



29313

**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

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:**

<input type="radio"/> AR	<input type="radio"/> CO	<input type="radio"/> DCMA	<input type="radio"/> DE	<input type="radio"/> LA	<input type="radio"/> MD
<input type="radio"/> MS	<input type="radio"/> NJ	<input type="radio"/> NM	<input type="radio"/> OK	<input type="radio"/> PA	<input type="radio"/> 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:**

<input type="radio"/> Procedure Codes 00100-69999	<input type="radio"/> Procedure Codes 70000-89999	<input type="radio"/> Chiropractic Services
<input type="radio"/> Procedure code beginning with "J" or "G" or 90000-99999 or Ambulance Services	<input type="radio"/> 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 or Clerical Error Reopening Request:**

