

Revision History Table: Field names, row 1; Instructions, row 2; example, row 3; entries for your policy, row 4+

This tab will contain the history of the revisions to the template. When the template is used for a NEW POLICY, all but the first three rows should be cleared and information specific to the policy should be entered. DATE FORMAT should be internationally applicable: dd-MON-yyyy (e.g. 22-JAN-2019)

[illegible]

Exact Professional Header Duplicate Claim

Active Version: 1.0.0

HPE Source Link:

Assumptions: both claims under evaluation are billed through the same insurance provider (MCD/MCD, MCR/MCR, COM/COM)

Effective Date: all applicable paid dates based on state laws

Associated Reference Documents:  
"Medicare Claims Processing Manual," Chapter 1, Section 120 (Claims Submitted by Physicians, Practitioners, and other Suppliers (except DMEPOS Suppliers));  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R2678CP.pdf>  
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4201CP.pdf>

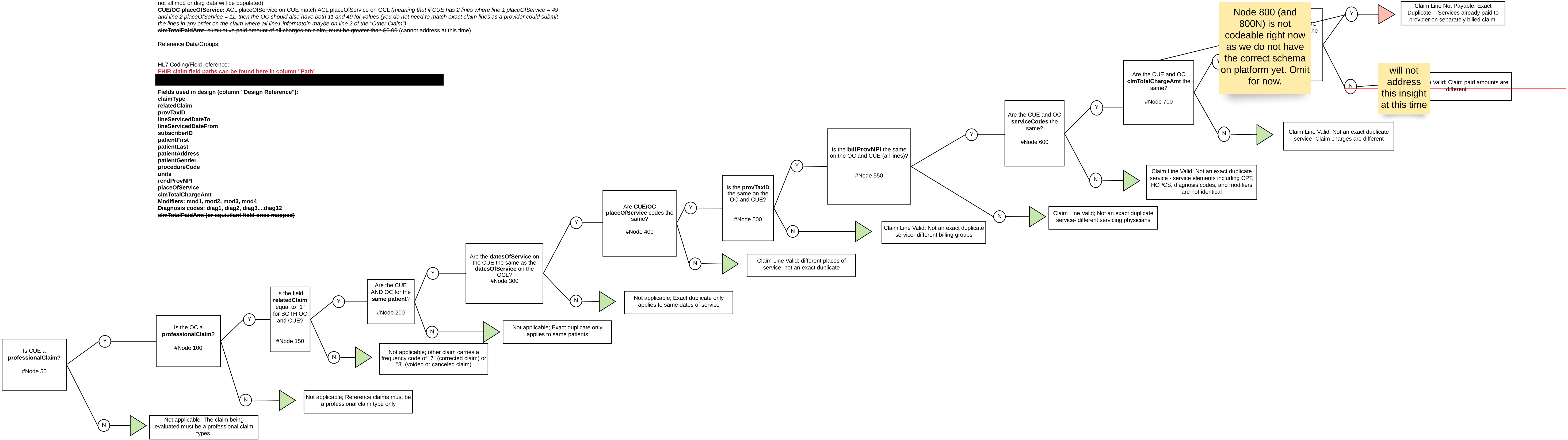
Abbreviations/Definitions:  
CLUE - Claim line under evaluation  
OCL - Other Claim line (reference claim line) (the CUE ClaimNum <> OC ClaimNum)  
CUE - Claim under evaluation  
OC - Other Claim (i.e. reference claim)  
ACL - All claim lines (inclusive of all claim lines CLUE + OCL)  
**professionalClaim:** claimType value is "CMS-1500" "837p" or "professional"  
**patient** - same subscriberID, patientFirst, patientLast, patientAddress, patientBirthDate, patientGender  
**datesOfService** - The EARLIEST CUE/OC lineServiceDateFrom and LATEST CUE/OC lineServiceDateTo across all lines of the claim (lineServiceDateTo may be null, if null, both CUE and OC must be null. If this field is null it means that the date of service was all on a single date and not a date range)  
**serviceCodes** - same procedureCode, units, Mod 1, Mod 2, Mod 3, Mod 4, same diag 1, diag 2, diag 3, diag 4, diag 5, diag 6, diag 7, diag 8, diag 9, diag 10, diag 11, diag 12 (all codes must be present on both claims, but may be in any order i.e. Mod 1 on CUE can be in mod 4 spot on OC; same with diagnosis. Also not all mod or diag data will be populated)  
**CUE/OC placeOfService:** ACL placeOfService on CUE match ACL placeOfService on OCL (meaning that if CUE has 2 lines where line 1 placeOfService = 49 and line 2 placeOfService = 11, then the OC should also have both 11 and 49 for values (you do not need to match exact claim lines as a provider could submit the lines in any order on the claim where all line1 informatoin maybe on line 2 of the "Other Claim")  
~~clmTotalPaidAmt~~ - cumulative paid amount of all charges on claim, must be greater than \$0.00 (cannot address at this time)

