NOVITAS SOLUTIONS

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. Should recoupment be stopped for a 935 overpayment? *(provide a copy of the overpayment letter)*	○ 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 *(last 5 digits)*

Provider Name:

*Beneficiary Name:

*Beneficiary Medicare Number: DCN Document Control Number:

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

Reason for Redetermination Request or Clerical Error Reopening: