**California Department of Mental Health
Short-Doyle / Medi-Cal System**

**Duplicate Service Technical Description
June 5, 2008**

Duplicate Claim

A duplicate service claim in the Short-Doyle / Medi-Cal (SD/MC) is defined as the second and all subsequent claims that match <u>all</u> of the following eight criteria:

1. Person
2. Provider (Service Facility Location)
3. Date of service
4. Mode of service
5. Service function
6. Units of service
7. Units of time
8. Net Billed amount

The subsequent claim will be suspended for duplicate correction (error code 27) unless the claim has a duplicate override code that has been placed on the claim by the county. This code is used by the county to certify that the county has verified the identified service is not an actual duplicate claim for reasons such as different time of service, procedure, or rendering provider. Use of the override is predicated on the review of client records by a licensed clinician and that the services were appropriate and medically necessary.

Duplicate Service Override Codes

The allowable override codes are listed below and in "Table E – Duplicate Payment Override Code Crosswalk" of the DMH HIPAA Companion Guide.

59 - Distinct Procedural Service
76 - Repeat Procedure by Same person (rendering provider)
77 - Repeat Procedure by Different person (rendering provider)

837 Claim Fields Related to the Duplicate Edit

The eight duplicate service criteria are created by translation of various fields in the 837 claim. These 837 fields are listed below so that billing providers are aware of the relationship between the 837 claim and the SD/MC duplicate edit.

1. Subscriber
2. Provider (Service Facility Location)

3. Date of service
4. Procedure Code, Modifier, Place of Service, Taxonomy, Units

> "Table K – Crosswalk 837P To SD/MC Mode Of Service And Service Functions" from the DMH HIPAA Companion Guide describes how 837 procedure codes, modifiers, place of service, provider taxonomy, and units will be used to create the current SD/MC mode of service and service function codes that will be used for claim processing. The modifier is also the field for placing a duplicate override, if applicable.

> A duplicate override code may be necessary even if claims have different values for the procedure code, modifier, place of service, taxonomy, units since they may be translated into the same mode of service and service function.

5. Units

> The Units field on the 837 corresponds to the units of time for all but 24 hour services, where it corresponds to units of service. See the DMH HIPAA Companion Guide for more information on the Units field and its use in the service procedure crosswalks.

6. Line Item Charge Amount

> The Line Item Charge Amount field on the 837 may not match the Line Item Charge Amount field on the 835 because the gross amount coming in on the 837 is adjusted to create the Net Billed Amount in the SD/MC system, which is reported in the Line Item Charge Amount field on the 835. The Net Billed Amount is the value used as one of the criteria in the SD/MC system duplicate service evaluation. Refer to the DMH HIPAA Companion Guide for the calculations used to create the Net Billed Amount.

Maximum Service Times and Lockouts

The SD/MC Table of Multiple-Service Billing Edits, shown below, describes maximum service times and lockout conditions for a specific recipient and date of service.

Lockouts (L) are claims for mutually exclusive activities, which are services that should never occur on the same day for the same recipient and will not be approved for reimbursement. Some claims for services may occur on the day of admission (A) but are lockouts on other days.

Multiple Services are claims for services for the same day and recipient that are approved for reimbursement, up to the maximum accumulation of units of time for each Service Category and subject to the Statewide Maximum Allowance (SMA), or maximum payment allowed per unit of time for each Service Category. For inpatient claims, the discharge day (day the patient is leaving the hospital) will not be counted since there is no service on that day. Services for the same day for the same recipient may be approved for reimbursement with an indicated appropriate override code.

Duplicate Service Error Messages

The duplicate service error messages and codes are listed in "Table J – SD/MC Error Code Crosswalk" of the DMH HIPAA Companion Guide. These errors and their descriptions are listed below. Service claims that may result in SD/MC error code "27" may be prevented by indicating the appropriate duplicate override code in the originally submitted claim so long as the accumulated service time does not exceed the listed maximums. If the lockout conditions are met, the related services will be suspended with a duplicate error "26", which cannot be corrected with an override code.

