Professional Services Providers: 'Duplicate' Denials and Modifier Update

Revisions have been made to the complex duplicate logic in the claims processing system. This revision is intended to address the use of many anatomical 'site-specific' and 'repeat procedure' modifiers. Along with the 'site-specific' modifiers, modifiers -76 (Repeat procedure or service by same physician or…) and -77 (Repeat procedure or service by another physician or…) will be recognized (see the ClaimCheck webinar presentation information under the ClaimCheck button on www.lamedicaid.com for a listing of the anatomic 'site-specific' modifiers). When these modifiers are used appropriately, the "exact duplicate" denials related to error 813 should be reduced. Providers are reminded that improper use of modifiers to bypass claim editing solely to maximize reimbursement will be subject to review and administrative sanction by Louisiana Medicaid. Additionally, as indicated in provider agreement provisions, providers are to report and refund any and all overpayments.

To reduce the administrative burden for providers, claims with dates of service July 1, 2009, and forward that included these 'site-specific' or the 'repeat' modifiers and previously received a 'duplicate' denial, have been recycled. This recycle appears on the RA of April 5, 2011. Providers should expect that some of the claims will continue to deny for the same error, especially when there have been multiple resubmissions. When applicable, some claims may deny for a different reason. For questions related to this update and recycle, please contact Molina Provider Services at (800)-473-2783 or (225)-924-5040.