MEDICARE REOPENING REQUEST FORM

This form should only be used to correct minor billing errors.

The following issues cannot be done as a reopening:

- Medical Necessity (when any documentation is requested) Please complete a Medicare Redetermination Request Form
- ❖ A single request correcting the submitted charge & days/units Please submit a new corrected claim
- ❖ Unprocessable claims (identified on remittance with MA-130) Please submit a new corrected claim

Indicate the type of reopening:

Single claim correction (complete sections A, B, & C)

Multiple claim corrections (complete sections A & C and attach a copy of the Medicare remittance notices, clearly marking with blue/black ink which claim(s) are being corrected)

SECTION A						
State service was performed in:	: IA	KS	MO	NE		
Provider's Name	ovider's Name Provider Group Number					
Requester's Name Requester's Telephone Number						
Requester's Relationship to Pro	wider/Repoficiery					
Requester's Relationship to Fro	Midel/Bellelicialy					
Requester's Signature	Date signed					
SECTION B						
	me Medicare Number					
Data of Camina	10	NI /f====================================				
Date of Service	ICN (from remittance)					
PLEASE NOTE: The carrier reserves the right to refuse to adjust a claim as requested if it appears that such an adjustment						
would risk incorrect payment or any claims that are not clearly identified for correction. For example, if the initial determination payment cannot be changed, we cannot process the request as a reopening.						
determination payment cannot i	be changed, we ca	annot process the req	uesi as a reop	eriirig.		
SECTION C Item(s) to be corrected (please check all that apply):						
Date of Service Bi	illed Amount	CPT/HCPCS Code	Place	of Service	Days/Units	
Referring Provider NPI	Performin	g Provider Number	Replacing	g Modifier	Replacing ICD 9 or 10	
Add Modifier:						
Add Modifier:		Auu	0D 3 01 10			
Explain the correction (s) needs	ed:					
Send to:						
IOWA	KANSAS	MISSO	URI	NEE	BRASKA	
WPS GHA	WPS GHA	WPS (S GHA	
Reopenings	Reopenings	Reope			penings	
P.O. Box 8550	P.O. Box 7238		ox 14260 on, WI 53708-0		. Box 8667	
Madison, WI 53708	Madison, WI 537	()/	n //// 5 < / / / nr	1760 11/196	lison, WI 53708	