

140 - Duplicate Payment Detection for HCPPs

(Rev. 30, 09-05-03)

Several entities may have jurisdiction over the processing and payment of Part B bills for an HCPP's members. This could result in duplicate payments to either the physician, supplier, or to the enrollee. It is incumbent that HCPPs establish a system to preclude or detect duplicate payments.

HCPPs are required to process all nonprovider Part B bills, with some exceptions. These exceptions, as noted below, are processed by the carrier:

- Claims for services by an independent physical therapist;
- Claims for outpatient blood transfusions;
- Claims from physicians for dialysis and related services provided through and approved dialysis facility; and
- Hospice care by Medicare participating hospices, except:
 - (a) Services of the enrollee's attending physician if the physician is an employee or contractor of the organization and is not employed by or under contract to the member's hospice; and
 - (b) Services not related to the treatment of, or a condition related to, the terminal condition.

Duplicate payment detection is the responsibility of the HCPP, not the carrier. The HCPP should perform several duplicate check functions after it receives paid claim information. If the HCPP has not previously paid the claim, a copy of the claims information is filed in the beneficiary's history file. If the duplicate payment check reveals that the HCPP has already paid for the services:

- Contact the physician/supplier or enrollee to retrieve the overpayment;
- Record any collections as credits on the cost report;
- Notify CMS of unresolved overpayment situations; and
- Do not return payment to the carrier.

