingProviderIDQualifier>
  <ns1:billingProviderIdentifier>808401234567893</ns1:billingProviderIdentifier>
  <ns1:issuerClaimPaidDate>2015-03-06</ns1:issuerClaimPaidDate>
  <ns1:allowedTotalAmount>1000.00</ns1:allowedTotalAmount>
  <ns1:policyPaidTotalAmount>100.00</ns1:policyPaidTotalAmount>
  <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
- <ns1:includedDetailServiceLine>
  - <ns1:includedServiceLine>
    <ns1:recordIdentifier>19</ns1:recordIdentifier>
    <ns1:serviceLineNumber>1</ns1:serviceLineNumber>
    <ns1:serviceFromDate>2015-03-06</ns1:serviceFromDate>
    <ns1:serviceToDate>2015-03-06</ns1:serviceToDate>
    <ns1:revenueCode/>
    <ns1:serviceTypeCode>03</ns1:serviceTypeCode>
    <ns1:serviceCode>00103</ns1:serviceCode>
    <ns1:serviceModifierCode>TC</ns1:serviceModifierCode>
    <ns1:serviceFacilityTypeCode>03</ns1:serviceFacilityTypeCode>
    <ns1:renderingProviderIDQualifier>99</ns1:renderingProviderIDQualifier>
    <ns1:renderingProviderIdentifier>808401234567893</ns1:renderingProviderIdentifier>
    <ns1:allowedAmount>1000.00</ns1:allowedAmount>
    <ns1:policyPaidAmount>100.00</ns1:policyPaidAmount>
    <ns1:derivedServiceClaimIndicator>N</ns1:derivedServiceClaimIndicator>
  </ns1:includedServiceLine>
</ns1:includedDetailServiceLine>
```

Example 3: Duplicate Inclusive Service Claim Line

Step 3: Query & Identify Potential Duplicate Claims

- Issuers should populate the below query using the appropriate fields from the rejected medical claim to identify potential claims that may have caused the inbound claim to be rejected.

```
SELECT
    ml.MEDICAL_SRVC_LINE_NUM,
    mc.*
FROM
    MEDICAL_CLAIM mc
JOIN
    MEDICAL_CLAIM_SRVC_LINE ml ON mc.UID = ml.MEDICAL_CLAIM_UID_FK
WHERE
    mc.INACTIVATION_DT IS NULL
    AND mc.CLAIM_FORM_TYPE = 'P'
    AND mc.RECEIVED_INSURED_MEMBER_ID = '<Insured Member ID>'
    AND mc.INSURANCE_PLAN_ID = '<Plan ID>'
    AND ml.RNDRNG_PRVDR_QLFYR_CD = '<Rendering Provider ID Qualifier>'
    AND ml.RNDRNG_PRVDR_ID = '<Rendering Provider ID>'
    AND ml.SRVC_CD = '<Service Code>'
    AND ml.SRVC_FROM_DT = '<Service From Date>'
    AND ml.SRVC_TO_DT = '<Service To Date>'
    AND ml.SRVC_PLACE_CD = '<Facility Type Code>'\G;
```

Example Output
(select fields only):

```
***** 1. row *****
MEDICAL_SRVC_LINE_NUM: 1
MEDICAL_CLAIM_ID: CCHILD4SM00105
RECEIVED_INSURED_MEMBER_ID: ARS005
INSURANCE_PLAN_ID: 57964VA018000101
SRVC_FROM_DT: 2015-03-06
SRVC_TO_DT: 2015-03-06
RECORD_ID: 16
INACTIVATION_DT: NULL
```

Example 3: Duplicate Inclusive Service Claim Line

Step 3: Query & Compare Service Code Modifiers

- Issuers should populate the below query with each Claim ID returned in the previous step to identify the serviceModifierCode.

```
SELECT
    mc.MEDICAL_CLAIM_ID,
    mcs1.MEDICAL_SRVC_LINE_NUM,
    mcsma.SRVC_MDFR_CD
FROM
    MEDICAL_CLAIM mc
    LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_LINE mcs1 on mc.UID = mcs1.MEDICAL_CLAIM_UID_FK
    LEFT OUTER JOIN MEDICAL_CLAIM_SRVC_MDFR_ASCTN mcsma on mcs1.UID = mcsma.MEDICAL_CLAIM_SRVC_LINE_UID_FK
WHERE
    mc.MEDICAL_CLAIM_ID = '<Medical Claim ID>' \G;
```

Example Output:

