

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

Fax to: 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			

<input type="checkbox"/>	*Units Change			
<input type="checkbox"/>	*CPT/HCPCS Procedure Code Change			
<input type="checkbox"/>	*Diagnosis Pointer Change			
<input type="checkbox"/>	Other (Please explain):			

**Supporting medical documentation is required.*

Comments:

Contact:	Phone Number:	Date:
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