

Please submit one claim per Redetermination request form.

When to request a redetermination - A redetermination should be requested when there is dissatisfaction with the original determination. A redetermination is the first level of the appeals process and is an independent re-examination of an initial claim determination. **A claim must be appealed within 120 days from the date of receipt of the initial Medicare Summary Notice (MSN), Remittance Advice (RA) or Overpayment Demand Letter.** Noridian has 60 days from the date of receipt to complete your request.

Would you like to submit electronically? [Try the Noridian Medicare Portal](#)

State services were provided: AK AZ ID MT ND OR SD UT WA WY

Types of Request: Overpayment Redetermination Comprehensive Error Rate Testing Recovery Auditor

Redetermination Supplemental Medical Review Contractor Unified Program Integrity Contractor

Note: When requesting an overpayment redetermination, please send a copy of the overpayment decision letter.

***Required Information** Redetermination requests with incomplete information will be dismissed. Please include a copy of the Remittance Advice and medical documentation.

***Patient Name:** _____

Date of Birth: _____

***Medicare Number:** _____

Initial Determination or Overpayment Demand Letter Date: _____

***Date(s) of Service:** _____

AR Number or OV Demand Letter Number: _____

***HCPCS/Procedure Codes:** _____

Billed Amount of the Code(s) to be Reviewed: _____

ICN: _____

Total Claim Billed Amount: _____

Provider Name: _____

Diagnosis of ServicesAppealed: _____

Provider Address: _____

Tax ID Number: _____

City, State, Zip: _____

Telephone Number: _____

Billing NPI: _____

Fax Number: _____

Billing PTAN: _____

Provider Email Address: _____

Contact Person: _____

Action Request/Comments: _____

Please attach all supporting documentation, which may include the operative report, office notes, etc. Reasonable and necessary denials must include a copy of the ABN signed by the beneficiary, if applicable.

Redeterminations

Medicare Part B
Attn: Redeterminations
PO Box 6700
Fargo, ND 58108-6700

Please take a moment to share your thoughts by scanning the QR code.



Fax appeal requests to: 701-277-7852

