AmeriHealth Caritas Louisiana

Duplicate Services

Reimbursement Policy ID: RPC.0013.2100

Recent review date: 11/2025

Next review date: 11/2027

AmeriHealth Caritas Louisiana 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 Louisiana 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.

To the extent that any procedure and/or diagnosis codes are specified in this policy, such inclusion is provided for reference purposes only, may not be all inclusive, and is not intended to serve as billing instructions. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

Policy Overview

This policy describes the denial of duplicate claim submissions by providers contracted with AmeriHealth Caritas Louisiana.

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.

Providers must submit clean claims, consistent with Louisiana Medicaid and other state and federal billing guidelines, using appropriate CPT/HCPCS codes and their modifiers. Services must be medically necessary.

Exceptions

Claims submitted for reimbursement using specific modifiers may be excluded from duplicate claim edits. For example, procedures performed on a different side of the body (RT/LT), or when technical/professional service modifiers (26/TC) apply to a service.

Reimbursement Guidelines

AmeriHealth Caritas Louisiana 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.

If a repeat procedure is performed by the same physician on the same day, the physician may need to indicate that the procedure was repeated subsequent to the original procedure. Modifier 76 is appended to the repeated procedure to indicate it was not a duplicate procedure for claim processing purposes.

Refer to CPT/HCPCS manuals for complete descriptions of procedures and modifiers. Please refer to the Billing and Claims Filing Guidelines on the AmeriHealth Caritas Louisiana website. Please refer to Louisiana Medicaid Fee Schedules for pricing. Duplicate services apply to Professional and Facility claim types. Duplicate services apply to Professional and Facility claim types.

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. Healthcare Common Procedure Coding System (HCPCS).
III. International Classification of Diseases, 10th revision, Clinical Modification (ICD-10-CM).
IV. Louisiana Department of Health/Louisiana Medicaid fee schedule https://www.lamedicaid.com/provweb1/fee_schedules/feeschedulesindex.htm

Attachments

N/A

Associated Policies

RPC.0006.2100 Bilateral Procedures
RPC.0089.2100 Anatomical Modifiers

Policy History

11/2025	Reimbursement Policy Committee Approval
10/2025	Annual review • Addition of modifier 76 and associated policy
04/2025	Revised preamble
04/2024	Revised preamble
04/2023	Policy Implemented by AmeriHealth Caritas Louisiana
04/2023	Reimbursement Policy Committee Approval
01/2023	Template revised • Revised preamble • Removal of Applicable Claim Types table • Coding section renamed to Reimbursement Guidelines • Added Associated Policies section