Medicare Secondary Payer DME Form (JA)

Please complete and forward this form to Noridian.

Helpful Hints:

- If you are sending a refund check, please use the Medicare DME MSP Overpayment Refund Form.
- This form may be utilized for any Medicare Secondary Payer (MSP) request pertaining to Primary or Secondary payment of claims.
- Please forward all inquiries for MSP Recovery to the BCRC.
- Do not include a refund check with this form.
- Do not use this form if you are requesting a Redetermination on a MSP claim that is not MSP related.
- Do not use this form for new claim submissions.
- Do not use this form for situations that involve the Veteran's Administration, PACMED or USFHP (US Family Health Plan). Use Reopenings Form.

Supplier Name: _____

Address: _____ City: _____ State:_____ Zip Code:_____

NPI/Tax ID/PTAN: _____

Contact Person:_____Phone #:_____

Provide the following information for **each** claim:

Patient Name: _____ Medicare #: _____

Claim Control # (CCN): _____ Claim Amount: $ _____

Date of Service: _____

Reason for Request: _____

Select Reason Code for Claim Adjustment

- ❏ 12 Working Aged
- ❏ 13 End Stage Renal Disease
- ❏ 14 Auto No Fault Insurance
- ❏ 15 MSP Workers Compensation*
- ❏ 16 Federal
- ❏ 19 Workers Compensation Medical Set Aside
- ❏ 41 Black Lung
- ❏ 43 Disability Insurance
- ❏ 47 Liability Insurance

MEDICARE SECONDARY PAYER: Complete the following primary insurance information and attach a copy of the primary payer Explanation of Benefits (EOB) or payment sheet, and/or a copy of the check received from the primary payer and the Medicare EOB.

Insurance Name:_____Subscriber Name: _____

Insurance Address: _____Subscriber Relationship: _____

City, State, Zip: _____Phone #:_____

Policy Number: _____Group Number:_____*Injury Date:_____

Effective Date: _____Term Date: _____ Injury Diagnosis:_____

NOTE: If specific patient/HIC/Claim #/primary insurance EOB information is not provided, we may be unable to process your request appropriately or in a timely manner.

Please send to:

Medicare DMEA
Attn: MSP
PO Box 6780
Fargo, ND 58108-6780
Supplier Contact Center (SCC) 866-419-9458
Or Fax to 701-277-7892