



**Rhode Island Executive Office of Health and Human Services  
Medicaid Program**



**Claim Recoupment Request**

**ALL FIELDS ARE MANDATORY - the claim recoupment request form will be returned to the provider if incomplete. Claim type must be same for all.**

<b>Provider Name</b>				<b>Provider NPI</b>		
<b>Mailing Address</b>	<b>No./Street</b>		<b>City</b>		<b>State</b>	<b>Zip</b>
<b>ICN (15 characters)</b>	<b>Detail Number(s)*</b>	<b>Recipient Medicaid ID</b>	<b>From DOS**</b>	<b>To DOS**</b>	<b>Recoupment Reason Code</b>	
123456789123456	3	1000555555	01/01/2016	01/01/2016	054	

*\*Please enter "ALL" if the request is to recoup the ENTIRE claim.*

**Applicable Recoupment Reason Codes**

<b>Reason Code</b>	<b>Reason Code Description</b>	<b>Reason Code</b>	<b>Reason Code Description</b>
019	Client covered through Rite Care/Share	052	Provider wrong units of service
020	Wrong dates of service	053	Provider wrong submitted charge
021	Wrong patient status	054	Provider wrong TPL payment
026	Adjusted wrong tooth number/surface	055	Provider duplicate payment
027	Recoup script cancelled/refused, not picked up	066	Client did not receive service
029	Incorrect Medicare paid amount, co-ins/deductible	067	Change in recipient eligibility
048	Provider wrong provider number	068	Recipient has Medicare coverage
049	Provider wrong recipient number	069	Recipient has verified other insurance
050	Provider Wrong Proc/Drug code	118	Auto Insurance paid claim
051	Provider wrong procedure modifier	121	Claim paid by attorney

*\*\*Recoupments for dates-of-service >365 days are not allowed when a new claim will be submitted for increased reimbursement without a primary payer EOB dated within 90 days.*

**Print, sign and mail to:**

**RI MEDICAID PROGRAM • HEWLETT PACKARD ENTERPRISE • P.O. BOX 2010 • WARWICK, RI 02887-2010**

<b>Requestor (Print Name):</b>	<b>Title:</b>
<b>Provider/Authorized Agent Signature:</b>	<b>HPE Use Only</b>
	<b>HPE Examiner:</b>
<b>Date:</b>	<b>Date:</b>

PR0061 1.3 09/15/16

**\*Claims can be voided electronically if submitted within one calendar year. This process makes corrections and resubmissions quick and easy. Please contact your provider representative for more information.\***