NORIDIAN HEALTHCARE SOLUTIONS

Medicare JE Part B Non-MSP Overpayment Form

Please check the box next to the state code where services were rendered:

☐ NO. CAL ☐ SO. CAL ☐ NV ☐ HI ☐ AS ☐ MP ☐ GU

Provider/Physician or other entity:
Complete and mail this form to the address listed on the bottom of this form. If this request is due to a clerical error or omission and wish to correct it without having to request a formal appeal, please call the Phone Reopening department at 855-609-9960 or by submitting a reopening form.

Please do not use this form for the following:

- **MSP requests**
- **Refund checks**
- **New claim submissions/CMS-1500 claim form**
- **Requesting a redetermination**

Required Information: Please provide the following refund information for each claim.

Internal Control Number (ICN)	Beneficiary Name	Medicare Number	Date of Service	Dollar Amount to be refunded	Procedure Code to be refunded	Reason Code
			Total			

For additional claims please use the spreadsheet located at https://med.noridianmedicare.com/web/jeb/forms
If denying or changing CPT codes, indicate the change needed below under 3A through 3B

REASON CODE FOR CLAIM ADJUSTMENT

1 Billed in error
2 Duplicate
3 CPT Code change
3A. Deny CPT code in full, provider to resubmit new code
3B. **DOWNCODE**, Change CPT from _____ to _____, Recoup the difference
4 Corrected date of service
5 Not Our Patient(s)
6 Services not rendered
7 Modifier Add/Remove
8 Insufficient Documentation
9 Patient in HMO
10 Veterans Administration (VA) paid
11 Medical Necessity
12 Patient in Skilled Nursing Facility
13 PacMed or USFHP (US Family Health Plan)

14 Other: Use the following space for any additional information on the adjustment of this claim(s):

Provider Information:

Provider/Physician or other entity name: _____

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

Provider/Physician and/or NPI Number: _____ Tax ID#: _____

Contact Person: _____

Telephone Number: _____ Ext.: _____ Email Address: _____

Please send this form along with a check to: Noridian JE Part B
Attn: Non-MSP Overpayments - XX
(XX represents the state code where services were rendered)
PO Box 6774
Fargo, ND 58108-6774
Provider Contact Center (PCC) 1-855-609-9960

CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

29317563 (3891) 8-26