

SIU/DRG/Provider Audit Institutional Claim Adjustment



ND

Use this form to adjust a claim that processed in the BCBSND system. Claim Adjustment is the appropriate process for the following members: 1) Host (out-of-area) members; 2) FEP members (prefix of R); or 3) BCBSND members.

This adjustment form is for use only with claims identified by the SIU/DRG/Provider Audit department as incorrectly billed during the audit process.

Return completed forms by:

- Mail: Blue Cross Blue Shield of North Dakota
Attn: Provider Audit/SIU/DRG
4510 13th Avenue South
Fargo, ND 58121

A copy of the notification letter/audit findings must be attached to this form.

Provider Name		Provider NPI	
Patient Name		Date of Birth (MM/DD/YYYY)	
Benefit Plan Number		Patient Account Number	
Admission Date	From Date	Through Date	
Claim Number	Total of Original Claim	Corrected Total	

<input type="checkbox"/>	Benefit Plan Number Change		
<input type="checkbox"/>	Patient Name Change		
<input type="checkbox"/>	Revenue Code Change		
<input type="checkbox"/>	Units Change		
<input type="checkbox"/>	CPT/HCPCS Procedure Code Change		
<input type="checkbox"/>	Modifier Change/Addition		
<input type="checkbox"/>	Diagnosis Code Change/Addition (Include POA indicators)		
<input type="checkbox"/>	Other (Please explain)		

Comments

Contact Information
Contact