

MEDICARE DME Redetermination Request Form

___ Jurisdiction B - CGS Administrators, LLC

___ Jurisdiction C - CGS Administrators, LLC

Supplier Information

Name of Person Appealing

Supplier Name

Address

Phone Number

PTAN

Beneficiary Information

Patient Name

Medicare Number

Overpayment Appeal ___ YES If yes, who requested overpayment: ___ Medical Review ___ UPIC ___ SMRC
___ CERT ___ Recovery Auditor

Date of Service

HCPCS & Modifiers

CCN

Suggested Documentation Check List: ___ ABN ___ CMN ___ DIF ___ Physician's Written Order ___ Medical Documentation

Reason for Appeal

If you received your initial determination notice more than 120 days ago, include your reason for the late filing.

You can now submit Redetermination forms electronically! Visit the Reprocessing tab in myCGS to submit a form and see status of a Redetermination.

<https://mycgsportal.com/myCGS/>

Fax Numbers

CGS Administrators, LLC - JB 1.615.660.5976

CGS Administrators, LLC - JC 1.615.782.4630

