



Preventing Duplicate Claim Denials & Payments – Provider Guide

Purpose:

To assist providers with how to prevent duplicate claim denials and duplicate payments. Following this guide will reduce the time spent reconciling, resubmitting, and/or correcting claims and avoid the need to submit refunds due to overpayments.

How to prevent a “Duplicate” Claim Denial:

- A claim line will deny as a “duplicate” if ANY of the dates of service were previously submitted **AND** fully or partially paid.
- The claim will be denied with 1 of 3 possible denial codes with the descriptions shown below:

Denial Code	Description
AAM, AHO, CDD	This claim is a duplicate of a previously submitted claim.

- To prevent claims denying due to “duplicate of a previously submitted claim,” please consider the following:
 - ✓ Avoid submitting a claim multiple times in an effort to receive payment more quickly.
 - WPS has 30 days to process claims, though typically processes within 10 business days or less.
 - Submitting the same claim multiple times can also result in duplicate payments being issued, resulting in the need for refunds.
 - Consider registering to use the WPS Provider Portal for up-to-date claim status information:
 - [Provider Portal Overview | WPS \(wpshealth.com\)](#)
 - Prior to resubmitting a claim to WPS, please contact WPS to check the status of the previously submitted claim. Refer to the resources section below for a contact list.
 - ✓ Reconcile your claims timely to avoid resubmitting a claim with dates that have already paid.
 - In addition to utilizing the WPS portal noted above, providers have two options to receive payment information.
 - Payment Remittance Advice (PRA) detailing the claim payment information. This is sent to providers via mail by the USPS and can be viewed through the WPS Provider Portal.
 - Electronic Remittance Advice (ERA), which is the quickest and most efficient way to receive payment information. For more information and to register for ERA please visit: [WPS Electronic Transaction Enrollment \(wpsic.com\)](#)
 - Prior to submitting a claim, ensure there are no prior payments for the dates of service you are submitting.

- Providers often re-use the same claim form or spreadsheet when submitting claims, and will simply change the dates, units, or amounts. If the dates of service are not appropriately revised for the new claim, it may deny for duplicate.

➤ The following are four common scenarios that occur which result in a duplicate claim denial:

- **Scenario #1: Submission with overlapping claim dates**

- Provider initially submitted a claim line for 2/1/2024 – 2/7/2024, which paid on 2/13/24.
- Provider later submitted a claim line for 2/7/2024 - 2/14/2024.
- The claim line is denied in full because the start date of 2/7/2024 was previously paid on 2/13/24.

- **Scenario #2: Repeated Submission of same dates of service**

- Provider initially submitted a claim for 2/1/2024 – 2/7/2024 on 2/10/2024.
- Provider submitted the claim again on 2/17/2024 because the previous claim had not paid yet.
- WPS later processed and paid the first claim that was submitted on 2/10/2024.
- WPS denied the second claim that was submitted on 2/17/2024, since a claim with these same dates of service previously paid on 2/10/2024.

- **Scenario #3: Resubmission due to incorrect billed amount**

- Provider submitted a claim for 2/1/2024 – 2/7/2024 for a total amount of \$500.
- WPS paid the claim as submitted for \$500.
- The provider meant to submit \$600.
- The provider submits another claim for 2/1/2024 – 2/7/2024 for \$100 in an attempt to claim the difference owed.
- The claim was denied because a claim with these dates of service had previously paid.

- **Scenario #4: Resubmission due to incorrect number of units billed**

- Provider submitted a claim for 2/1/2024 – 2/29/2024 for 28 units.
- WPS paid the claim as submitted for 28 units
- Provider meant to bill 29 units.
- The provider submits another claim for 2/1/2024 – 2/29/2024 for 29 units in an attempt to claim the additional unit.
- The claim was denied because a claim with the 2/29/24 date had previously paid.
- The provider submits another claim for 2/29/24 – 2/29/24 adding 1 unit, in attempt to claim the additional unit.
- The claim was denied because a claim with the 2/29/24 date had previously paid.

How to Action a Duplicate Claim Denial

Using the Scenarios noted above:

- **Scenario #1: Submission with overlapping claim dates**
 - Provider initially submitted a claim line for 2/1/2024 – 2/7/2024, which paid on 2/13/24.
 - Provider later submitted a claim line for 2/7/2024 - 2/14/2024.
 - The claim line is denied in full because the date of 2/7/2024 was previously paid on 2/13/24.
 - **ACTION:** Within the timely filing limit, the provider should resubmit a new claim that reflects the dates of 2/8/2024 – 2/14/2024

- **Scenario #2: Repeated Submission of same dates of service**
 - Provider submitted a claim for 2/1/2024 – 2/7/2024 on 2/10/2024.
 - Provider submitted the claim again on 2/17/2024 because the previous claim had not paid yet.
 - WPS later processed and paid the first claim that was submitted on 2/10/2024.
 - WPS denied the second claim that was submitted on 2/17/2024, since a claim with these same dates of service previously paid on 2/10/2024.
 - **ACTION:** No action required. A claim for 2/1/2024 – 2/7/2024 already paid. Subsequent duplicate denials can be disregarded. Providers are encouraged to contact WPS to check status on a claim before submitting it again.