Reference Data/Groups:

HL7 Coding/Field reference:  
**FHIR claim field paths can be found here in column "Path"**

Fields used in design (column "Design Reference"):

claimType  
relatedClaim  
provTaxID  
lineServiceDateTo  
lineServiceDateFrom  
subscriberID  
patientFirst  
patientLast  
patientAddress  
patientGender  
procedureCode  
units  
rendProvNPI  
placeOfService  
clmTotalChargeAmt  
Modifiers: mod1, mod2, mod3, mod4  
Diagnosis codes: diag1, diag2, diag3....diag12  
~~clmTotalPaidAmt (or equivalent field once mapped)~~



**Transmittal 2678, March 29, 2013:**

B. Policy: The claims processing systems contain edits which identify duplicate claims and suspect duplicate claims. All exact duplicate claims or claim lines are auto-denied or rejected (absent appropriate modifiers). Suspect duplicate claims and claim lines are suspended and reviewed by the claims administration contractors to make a determination to pay or deny the claim or claim line.

**“Medicare Claims Processing Manual,” Chapter 1, Section 120 (Claims Submitted by Physicians, Practitioners, and other Suppliers (except DMEPOS Suppliers))** (Rev. 10236, 07-31-20):

B. Claims Submitted by Physicians, Practitioners, and other Suppliers (except DMEPOS Suppliers) Claims or claim lines that have been determined to be exact duplicates of another claim or claim line are denied. However, such denials may be appealed. An exact duplicate for physician and other supplier claims submitted to a MAC or carrier is a claim or claim line that exactly matches another claim or claim line with respect to the following elements:

- **Medicare beneficiary identifier;**
- **Provider Number;**
- **From Date of Service;**
- **Through Date of Service;**
- **Type of Service;**
- **Procedure Code;**
- **Place of Service**
- **Billed Amount.**

# Defensibility Table

[illegible]

