

HOW TO SEND A PRIOR AUTHORIZATION REQUEST FOR REVIEW

4 WAYS OF SUBMITTING



JURISDICTION E
Noridian JE Part A
PO Box 6782
Fargo, ND 58108-6782

JURISDICTION F
Noridian JF Part A
PO Box 6782
Fargo, ND 58108-6782

*Change in PO Box for JF Jurisdiction



FAX COVERSHEET
Fill out & Attach with
Documentation

Submit a single fax
transmission with all
documents to support
a single claim/request.

FAX TO:
701-277-2903



esMD = Electronic
Submission of Medical
Documentation

MOST RECOMMENDED METHOD



- **Noridian Medicare Portal** = NMP
- Facilitates the **fastest** communication of decisions and ease of error correction.
- Check the status of a request in **real time** & read/print the decision letter as soon as it becomes available.

GET ACCESS!

Can be requested either:

1. Online - **Register Here!**
2. or Contact the Provider
Contact Center for your
jurisdiction

Providers must work with their
respective Part A hospital to obtain:

1. National Provider Identifier (NPI)
2. Provider Transaction Access
Number (PTAN)
3. Tax Identification Number (TIN)

Once registration is
submitted, the Part A
hospital's NMP
administrator must
approve the request. If
the request is not
approved, Part A access
cannot be granted.

Part B submitters **cannot** use their Part B NMP access. Submitters will need to request Part A access to the NMP.

Register for our
**PART A OPD PAR LIVE
CHAT SESSIONS**

Amazing opportunity to **engage directly**
with our team, **ask questions**, and gain
valuable insights in real time!

Register below:

8/21/25 SESSION
9/11/25 SESSION

(Links clickable in attached PDF version)

COMING
SOON!



Watch Out for Our Next Edition: Types of Submissions

Coming November 2025



COMING
SOON!

CONTACT CORNER

EMAIL: partapriorauth@noridian.com

FAX: 701-277-2903

Provider Contact Center:

JE: 855-609-9960

JF: 877-908-8431

SERVICE TYPES

- Blepharoplasty
- Botulinum Toxin
- Cervical Fusion
- Facets
- Panniculectomy
- Rhinoplasty
- Vein Ablation
- Spinal Cord Stimulator