

Professional Claim Adjustment



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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

Professional Claim Adjustment Information	
Provider Name	Individual Provider NPI
Patient Name	Date of Birth (MM/DD/YYYY)
Benefit Plan Number	Patient Account Number
From Date	Through Date
Claim Number	Total of Original Claim

Reason for Adjustment	From	To	Line(s) to Adjust
<input type="checkbox"/> Benefit Plan Number Change			All lines
<input type="checkbox"/> Patient Name Change			All lines
<input type="checkbox"/> Date of Service Change			
<input type="checkbox"/> Dollar Amount Change			
<input type="checkbox"/> Provider NPI Change			
<input type="checkbox"/> Place of Service Change			
<input type="checkbox"/> Billed in Error			
<input type="checkbox"/> Home Medical Equipment Item Returned			
<input type="checkbox"/> Coordination of Benefits (EOB attached)			
<input type="checkbox"/> *Modifier Change/Addition			
<input type="checkbox"/> *Diagnosis Code Change/Addition			

Reason for Adjustment	From	To	Line(s) to Adjust
<input type="checkbox"/> *Units Change			
<input type="checkbox"/> *CPT/HCPCS Procedure Code Change			
<input type="checkbox"/> *Diagnosis Pointer Change			
<input type="checkbox"/> Other (<i>Please explain</i>)			

*Supporting medical documentation is required.

Comments

Contact Information		
Contact	Phone Number	Date