

# Claims Denied for Duplicate or Bundling

## March 20, 2017

The Noridian Medicare Portal (NMP) offers Part B providers accessibility to obtain more information about a finalized claim that was denied or received a reduced payment due to related services. Types of claim situations providers can research include National Correct Coding Initiative edits, pre- or post-operative care subsequent to a service that had a global period, and/or duplicate claims.

Examples of the most common reason codes which could be answered using this portal feature are:

- ⇒ **CO-97:** The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- ⇒ **CO-B15:** This service/procedure requires that a qualifying service/procedure be received and covered. The qualifying other service/procedure has not been received/adjudicated. Note: Refer to the 835 Healthcare Policy Identification Segment (loop 2110 Service Payment Information REF), if present.
- ⇒ **CO-B20:** Procedure/service was partially or fully furnished by another provider.

First, perform a Claim Status Inquiry. Select the desired claim. If the finalized claim processing history reflected the claim was denied or partially reduced due to a previously processed claim, a Related Claim Details link is offered in the claim header. After selecting this option, the details of the related claim are presented. Results include:

- ◆ Internal Control Number (aka Claim Number) (if the claim was billed by the same group PTAN)
- ◆ Remittance advice date (if the claim was billed by the same group PTAN)
- ◆ Date of service
- ◆ Rendering provider name
- ◆ Billing provider's phone number