



"For Denial Only" Request for Non-Covered Providers.

Medicare does not enroll and provide coverage for services rendered by all practitioners from whom a Medicare beneficiary may secure services. Practitioners rendering services to a Medicare beneficiary for whom the beneficiary is liable, the practitioner may request a "For Denial Only" letter. Attach the letter to claims the practitioner or beneficiary sends to the patient's secondary insurance, which may then provide payment.

Medicare does not pay for services rendered by the following practitioners (not an all-inclusive list):

- Any type of counselor
- Acupuncturist
- Massage Therapist
- Non-ambulance Transport Service

The request for a "For Denial Only" letter must include the following information:

- Statement of request for a "For Denial Only" letter
- Complete description of the services rendered to Medicare beneficiaries
- Copy of the provider's credentials
- Statement that Medicare will not issue a provider number for this type of practitioner.

Note: DO NOT mail in a CMS 855 form in order to get a denial letter.

To request the "For Denial Only" letter, a practitioner submits a letter to:

Medicare Part B
Attn: Written Correspondence
PO Box xxxx
Fargo ND 58108-xxxx

(xxxx is the PO Box number from the chart below)

| NAS State PO Box Numbers | | |
|--------------------------|------------------|-----------------|
| Alaska 6703 | North Dakota6706 | Utah6725 |
| Arizona6704 | Oregon6702 | Washington 6700 |
| Montana 6735 | South Dakota6707 | Wyoming 6708 |

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Final Note: For practitioners for whom the **provider is liable** if the claim is denied, a "For Denial Only" letter is **not** an option.

The claim for a covered practitioner's services on behalf of a Medicare beneficiary must be submitted to Medicare under the Mandatory Claim Submission rule. Appropriate modifiers can be applied to the procedure and the provider may secure the beneficiary's consent, with a fully completed Advance Beneficiary Notice (ABN), to convey liability to the beneficiary.

In short, providers who are eligible to enroll in Medicare must do so, and submit the claims for payment, if they provide covered services for a Medicare beneficiary.

Posted by NAS, LLC 02/26/2009

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