

# REDETERMINATION SUBMISSION CHECK-LIST

This form is to assist you with submission, please **DO NOT** submit this form with your request.

A redetermination request form must be submitted with the following required information:

- Beneficiary's name
- Procedure code or Type Of Service
- Beneficiary's Medicare health insurance number (MBI number)
- Date of Service – OR –  
Spanned Dates of Service
- Requestor's Name

Commonly needed documentation required when submitting a redetermination request:

NOT AN ALL-INCLUSIVE LIST	
J15 HHH	REQUIRED DOCUMENTATION:
Home Health	<ul style="list-style-type: none"> <li>Oasis form</li> <li>Skilled nursing visit notes</li> <li>Current physician certifications</li> <li>Start of care certification</li> <li>Face to face encounter documentation</li> <li>Therapy initial evaluation plan of care, reevaluations, and treatment visit notes</li> <li>Social worker notes</li> <li>Home health aide</li> </ul>
Hospice	<ul style="list-style-type: none"> <li>Election statement for hospice services</li> <li>Initial physician certification of terminal illness</li> <li>Recertification</li> <li>Face to face encounter documentation</li> <li>Notes supporting routine, continuous, general inpatient, or physician services</li> <li>Plan of care/Interdisciplinary meeting notes</li> </ul>



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