Split Billing - Repetitive Services Provider Tip

Outpatient claims that deny for Split Billing can be identified by CARC 97 and RARC M86

CARC – 97: The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

RARC – M86: Service denied because payment already made for same/similar procedure within set time frame.

The claim will deny for split billing when billing for services that are not allowed to be repetitively billed. Current policy requires that the claim be combined unless you can attest and validate with medical records and condition code(s) that explain the services should be paid separately. Otherwise, the paid claim will need to be adjusted adding the additional charge(s).

*All services for a single outpatient encounter must be reported on one claim, except for Medicare's allowable repetitively billed services and hospital-owned ambulance services. MDHHS aligns closely with Medicare's guidelines for monthly repetitive billing.

Additional Resources

- CMS publication that outlines revenue codes considered as repetitive Part B services, https://www.cms.gov/regulations-and-guidance/guidance/transmittals/downloads/dwnlds/r2092cppdf.pdf
- Medicaid Provider Manual **Chapter**: Billing and Reimbursement for Institutional Providers, **Section**: 7.1.E. Date of Service, **Section:** 7.1.G. Repetitive Services Billing
- To locate the paid and/or duplicate claim, utilize the claim limit list function in CHAMPS. Reference the instructions found on the **Medicaid Provider website** – www.michigan.gov/medicaidproviders > CHAMPS > CHAMPS Functions > Claims and Encounters > Claim Limit List Function