SD/MC Error Code 26 "DUPLICATE SERVICE – NO OVERRIDE"
This indicates the SD/MC system has found a duplicate service for which this service has no possible overrides. This is the case where the services are listed as a lockout ("A" or "L") in the SD/MC Table of Multiple-Service Billing Edits. The service on the Duplicate ECR may only be corrected so that the claim no longer meets the lockout condition or by deleting the claim.

SD/MC Error Code 27 "MULTIPLE SERVICE – OVERRIDE OK"
This indicates the SD/MC system found a duplicate service for which this service may be corrected with an override code, if appropriate, or deleted if the service is not for an appropriate documented duplicate service.

SD/MC Error Code 23 "UNITS > ALLOWED"
This indicates the SD/MC system has found a service, when added to previously approved claim(s), exceeds the maximum amount of time allowed. Correct the appropriate fields or delete the claim. There is no override possible for this error. If other fields are not in error, correct the units,. Be sure to use leading zeros, that is, if the units are "2" enter "0002."

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SD/MC Table of Multiple-Service Billing Edits

Mode of Service	12, 18	12, 18	12, 18	12, 18	12, 18	12, 18	12, 18	05	05	12, 18	12, 18	07-09	07-09	05
Service Function	10-19, 30-59	60-69	01-09	85-89	81-84	95-99	91-94	65-79	40-49	70-79	20-29	10-18	19	20-29
	MH/TBS Services (5)	Med Support (1)	CM / Brokerage (4)	DT Intensive Full Day	DT Intensive Half Day	DT Rehab Full Day	DT Rehab Half Day	Adult Residntl	Adult Crisis Residntl	Crisis Intvntn (2)	Crisis Stabilizn ER & UC (3)	Hospital Inpatient	Hospital Inpatient Admin Day (6)	PHF
MH/TBS Services (5)				T	T	T	T	T	A		T	A	L	A
Med Support (1)											T	A	L	A
CM/Brokerage (4)												I	I	I
DT Intensive Full Day	T			L	L	L	L		A		T	A	L	A
DT Intensive Half Day	T			L	L	L	L		A		T	A	L	A
DT Rehab Full Day	T			L	L	L	L		A		T	A	L	A
DT Rehab Half Day	T			L	L	L	L		A		T	A	L	A
Adult Residential	T							L	A		T	A	L	A
Adult Crisis Residential	A			A	A	A	A	A	L	A	A	A	L	A
Crisis Intervention (2)									A		T	A	L	A
Crisis Stabilztn ER&UC (3)	T	T		T	T	T	T	T	A	T	T	A	L	A
Hospital Inpatient	A	A	I	A	A	A	A	A	A	A	A	L	L	A
Hosp Inpatient Administrative Day (6)	L	L	I	L	L	L	L	L	L	L	L	L	L	L
PHF	A	A	I	A	A	A	A	A	A	A	A	A	L	L

I — Institutional Limitations - Audit

L — Lockout - Services that may not occur on the same day

A — Lockout except for day of admission

T — Lockout during actual time service is provided - audit, not a computer edit

▢ — Multiple services may be allowed on the same day, limited by the maximum time allowed.

(1) Maximum of 4 hours (240 Minutes) per day
(2) Maximum of 8 hours (480 minutes) per day
(3) Maximum of 20 hours per 24 hour period
(4) Maximum of 24 hours (1440 minutes) per day
(5) Maximum of 2878 minutes per day
(6) An Administrative Day may not be billed on the day of admission

May 28, 2008

SD/MC Duplicate and Multiple-Service Billing Scenarios

The following nine billing scenarios show sequences of service claims and the resulting claim approval or denial, depending on the values of the eight duplicate criteria fields, duplicate override code, and admission date.

Duplicates that fail the edits

1

Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
C1234567A	6701	2/2/2005	18	10	1	50	$122.00			
C1234567A	6701	2/2/2005	18	10	1	50	$122.00		Failed the duplicate edit	

When two or more records LOOK like duplicates, an override code will allow them to pass the duplicate edit. This might occur when two clinicians at the same provider provide concurrent services.

