CHAPTER 9
ADDENDUM B

REASON CODES

REASON CODE	DESCRIPTION	EXPLANATION	ADDITIONAL EXPLANATION REQUIRED?
ACTUAL DUPLICATE REASON CODES			
Actual duplicate payment was caused as result of:			
D100	Erroneous dupe edit override.	The system identified the claim as a potential duplicate and suspended it for review. The examiner overrode the duplicate edit error.	No
D101	Adjustment error.	The duplicate payment was a result of an adjustment error - often caused by erroneous duplicate edit override during adjustment adjudication but can be caused by other adjustment processes.	Yes
D102	Assignment of benefits error - awaiting recoupment/adjustment of erroneous payment.	The duplicate payment was a result of the original payment being made to an incorrect payee. The duplicate payment has been made to the correct payee and the recoupment of the erroneous payment has been initiated/received.	No
D103	Offset - Reissue	The duplicate payment was a result of an offset being cancelled and a new payment reissued.	No
D104	Stop Pay - Reissue	This duplicate payment was a result of the original check being stopped and the payment reissued.	No
D105	Stale Date - Reissue	This duplicate payment was a result of the original check stale dating and the payment reissued.	No
D200	System failed to detect and suspend as a potential duplicate.	The system did not recognize the claim as a potential duplicate.	Yes

REASON CODE	DESCRIPTION	EXPLANATION	ADDITIONAL EXPLANATION REQUIRED?
ACTUAL DUPLICATE REASON CODES (CONTINUED)			
D201	Data conversion problem.	The duplicate payment was a result of data conversion problems. These problems are generally encountered when one or more claims in the set were processed by a previous contractor or a previous system and problems occurred in the conversion of the data by the new contractor/system.	No
D202	Claims processed on same day/in same batch.	The duplicate payment was a result of the claim being processed on the same day or in the same batch and not detected by the system duplicate edits.	No
D203	Claims submitted by beneficiary and provider.	The duplicate payment was a result of the system failing to identify duplicate services billed by both the beneficiary and the provider.	No
D204	Claims show different place of service	The duplicate payment was a result of the system failing to identify duplicate services billed on claims showing different place of service codes.	No
D205	Claims show different type of service.	The duplicate payment was a result of the system failing to identify duplicate services billed on claims showing different type of service codes.	No
D206	Claims show different first names.	The duplicate payment was a result of the system failing to identify duplicate services billed on claims showing different patient first names.	No
D207	Multi-suffix claim-suffix contains a duplicate payment.	The duplicate payment was a result of an additional suffix being generated without cancellation(s) of previous suffix(es) being generated or accepted into the TMA data base.	Yes
D208	Paid wrong provider.	The duplicate payment was a result of the initial payment being made to the wrong provider.	No
D300	Jurisdictional error (multi-contractor set).	The duplicate payment was a result of a jurisdictional error. This claim should have been transferred to and processed by another contractor.	No
D900	Other		Yes

REASON CODE	DESCRIPTION	EXPLANATION	ADDITIONAL EXPLANATION REQUIRED?
NON-DUPLICATE REASON CODES			
This claim is not a duplicate because it involves:			
N100	Twins	This is not a duplicate payment since the claim involves a patient who is a twin of the patient on the other claim(s).	No
N101	Ambulance services - separate transport.	This is not a duplicate payment since the claim involves ambulance services for a separate transport from that paid on the other claim(s).	No
N102	Same procedure(s)/ service(s) but different encounters (dates of service).	This is not a duplicate payment since the claim involves different dates of service from those paid on the other claim(s).	No
N103	Same condition but different equipment/ supplies.	This is not duplicate payment since the claim involves different equipment/ supplies than those paid on the other claim(s) for the same condition.	No
N104	Different psychological tests billed under same procedure code(s).	This is not a duplicate payment since the claim involves different psychological tests billed under the same procedure code than those paid on the other claim(s).	No
N105	Additional services not previously billed.	This is not a duplicate payment since the claim involves additional services not paid on the other claim(s).	No
N106	Same procedure codes/ different provider types (e.g., surgeon/assistant surgeon).	This is not a duplicate payment since the services paid on this claim are for assistant surgeon services were rendered by a different type of provider than the type of provider paid on the other claim(s).	No
N107	*ECHO* prorated *Durable Equipment (*DE*)*	This is not a duplicate payment since the services paid on this claim are for different *ECHO* prorated DE than that paid on the other claim(s).	No
N108	Technical or facility component/ professional component.	This is not duplicate payment since the services paid on this claim involve the technical or facility/professional services not paid on the other claim(s).	No

REASON CODE	DESCRIPTION	EXPLANATION	ADDITIONAL EXPLANATION REQUIRED?
NON-DUPLICATE REASON CODES (CONTINUED)			
N109	Same procedure codes but different procedure code modifiers.	This is not a duplicate payment since the services paid on this claim have different procedure code modifiers than those on the other claim(s).	No
N110	Resubmission (Tracer Claim) of previously denied line item(s).	This is not a duplicate payment since these services had been previously denied but were resubmitted with corrected procedure codes.	No
N111	Multi-page claim entered separately.	This is not a duplicate payment since this claim contained more than one page which were entered separately as two or more claims.	No
N112	Multiple services rendered on the same date or within the same date range.	This is not a duplicate payment since the multiple services rendered on the same date were legitimate and acceptable or the multiple services billed were rendered on different dates within the date range of the other claim(s).	Yes
N113	Incorrect DEERS Dependent Suffix.	This is not a duplicate payment since the services were rendered to two different patients however the DEERS Dependant Suffix is incorrect creating the appearance of duplicate claims for a single patient.	No
N200	Data conversion errors.	This is not a duplicate payment since the services paid on this claim are different from those paid on the other claim(s), but due to data conversion errors they appear to be the same.	Yes

REASON CODE	DESCRIPTION	EXPLANATION	ADDITIONAL EXPLANATION REQUIRED?
NON-DUPLICATE REASON CODES (CONTINUED)			
N201	Multi-suffix claim.	This is not a duplicate payment since the services paid on this claim suffix are different from those paid on the other suffix(es). NOTE: To use this reason code, the additional suffix listed cannot contain any payments contained in a previous suffix. If the additional suffix was issued to pay a different provider, or it reflects a payment issued under a previous suffix and a cancellation of the previous suffix has been issued or will be issued for the previous suffix, it is still a duplicate payment and the claim should be assigned "Y" **Dupe?** and an "Actual Duplicate Reason Code" used.	Yes
N300	Claim belongs to FI 99	The claim belongs to FI 99. This non-duplicate reason code may be used to enable resolution of a set where the FI 99 claim is not the BASE claim. If the FI 99 claim is the BASE claim, the other claim(s) may be flagged with "Y" or "N" **Dupe?** and reason codes, recoupment amounts entered, and corresponding adjustments flagged as usual. If the FI 99 claim is not the BASE claim, it should be flagged with an "N" **Dupe?** and an N300 reason code. In either case, no FI 99 adjustments should be flagged.	No
N900	Other		Yes