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)

TimeStamp	Changes Made	Last Modified By	Version Number
Double click in the cell. When you see the dotted lines and cursor, type in the date	List all changes made here (Node# if node was changed, added, deleted; Node#-Y or Node#-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	Follow instructions on the Versioning Tab
22-DEC-2020	Created tree	Lauren Wilhelm	1.0.0-alpha
30- DEC- 2020	Updated to include Nodes #150 and #550	Lauren Wilhelm	1.0.0- beta
30- DEC- 2020	Updated meta data for CUE/OC	Lauren Wilhelm	1.0.0

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 lineServicedDateFrom and LATEST CUE/OC lineServicedDateTo across all lines of the claim (lineServicedDateTo
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 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
lineServicedDateTo
lineServicedDateFrom
subscriberID
patientFirst
patientLast
patientAddress
patientGender
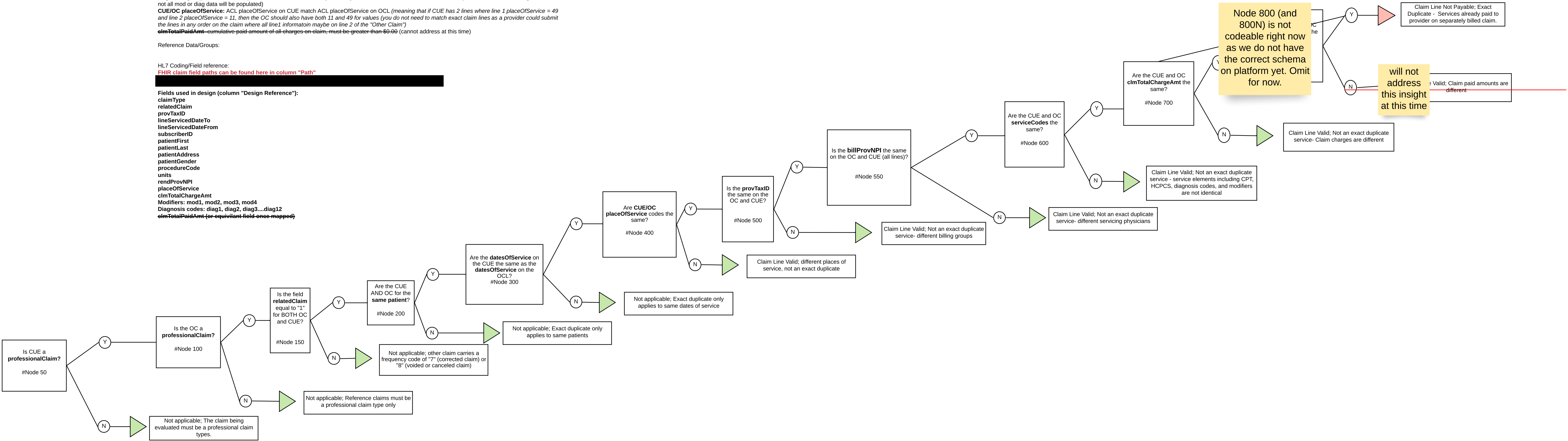**procedureCode**
units
rendProvNPI
placeOfService
clmTotalChargeAmt
Modifiers: mod1, mod2, mod3, mod4
Diagnosis codes: diag1, diag2, diag3....diag12
~~clmTotalPaidAmt (or equivilant field once mapped)~~

Sticky note: Node 800 (and 800N) is not codeable right now as we do not have the correct schema on platform yet. Omit for now.

Sticky note: will not address this insight at this time

Is CUE a professionalClaim? #Node 50
- N → Not applicable; The claim being evaluated must be a professional claim types.
- Y → **Is the OC a professionalClaim?** #Node 100
  - N → Not applicable; Reference claims must be a professional claim type only
  - Y → **Is the field relatedClaim equal to "1" for BOTH OC and CUE?** #Node 150
    - N → Not applicable; other claim carries a frequency code of "7" (corrected claim) or "8" (voided or canceled claim)
    - Y → **Are the CUE AND OC for the same patient?** #Node 200
      - N → Not applicable; Exact duplicate only applies to same patients
      - Y → **Are the datesOfService on the CUE the same as the datesOfService on the OCL?** #Node 300
        - N → Not applicable; Exact duplicate only applies to same dates of service
        - Y → **Are CUE/OC placeOfService codes the same?** #Node 400
          - N → Claim Line Valid; different places of service, not an exact duplicate
          - Y → **Is the provTaxID the same on the OC and CUE?** #Node 500
            - N → Claim Line Valid; Not an exact duplicate service- different billing groups
            - Y → **Is the billProvNPI the same on the OC and CUE (all lines)?** #Node 550
              - N → Claim Line Valid; Not an exact duplicate service- different servicing physicians
              - Y → **Are the CUE and OC serviceCodes the same?** #Node 600
                - N → Claim Line Valid; Not an exact duplicate service - service elements including CPT, HCPCS, diagnosis codes, and modifiers are not identical
                - Y → **Are the CUE and OC clmTotalChargeAmt the same?** #Node 700
                  - N → Claim Line Valid; Not an exact duplicate service- Claim charges are different
                  - Y → **Are the CUE and OC clmTotal[...] the same?** [Node 800]
                    - Y → Claim Line Not Payable; Exact Duplicate - Services already paid to provider on separately billed claim.
                    - N → [...] Valid; Claim paid amounts are different