# Basic Semantic Versioning

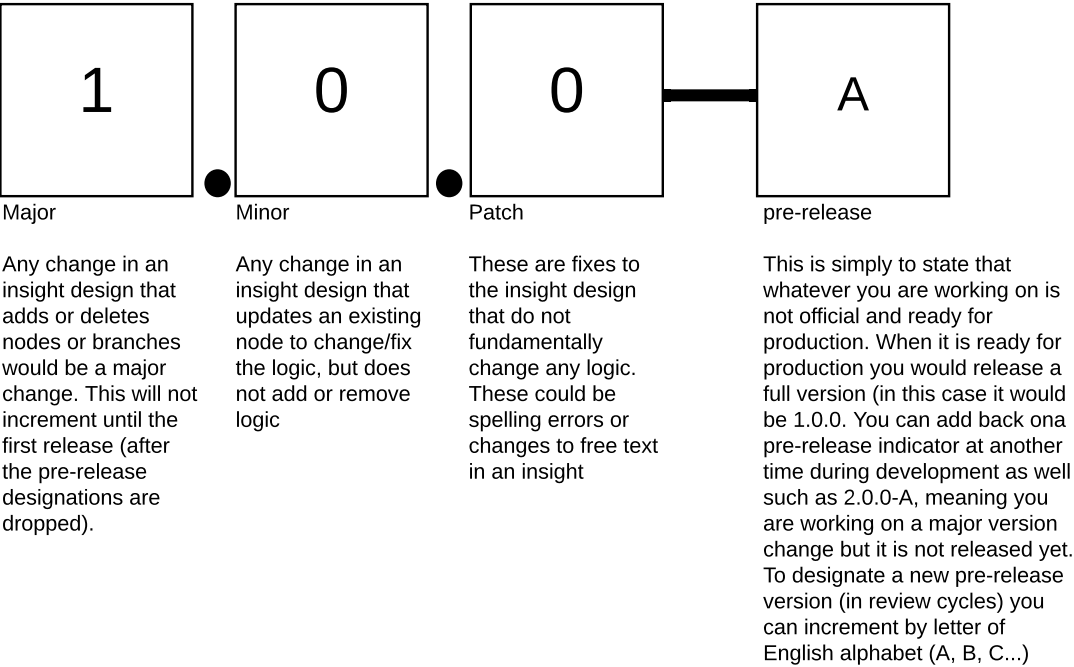
Both Github and Lucidchart have a level of built-in versioning. **If we want to keep them all in sync, it is best to follow an agreed-upon method of versioning here and then rename the lucidchart version to coincide with the version in the Revisions tab (see instructions to the right).** Likewise this version should be that which is used in github - perhaps in an updated ReadMe file.

Fundamentally, Semantic Versioning is pretty simple to implement and while it has rules, you can still customize. <https://semver.org/> (shift+ctrl+click on this text box to navigate).

In essence you have a pre-release version sequence, a major release version sequence, a minor release version sequence, and a patch version sequence. They look like this:

1.0.0-A (this is a pre-release version, and it can increment in a number of ways - the simplest being 1.0.0-A, 1.0.0-B, 1.0.0-C, etc

1.2.5 <-- this indicates we are on the first major version release and it has had 2 minor versions and 5 patches.



## Versioning Policy Design in LucidChart

LucidChart has a built-in revision history (see instructions by Shift+Ctrl+Click on this text box) <https://lucidchart.zendesk.com/hc/en-us/articles/115000432423-Revision-History>

Once you are finished making all of your intended changes, you will need to SAVE the LucidChart file. You will click on the File tab at the top of the window and choose "Revision History" (has a clock icon). Name the final version based on the assigned version in the revision table. You can look through all final versions by clicking "Show named versions only"

New from VersionRestore

History

Show named versions only

CURRENT VERSION

2.1.0  
DEC 14, 2020 3:19 PM  
stephanie.pazniokas@rial...

2.0.0  
SEP 5, 2020 11:29 AM  
stephanie.pazniokas@rial...

1.0.0  
AUG 15, 2020 8:56 AM  
stephanie.pazniokas@rial...

1.0.0-alpha  
AUG 1, 2020 11:36 AM  
stephanie.pazniokas@rial...

ArrangeShareHelpWhat's NewSaved

Liberation Sans8 ptB I U A T 1 pxNoneNone

COLUMNSROWSINSERTBORDERSTRIPINGCOLORSMERGEUNMERGEDELETEAUTO-RESIZE

TimeStamp	Changes Made	Last Modified By
Double click in the cell. When you see the dotted lines and cursor, type in the date	List all changes made here (Nodes: if node was changed, added, deleted; Nodes-Y or Nodes-N if an insight was added, deleted, or changed; or "Branch from Node # if a full branch was added or deleted) where # is the value that the node was given	Double click in the cell. When you see the dotted lines and cursor, type your name
July 7, 2020	Created template - Initial version	Stephanie Pazniokas
8/1/2020	Added Shapes Tab, Updating Versioning to include LucidChart Instructions, updated Policy Page to show Node and Level numbering	Stephanie Pazniokas
1.0.0		