

Medicare HHH Reopenings Adjustment Request Form

Check all that apply:

Hospice Home Health MSP Date
Contact

Provider Information

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

Address

Beneficiary Information

Name
Medicare Number

Service Date Document Control Number (DCN)

NOTE: If Multiple DCNs, submit individual form for each DCN.

Reason for Request

This request is for a Black Lung OR Medicare Secondary Payer (MSP) Reopenings Adjustment Request

Request to override timely filing

Ordering/Referring Physician Denials

Other

Supporting Documentation

UB04 Form is required for all reopening requests. The UB04 is the only acceptable format (not UB92 or 1500 forms). The UB04 is also required with corrected NPI and physician name for Ordering Referring Physician Denials.

UB04 Form (Required) Primary EOB Timely Filing Override Black Lung Denial

Contact Name

Contact Phone Number Signature

All required documentation must be submitted with this form or your request will be dismissed. Reopenings are conducted at the discretion of CGS and are used to correct clerical errors, which are minor errors and omissions. (IOM 100-04, Chapter 24)

Send completed form and all required documentation to:

Address: J15 - HHH Claims
CGS
PO Box 20019
Nashville, TN 37202

Fax: 1.615.660.5982