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

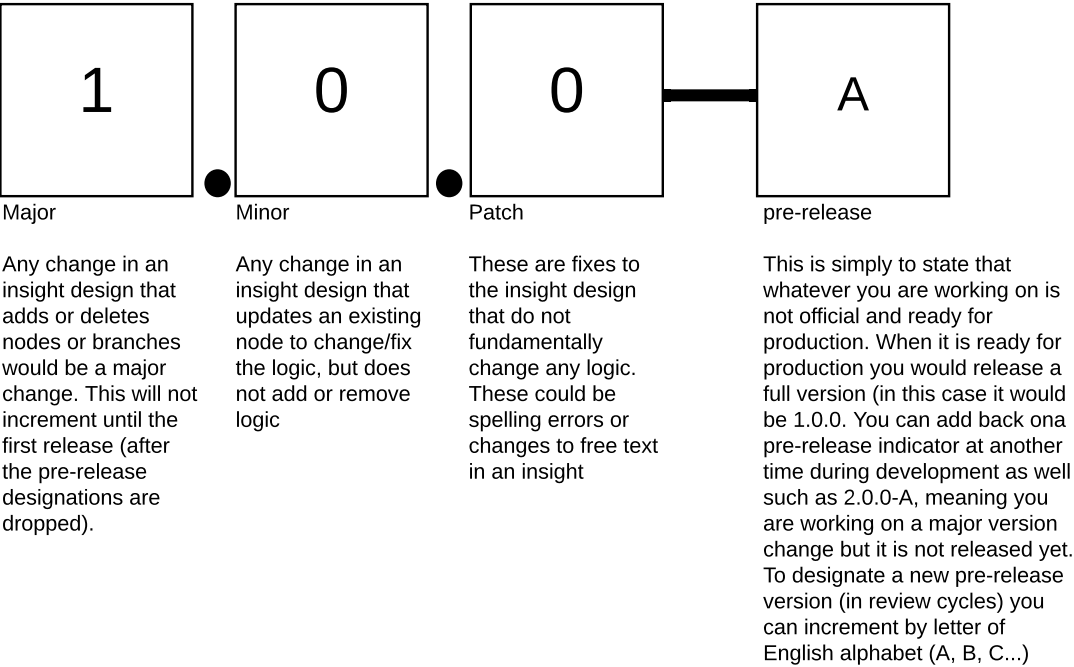| Defensibility ID	Policy Exerpts	Insight(s)
An integer value (n, n+1, n+2, etc) that identifies the defensibility text so that it can be easily associated at a per-insight level	The intention is that all policy excerpts needed to justify 1 or more target Insights be in the cell in the row of the associated node(s). Double click in the cell. When you see the dotted lines and cursor, paste all related policy exerpts as appropriate in each cell. It is possible that there are multiple excerpts throughout the document that must be presented together for an insight defense. This might also mean certain exerpts are repeated in cells, in different combinations with other excerpts. This is acceptable. (The first row has an example in red. This can be deleted or ignored.)	List address(es) for all Insight(s) that are defended by the text in the "Policy Exerpts" column. Format of an insight address is the NODE and the yes-no connector associated with insight (Y or N). Example: 200N is the no insight off of node 200.
1	**TMHP, Policy Manual Vol 2, 2.2** Services, Benefits, Limitations, and Prior Authorization, relevant sections: Emergency and nonemergency ambulance transport services are a benefit of Texas Medicaid when the client meets the definition of emergency medical condition or meets the requirements for nonemergency transport. Reimbursement for disposable supplies is separate from the established global fee for ambulance transports and is limited to one billable code per trip. **Vol, 2.4.2.1** Ambulance Disposable Supplies Ambulance disposable supplies are included in the global fee for specialty care transport and must not be billed separately. Reimbursement for BLS or ALS disposable supplies (procedure codes A0382 and A0398 respectively) is separate from the established fee for ALS and BLS ambulance transports and is limited to one billable procedure code per transport.	900N, 1200Y
1	**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.**	700Y

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 essense 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.

1	.	0	.	0	—	A
Major		**Minor**		**Patch**		**pre-release**

Major

Any change in an insight design that adds or deletes nodes or branches would be a major change. This will not increment until the first release (after the pre-release designations are dropped).

Minor

Any change in an insight design that updates an existing node to change/fix the logic, but does not add or remove logic

Patch

These are fixes to the insight design that do not fundamentally change any logic. These could be spelling errors or changes to free text in an insight

pre-release

This is simply to state that whatever you are working on is not official and ready for production. When it is ready for production you would release a full version (in this case it would be 1.0.0. You can add back ona pre-release indicator at another time during development as well such as 2.0.0-A, meaning you are working on a major version change but it is not released yet. To designate a new pre-release version (in review cycles) you can increment by letter of English alphabet (A, B, C...)

Versioning Policy Design in LucidChart

LucidChart has a built-in reviison history (see instructions by Shift+Crtl+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"