Florida

Medicare Part B request for redetermination or reopening form

Requests must be filed within 120 days of original claim determination. If request is filed after 120 day timeframe, please include your reason for not making this request earlier. Please complete one request form for each claim.

Submit requests to:　　　　　　　**First Coast Service Options**
P. O. Box 2360
Jacksonville, FL 32231-0018

The following criteria MUST be completed

Beneficiary name:

Medicare health insurance claim (HIC) number:

Internal Control Number (ICN):

Date of service:

CPT/HCPCS code:

Name of claimant or representative:

Signature of claimant or representative:

Request for clerical error reopening

	Originally submitted as	Correction
Procedure or diagnostic code submitted incorrectly:		
Modifier omitted or submitted incorrectly:		
Provider number submitted incorrectly:		
Quantity billed submitted incorrectly:		
Billed amount submitted incorrectly:		
ZIP code submitted incorrectly:		

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Redetermination request: Dissatisfaction with the original claim determination

The reason I disagree with the initial determination is:

- ○ This is an appeal of an overpayment request
- ○ The service was medically necessary
- ○ The service was denied as a duplicate incorrectly
- ○ The service was not overutilized
- ○ The service was denied indicating there was other insurance involvement

Additional narrative:

Please attach all pertinent documentation

- ☐ Ambulance run sheet
- ☐ History and physical
- ☐ Invoices for unlisted procedures and medication
- ☐ Diagnostic test results

- ☐ Pathology reports
- ☐ Progress notes
- ☐ Other medical records

Improper use of this form and additional guidance

Telephone reopenings can be requested using our interactive voice response system (IVR) at 1-877-847-4992.

Unprocessable claims denied with remittance advice message **MA130** may not be appealed. Please correct the claim and resubmit.

If the service at issue has already received a redetermination decision, do not use this form. Please use the reconsideration request form located at http://medicare.fcso.com/Forms/138073.pdf.

Appeals for durable medical equipment services (DME) must be appealed to the appropriate DME Medicare administrative contractor (DME MAC).

Overpayments resulting from billing errors or MSP/Other Payer Involvement should be reported using the overpayment refund form located at http://medicare.fcso.com/Forms/138379.pdf.

**NOTICE - Anyone who misrepresents or falsifies essential information requested
by this form may upon conviction be subject to fine and imprisonment under Federal Law.**

Form revised 9/11/09

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