

**Reason for Site Neutral Visit**

Select one option below:

Immediately preceding inpatient stay at a subsection (d) hospital that is not present in the Medicare claims processing system as outlined in Special Edition article: SE1627 (such as Veteran Affairs benefits used)

Immediately preceding hospital cancelled Medicare claim to bill non-Medicare benefits with no intention of resubmission to Medicare

Immediately preceding hospital claim billed to Medicare but with an incorrect number of days that equal less than 3 Intensive Care Unit (ICU) or Coronary Care Unit (CCU) days

Immediately preceding inpatient stay billed to Medicare but the claim denied/was not paid

Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect discharge date

Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect patient status/discharge code

Other: Please provide explanation:

**Provider Transaction Access Number of LTCH:**

**DCN of the LTCH claim:**

**MBI Number:**

**Claim Date of Service From:**

**Thru:**

**Requestor's Name:**

**Requestor's Phone Number**

**Requestor's Fax Number**

**Requestor's Signature**

**Date Signed:**

**Call ID:**

**Submit completed form along with supporting documentation:**

**Noridian JF Part A**

Attn: Part A Claims  
PO Box 6782  
Fargo, ND 58108-6782

**Provider can also fax the information directly to:**

**701-277-7684**

