



# Medicare Part B Redetermination and Clerical Error Reopening Request Form

Submit Request via Fax: 904-361-0595

**\*EACH FIELD OF THE FORM MUST BE FILLED OUT TO AVOID HAVING YOUR REQUEST DISMISSED**

**Do not complete this form for the following situation:**

Shade circles like this ● Not like this ☑ ⊗

- 1. 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.

**NOTE:** Requests must be filed within 120 days of original claim determination.

**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 question below:** \_\_\_\_\_

- 1. Does your appeal involve an overpayment decision? *(Provide a copy of the overpayment letter)* \_\_\_\_\_
- 2. Does the claim you are appealing involve Medicare Secondary Payer (MSP)? \_\_\_\_\_

**\* The following criteria must be completed in all UPPERCASE letters:**

Provider Name <input type="text"/>	Provider Address <input type="text"/>
Provider Transaction Access Number (PTAN) <input type="text"/>	Tax Identification No <i>(last 5 digits)</i> NPI <input type="text"/>
Beneficiary First Name <input type="text"/>	Beneficiary Last Name <input type="text"/>
Beneficiary Medicare Number <i>(11 digits)</i> <input type="text"/>	Claim Number <i>(13 digits)</i> <input type="text"/>
Date(s) of Service <input type="text"/>	Procedure Code(s) in Question <input type="text"/>
Requestor's Name <i>(Printed)</i> <input type="text"/>	Requestor's Relationship to Provider <input type="text"/>
Telephone Number and Extension <input type="text"/>	

**\* Please include a copy of your remittance advice notice.**

### Request for clerical error reopening

Procedure or diagnostic code submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>
Modifier omitted or submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>
Provider number submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>
Quantity billed submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>
Billed amount submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>
Zip code submitted incorrectly:	Originally submitted as	<input type="text"/>
	Correction	<input type="text"/>

**Redetermination request: Dissatisfaction with the original claim determination**

The reason I disagree with the initial determination is:

- This is an appeal of an overpayment request
- The service was medically necessary
- The service was denied as a duplicate incorrectly
- The service was not overutilized
- The service was denied indicating there was other insurance involvement

Additional narrative:

**Please attach all pertinent documentation**

- |  |  |
|--|--|
| <input type="checkbox"/> Ambulance run sheet                             | <input type="checkbox"/> History and physical    |
| <input type="checkbox"/> Invoices for unlisted procedures and medication | <input type="checkbox"/> Diagnostic test results |
| <input type="checkbox"/> Pathology reports                               | <input type="checkbox"/> Progress notes          |
| <input type="checkbox"/> Other medical records                           |  |

**Improper use of this form and additional guidance**

Telephone reopenings can be requested using our interactive voice response system (IVR) at 1-877-847-4992.

Unprocessable claims denied with remittance advice message **MA130** may not be appealed. Please correct the claim and resubmit.

If the service at issue has already received a redetermination decision, do not use this form. Please use the reconsideration request form located at <https://medicare.fcso.com/Forms/138073.pdf>.

Appeals for durable medical equipment services (DME) must be appealed to the appropriate DME Medicare administrative contractor (DME-MAC).

Overpayments resulting from billing errors or MSP/Other Payer Involvement should be reported using the overpayment refund form located at <https://medicare.fcso.com/Forms/138379.pdf>.

NOTICE - Anyone who misrepresents or falsifies essential information requested by this form may upon conviction be subject to fine and imprisonment under federal Law.

**Print**

**Reset**

medicare.fcso.com



**First Coast Service Options Inc.**