



**Medicare Part A
Redetermination and Clerical Error Reopening
Request Form
FAX to: 1-888-541-3829**

Please select one of the following jurisdictions and check YES or NO to the questions below:

- PA MD DC DE NJ AR
 LA MS NM OK CO TX/IHS/Veterans

If this request is due to a Prior-Authorization denial select from the drop down:

1. Are you requesting a Clerical Reopening? Yes No
2. Does the claim you are appealing involve Medicare Secondary Payer (MSP)? Yes No
3. Does your appeal involve a 935 overpayment decision? Yes No
4. Does your appeal involve the Recovery Auditor (RA) decision?
(provide a copy of the overpayment letter) Yes No
5. Did the claim you are appealing reject with message MA-130? Yes No

Please fill in the information below in all UPPERCASE letters.

PLEASE COMPLETE EACH FIELD ON THE FORM TO ENSURE ACCURATE PROCESSING

Provider Transaction Access No (PTAN):	NPI:	Tax Identification Number (<i>last 5 digits</i>)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Provider Name:

*Beneficiary Name:

*Beneficiary Medicare Number:	DCN Document Control Number:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

*DATE(S) OF SERVICE	*PROCEDURE CODE(s) IN QUESTION(<i>required for Outpatient Services only</i>)
*REQUESTOR'S NAME (<i>printed</i>)	REQUESTOR'S RELATIONSHIP TO PROVIDER
TELEPHONE NUMBER AND EXTENSION	

Reason for Redetermination Request or Clerical Error Reopening:

