

Institutional Claim Adjustment



Use this form to adjust a claim that processed in the BCBSND legacy system. Claim Adjustment is the appropriate process for the following members: 1) Host (out-of-area) members with a date of service (DOS) prior to July 1, 2018; 2) FEP members (prefix of R) with DOS prior to September 1, 2018; or 3) BCBSND members with any of the following prefixes: BSB, DDU, DEW, OTO, RDO, SHV, THI, TNT, USZ, YQA, YQB, YQC, YQE, YQG, YQI, YQJ, YQP, YQQ or YQU with a DOS prior to January 1, 2019. Use the Claim Correction process for all other claim adjustments/corrections.

Return completed forms by:

- Mail: BCBSND
ATTN: Provider Service
4510 13th Ave. S.
Fargo, ND 58121
- Fax: 701-277-2132

Institutional Claim Adjustment Information		
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

Reason for Adjustment				
Revenue Code	CPT/HCPCS	Date of Service	Units	Amount
*Late Charge				
*Late Credit				

Reason for Adjustment (Continued)

	From	To
<input type="checkbox"/> Benefit Plan Number Change		
<input type="checkbox"/> Patient Name Change		
<input type="checkbox"/> Billed in Error		
<input type="checkbox"/> Coordination of Benefits (EOB attached)		
<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		
<input type="checkbox"/> Other (Please explain)		

*Supporting medical documentation is required. (Changes to revenue codes 036X, 0278, 075X and 049X require the operative report for review.)

Comments

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Contact Information

Contact	Phone Number	Date
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