

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:** _____
***HCPCS/Procedure Codes:** _____ **AR Number or OV Demand Letter Number:** _____
_____ **Billed Amount of the Code(s) to be Reviewed:** _____
ICN: _____ **Total Claim Billed Amount:** _____
Provider Name: _____ **Diagnosis of Services Appealed:** _____
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

