

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

☐ WA ☐ ID ☐ OR ☐ AK ☐ AZ ☐ MT ☐ UT ☐ ND ☐ SD ☐ WY

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 877-908-8431 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://www.noridianmedicare.com/partb/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 | 4 Corrected date of service | 10 Veterans Administration (VA) paid |
| 2 Duplicate | 5 Not Our Patient(s) | 11 Medical Necessity |
| 3 CPT Code change | 6 Services not rendered | 12 Patient in Skilled Nursing Facility |
| 3A. Deny CPT code in full,
provider to resubmit new code | 7 Modifier Add/Remove | 13 PacMed or USFHP (US Family Health Plan) |
| 3B. DOWNCODE , Change CPT
from _____ to _____,
Recoup the difference | 8 Insufficient Documentation | |
| | 9 Patient in HMO | |

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 JF Part B
Attn: Non-MSP Overpayments - XX
(XX represents the state code where services were rendered)
PO 6700
 Fargo, ND 58108-6700
 Provider Contact Center (PCC) 1-877-908-8431