```
***** 1. row *****
      MEDICAL_CLAIM_ID: CCHILD4SMO0105
MEDICAL_SRVC_LINE_NUM: 1
      SRVC_MDFR_CD: NULL
1 row in set (0.00 sec)
```

- **Note:** In this example, claim line 1 identified in the previous query returned a NULL serviceModifierCode. However, since the rejected claim had a modifier code of 'TC', the claim line qualified as a duplicate.

[HTTPS://WWW.REGTAP.INFO](https://www.regtap.info)

Closing Summary

Duplicate Logic Summary

- Duplicate checks are performed against claims within a file and accepted active claims in the database.
- Duplicate ID checks are performed first, followed by overlapping stay logic or duplicate checks at the line level.
 - Institutional inpatient claims are subject to duplicate checks known as overlapping stay logic based on the Statement Covers From and Through dates.
 - Institutional outpatient and professional claims are subject to duplicate checks at the claim line level.

Duplicate Logic Summary (Continued)

- Institutional inpatient, institutional outpatient and professional claims are never compared to each other when determining whether a duplicate is present.
 - Form Type and Bill Type are used to distinguish the duplicate logic applied.
- Issuers may use the queries provided to identify an original claim that caused a reject with Error Code 3.5.19, Error Code 3.5.49 or Error Code 4.5.36.

Duplicate Logic Summary (Continued)

- Issuers experiencing difficulty in identifying duplicate claims should contact their FM Service Representative for assistance in performing the necessary queries as soon as possible by emailing FFM.app.maint.EDGE@cms.hhs.gov.

Upcoming Webinars

Upcoming Webinars

Webinar/User Group Topic	Scheduled Event Date
Open Q&A Session	November 17, 2015

Questions?

To submit questions by phone:

- Dial '14' on your phone's keypad.
- Dial '13' to exit the phone queue.

Resources

Resources

Resource	Link/Contact Information
Center for Consumer Information and Insurance Oversight (CCIIO)	http://cms.gov/ccio/
Registration for Technical Assistance Portal (REGTAP) <ul style="list-style-type: none">• Registration• Inquiry Tracking and Management System (ITMS)• Resource Library• Frequently Asked Questions (FAQs)	https://www.REGTAP.info/

Inquiry Tracking and Management System (ITMS)

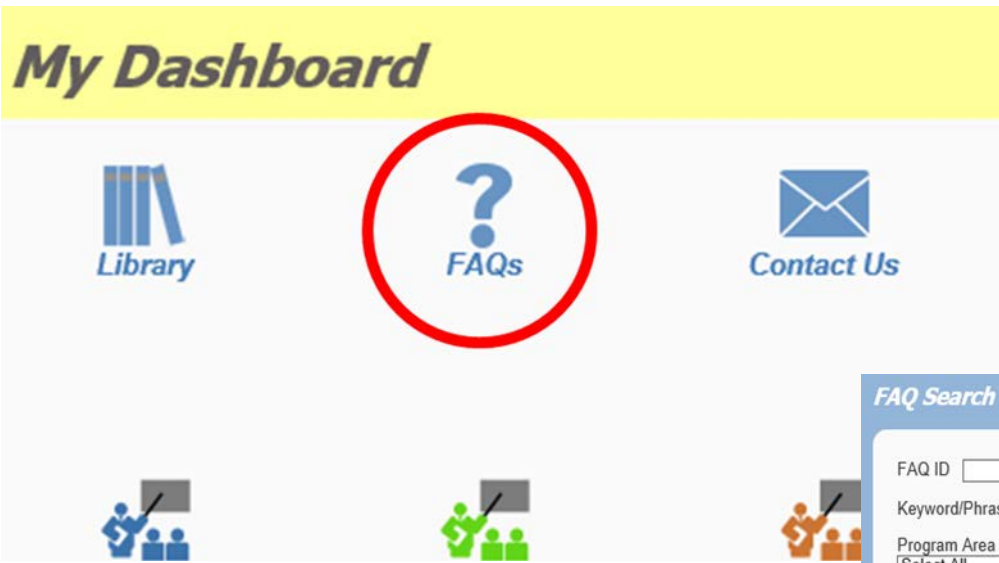
ITMS is available at <https://www.regtap.info/>

Users can submit questions after the User Group by selecting “Submit an Inquiry” from My Dashboard.

The screenshot shows the REGTAP website's 'My Dashboard'. At the top, the REGTAP logo is displayed, followed by navigation links: Registration for Technical Assistance Portal, My Dashboard, Training Events, Inquiry Tracking, Library, FAQs, Contact Us, About REGTAP, and Log Out. The user is logged in as 'user2@regtap.info' with a 'Log out' button. The dashboard features a grid of icons for various services: Library, FAQs, Contact Us, Suggestion Box, Update Password, Training Events, My Events, My Proxy Events, Submit an Inquiry (highlighted with a red box), and My Inquiries. A 'REGTAP Training' icon is also visible. The left sidebar contains an 'Announcements' section with several news items and a 'My Events' section stating 'You are not currently registered for an event.' The footer includes copyright information (© 2013 ARDX), links for Contact Us, Privacy Policy, and Terms of Use, and the CMS logo.

Note: Enter only one (1) question per submission.

FAQ Database on REGTAP



The FAQ Database allows users to search FAQs by FAQ ID, Keyword/Phrase, Program Area, Primary and Secondary categories, and Publish Date.

FAQ Database is available at <https://www.regtap.info>



Closing Remarks