

52001



## 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.

**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) \_\_\_\_\_

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

Provider Name

Provider Address

Provider Transaction Access Number (PTAN)

Tax Identification No (last 5 digits) NPI



Beneficiary First Name

Beneficiary Last Name

Beneficiary Medicare Number (11 digits)

Claim Number (13 digits)

Date(s) of Service

Procedure Code(s) in Question

Requestor's Name (Printed)

Requestor's Relationship to Provider

Telephone Number and Extension

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

### Request for clerical error reopening

Procedure or diagnostic code submitted incorrectly: Originally submitted as

Correction

Modifier omitted or submitted incorrectly: Originally submitted as

Correction

Provider number submitted incorrectly: Originally submitted as

Correction

Quantity billed submitted incorrectly: Originally submitted as

Correction

Billed amount submitted incorrectly: Originally submitted as

Correction

Zip code submitted incorrectly: Originally submitted as

Correction

### 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

Ambulance run sheet

Invoices for unlisted procedures and medication

Pathology reports

Other medical records

History and physical

Diagnostic test results

Progress notes

### 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](https://medicare.fcso.com)



First Coast Service Options Inc.