- **Scenario #3: Resubmission due to incorrect billed amount**
 - Provider submitted a claim for 2/1/2024 – 2/7/2024 for a total amount of \$500
 - WPS paid the claim as the provider submitted, at \$500
 - The provider meant to bill \$600
 - The provider submits another claim for 2/1/2024 – 2/7/2024 for \$100 in an attempt to claim the difference owed.
 - The claim was denied because a claim with these dates of service had previously paid.
 - **ACTION:** Provider must complete a Family Care paper corrected claim form for purpose of an “increase” within the Timely Filing limit. Please refer to the Resources section of this document for materials related to corrected claims.

- **Scenario #4: Resubmission due to incorrect number of units billed**
 - Provider submitted a claim for 2/1/2024 – 2/29/2024 for 28 units.
 - WPS paid the claim as the provider submitted, for 28 units
 - Provider meant to bill 29 units
 - The provider submits another claim for 2/1/2024 – 2/29/2024 for 29 units in an attempt to claim the additional unit.
 - The claim was denied because a claim with the 2/29/24 date had already previously paid.
 - The provider submits another claim for 2/29/24 – 2/29/24 adding 1 unit, in an attempt to claim the additional unit.
 - The claim was denied because a claim with the 2/29/24 date had previously paid.
 - **ACTION:** Provider must complete a Family Care paper corrected claim form for purpose of an “increase” within the Timely Filing limit. Please refer to the Resources section of this document for materials related to corrected claims.

How to Prevent Duplicate Claim Payments

Certain types of Date Span Billing and Billing of Monthly service fees have the highest occurrence of unintended duplicate payments requiring refunds. Submitting claims by following the WI Department of Health Services (DHS) Encounter Reporting requirements can assist with preventing duplicate claim submissions and payments.

Date Span Billing

When multiple dates of service span a range, the service **must** be provided continuously throughout the period at the same quantity each day.

- **Example 1:** A member receives 10 home-delivered meals during the month of March.
 - Incorrect: Provider submits claim for 10 units for date span 3/1/2024 to 3/31/2024. Ten units in March is not a specific transaction because the specific date those 10 meals were actually provided to the member cannot be determined.
 - Correct: Provider submits claim for 10 units for date span 3/1/2024 to 3/10/2024. A quantity of 10 meals that spans 10 days is determined to be one meal per day and is an acceptable data record.

- **Example 2:** A person receives one hour of counseling each weekday. This example can be expressed as one encounter record that spans five days with a quantity of five.
 - Incorrect: Provider submits claim for 5 units for date span 3/1/2024 - 3/8/2024.
 - Correct: Provider submits claim for 5 units for date span 3/4/2024 - 3/8/2024.

- **Example 3:** A person receives one hour of counseling each weekday and two hours of counseling on Wednesday. This example becomes three encounter records.
 - 2 Hours over 2 days: Service date from 3/4/2024 to 3/5/2024
 - 2 Hours in 1 day: Service date from 3/6/2024 to 3/6/2024
 - 2 Hours over 2 days: Service date from 3/7/2024 to 3/8/2024

- **Example 4:** A member received a one-hour counseling once a day on Monday, Wednesday, and Friday. This example becomes three encounter records:
 - 1 hour on Monday: Service date from 3/4/2024 to 3/4/2024
 - 1 hour on Wednesday: Service date from 3/6/2024 to 3/6/2024
 - 1 hour on Friday: Service date from 3/8/2024 to 3/8/2024

Monthly Fee Billing

When billing for a monthly service that encompasses the entire month, it is best practice to submit claims for the previous month with a date span from the first day of the month to the last day of the month OR the last date on the authorization if it has been ended mid-month.

Examples of Monthly Services:

- Personal Emergency Response System (PERS) fees
- Financial Management Services, including Representative Payee and Fiscal Agent Self-Directed Support (SDS) fees

How to initiate a refund due to Duplicate Payment

- Providers can outreach to the Inclusa Authorization & Claims Support team when they identify an overpayment as occurred.
 - Please see resources section below with links to Inclusa Contacts
- Providers may send refunds directly to WPS for processing:
 - <https://www.inclusa.org/providers/claims-billing/provider-refund-request-for-wps-2/>

Resources

- <https://www.inclusa.org/wp-content/uploads/Inclusa-Corrected-Claim-Tips-1.pdf>
 - Inclusa's Corrected Claim Tips
- <https://www.wpshealth.com/resources/files/famc-corrected-claim-form.pdf>
 - Corrected Claim Form
- <https://www.wpshealth.com/resources/files/famc-claim-form-tipsheet.pdf>
 - Wps Corrected Claim Form Tip Sheet
- <https://www.inclusa.org/wp-content/uploads/Inclusa-Claim-and-Payment-Question-and-Issue-Contacts-1.docx>
 - Contact List, Including Inclusa Authorization and Claims Department contacts and WPS contacts for assistance with Corrected claims.
- [Claims & Billing – Inclusa – Managed Care Organization – Family Care – Wisconsin – Community](#)
 - Claims and Billing resources available on the Inclusa Website
- [33233-famc-claim-ex-codes.pdf \(wpshealth.com\)](#)
 - Denial Code Explanations