2

Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
C3334567A	6702	2/2/2005	18	10	1	50	$122.00			
C3334567A	6702	2/2/2005	18	10	1	50	$122.00	Y	Passed the edits - due to Override	

Any number of claims for service may be approved for the same recipient on the same day, up to the maximum time allowed for that type of service. This is an example with several claims, from different providers, with the last one exceeding the maximum.

3

Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
C7636163A	6701	4/3/2005	18	60	1	30	$135.30		Cumulative # of minutes = 30	
C7636163A	6702	4/3/2005	18	60	1	120	$541.20		Cumulative # of minutes = 150	
C7636163A	6733	4/3/2005	18	60	1	30	$135.30		Cumulative # of minutes = 180	
C7636163A	6740	4/3/2005	18	60	1	10	$45.10		Cumulative # of minutes = 190	
C7636163A	6745	4/3/2005	18	60	1	40	$180.40		Cumulative # of minutes = 230	
C7636163A	6745	4/3/2005	18	60	1	30	$135.30		Failed the Maximum Time Allowance edit since the cumulative # of minutes exceeded the 240 minutes allowed per day	

Any number of claims for service may be approved for the same recipient on the same day, up to the maximum time allowed for that type of service. This is an example with two claims, with the second one exceeding the maximum.

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
4	C9914939A	6790	4/11/2005	18	70	1	360	$1,306.80		Cumulative # of minutes = 360	
	C9914939A	6792	4/11/2005	18	70	1	180	$653.40		Failed the Maximum Time Allowance edit since the cumulative # of minutes exceeded the 480 minutes allowed per day	

Any number of claims for service may be approved for the same recipient on the same day, up to the maximum time allowed for that type of service. This is an example with a claim which exceeds the maximum.

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
5	C7755544A	6790	4/10/2005	18	20	1	23	$2,033.66		Failed the Maximum Time Allowance edit of 20 hours per 24 hour period	

Claims that exceed the Statewide Maximum Allowance (SMA) for the current fiscal year will be adjusted to reflect the SMA.

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
6	C3312456A	6790	4/15/2005	18	10	1	100	$290.00		Exceeded the SMA, approved amount will reflect the SMA of $2.44 per staff minute, or $244.00.	

Only one Day Treatment service may be provided to the same beneficiary on the same day.

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
7	C6157894A	6790	4/16/2005	18	81	1	1	$134.81			
	C6157894A	6792	4/16/2005	18	91	1	1	$78.64		Failed the edit limit of only one Day Treatment Service	

Only one Hospital Inpatient or Hospital Inpatient Administrative Day service may be provided to the same beneficiary on the same day.

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
8	C6198742A	6790	4/20/2005	07	10	1	1	$913.58			
	C6198742A	6792	4/20/2005	07	19	1	1	$236.82		Failed the edit limit of only one Hospital Inpatient or Hospital Inpatient Administrative Day on one day.	

Outpatient services are allowed on the day of Admission, subject to the other edits (such as SMA and Maximum Time Allowed).

	Client	Provider	Date of Service	Mode of Service	Service Function	Units of Service	Units of Time	Net Billed Amount	Duplicate Override	Comments	Admission Date
9	C8167742A	6790	4/10 to 4/18/2005	07	10	9	0	$8,222.22		Hospital Inpatient	4/10/2005
	C8167742A	6790	4/19 to 4/21/2005	07	19	2	0	$473.64		Hospital Administrative Days - discharged on 4/21/05	4/10/2005
	C8167742A	6701	4/10/2005	18	10	1	30	$73.20			
	C8167742A	6783	4/10/2005	18	60	1	45	$202.95			
	C8167742A	6705	4/10/2005	18	84	1	1	$134.81			
	C8167742A	6701	4/10/2005	18	20	1	4	$353.92			
	C8167742A	6792	4/10/2005	18	01	1	45	$85.05			