

# 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 to: BCBSND  
 Attn: Provider Service  
 4510 13th Ave. S.  
 Fargo, ND 58121

Fax to: 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		
	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:**

Contact:	Phone Number:	Date:
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