

## MEDICARE PART B REDETERMINATION AND CLERICAL ERROR REOPENING REQUEST FORM

FAX to: 1-888-541-3829

## \*PLEASE COMPLETE EACH FIELD ON THE FORM TO ENSURE ACCURATE PROCESSING

Do not complete this form for the following situations:

Shade Circles like this ● Not like this ❷ Ø

- If you received a Medicare Redetermination Notice (MRN) on this claim DO NOT use this form to request further appeal. Your next level of appeal is a Reconsideration by a Qualified Independent Contractor (QIC) Form.
- 2. If you received a message MA-130 on the Medicare Remittance Notice for this claim, no appeal or reopening rights are available. Please submit a NEW claim with the appropriate corrections.

If this request is due to a Prior-Authorization denial select from the drop down: \*Please select one of the following jurisdictions and select YES or NO to the questions below: O AR O CO O DCMA O DE O LA O<sub>MD</sub> TX/IHS/  $\bigcirc$  OK O MS O<sub>NJ</sub> ONM O PA O Yes O No 1. Does your appeal involve the Recovery Auditor (RA) decision? 2. Does your appeal involve a 935 overpayment decision? O Yes O No 3. Does the claim you are appealing involve Medicare Secondary Payer (MSP)? O Yes O No \*Please select one of the choices below to identify the category which the request pertains to: O Procedure Codes 00100-69999 O Procedure Codes 70000-89999 O Chiropractic Services O Procedure code beginning with "J" or "G" or 90000-99999 or Ambulance Services Other \*Please fill in the information below in all UPPERCASE letters: Provider Transaction Access No (PTAN): NPI (10 digits): Tax Identification Number (last 5 digits): Provider Name:

Beneficiary Last Name:

Claim Number (13 digits): If alpha-numeric use Part A request form

Procedure Code(s) in Question

Requestor's Relationship to Provider

Telephone Number and Extension			
*Reason for Redetermination or Clerical Error Reopening Request:			



Beneficiary First Name:

Date(s) of Service

Requestor's Name (Printed)

Beneficiary Medicare Number (11 digits):