29313

MEDICARE PART B REDETERMINATION 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 ⊗ ✓

1. 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:**

○ AR ○ CO ○ DCMA ○ DE ○ LA ○ MD

○ MS ○ NJ ○ NM ○ OK ○ PA ○ TX/IHS/ Veterans

1. Does your appeal involve the Recovery Auditor (RA) decision? ○ Yes ○ No
2. Does your appeal involve a 935 overpayment decision? ○ Yes ○ No
3. Does the claim you are appealing involve Medicare Secondary Payer (MSP)? ○ Yes ○ No

***Please select one of the choices below to identify the category which the request pertains to:**

○ Procedure Codes 00100-69999 ○ Procedure Codes 70000-89999 ○ Chiropractic Services

○ 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 First Name: Beneficiary Last Name:

Beneficiary Medicare Number *(11 digits):* Claim Number *(13 digits): If alpha-numeric use Part A request form*

Date(s) of Service	Procedure Code(s) in Question
Requestor's Name *(Printed)*	Requestor's Relationship to Provider
Telephone Number and Extension	

***Reason for Redetermination Request:**

PRINT RESET

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