

Medicare Part B Reopenings Reprocess Claim Adjustment Request Form

REP 913

State Kentucky Ohio Date _____
Contact _____ Phone Number _____

Provider Information

Name _____ Last 5 digits of Tax ID Number _____
Billing PTAN Number _____ Billing NPI Number _____

Beneficiary Information

Name _____
Medicare Number _____

Service Date _____ HCPCS _____ ICN (one claim per form) _____

Adjustment Details

This request is for Medicare Secondary Payer (MSP):

Only for denied MSP claim which is now Medicare Primary.

Note: If request is for auto, worker's comp, or liability claims, submit using the Medicare Part B Reopenings Adjustment Request form.

This request is for Non-MSP (Non-Medicare Secondary Payer):

Send to

J15 - Part B Correspondence
CGS
PO Box 20018
Nashville, TN 37202