



WHEN EXPERIENCE COUNTS AND QUALITY MATTERS

Medicare Part B request for redetermination or reopening form -- Florida

Requests must be filed within 120 days of original claim determination. If request is filed after the 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 ID number:

Internal Control Number (ICN):

Date of service:

CPT®/HCPCS code:

Name of claimant or representative:

Phone number of claimant or representative:

Signature of claimant or representative:

Request for clerical error reopening

Procedure or diagnostic code submitted incorrectly: Originally submitted as

Correction

Modifier omitted or submitted incorrectly: Originally submitted as

Correction

Provider number submitted incorrectly: Originally submitted as

Correction

Quantity billed submitted incorrectly: Originally submitted as

Correction

Originally submitted as

Billed amount submitted incorrectly: Correction

Originally submitted as

ZIP code submitted incorrectly: Correction

medicare.fcso.com



First Coast Service Options Inc.

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

- | | |
|--|--|
| <input type="checkbox"/> Ambulance run sheet | <input type="checkbox"/> History and physical |
| <input type="checkbox"/> Invoices for unlisted procedures and medication | <input type="checkbox"/> Diagnostic test results |
| <input type="checkbox"/> Pathology reports | <input type="checkbox"/> Progress notes |
| <input type="checkbox"/> 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 <https://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 <https://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.

Print

Reset

Form revised 3/22/2017

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