



Claim Reconsideration Form

Instructions- Read carefully: Please ensure the reconsideration request is fully completed and, signed, and paper claim forms are returned with all required documentation/attachments, reports, and consent forms. If the claim was previously submitted electronically, a paper claim is still required. Reconsiderations submitted without proper documentation and/or without a completed claim form will be returned to the provider.

Beneficiary Name: _____ MS Medicaid ID #: _____

TCN #: _____ Paid Date: _____ Date of Service: _____

Provider#: _____ Provider Name: _____

Provider Contact: _____ Telephone#: _____

Provider Address: _____

Procedure Codes: _____ Diagnosis Codes: _____

Claim Exception Code Edit(s): Please indicate the edit(s) which was indicated on your remittance advice:

0104 0238 0280 0297 0432 0434 0435 0438 0439 0612 0673
0675 3222 6560 6562 Other: _____

Please include detailed information regarding the reason your claim has been resubmitted for reconsideration. If your claim has been corrected and attached please specify corrections that have been made.

Please indicate all applicable documents you have submitted with the reconsideration request:

- | | | |
|--|--|---|
| <input type="checkbox"/> Consent Form | <input type="checkbox"/> Corrected Claims | <input type="checkbox"/> Description of Unlisted Code |
| <input type="checkbox"/> H & P Assessment | <input type="checkbox"/> Lab Report(s) | <input type="checkbox"/> Medication Administration Record (MAR) |
| <input type="checkbox"/> Operative/Procedure Notes | <input type="checkbox"/> Pathology Report(s) | <input type="checkbox"/> Proof of Timely Filing |
| <input type="checkbox"/> Ultrasound Report(s) | <input type="checkbox"/> Other: (Please specify) _____ | |

Please Check:

- Have you completed the Reconsideration Form?
- Have you attached a completed and signed original paper copy claim?
- Have you attached any additional substantiating information for review?

Mail to: Xerox, P.O. Box 23080, Jackson, MS 39225 or fax to 1-888-495-8169, Attn: Medical Review