

Pre Claim Request (PCR) Coversheet

JURISDICTION 15

Home Health & Hospice

Request Date

All HCPCS
Requested

Provider Name

Provider
Address

Provider Phone

Provider
Contact Name

Provider Fax

Provider NPI

Provider PTAN

Number of Pages (including coversheet)

Initial Request or Subsequent Request

UTN

Certifying

Physician Name

Certifying Physician NPI

Certifying

Physician Address

Beneficiary Name

Beneficiary HICN

Beneficiary Date of Birth

Start of Care

Episode Start Date

Episode End Date

Checklist of PCR information

to include:

- Certification and/or Recertification
- F2F visit note
- Acute/post-acute care visit notes
- HH Plan of Care
- Therapy evaluations
- OASIS
- Initial Orders

For additional information, such as the medical policy, please visit our website at: http://www.cgsmedicare.com/hhh/medreview/pre_claim_review_demo.html

Fax the PCR to: 1.615.664.5950

esMD: Refer to https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html

CGS Web Portal, myCGS: Refer to Chapter 7: Forms tab of the myCGS User Guide - http://www.cgsmedicare.com/pdf/mycgs/chapter7_hhh.pdf

Please send me the PCR decision notification letter via fax at:

(If no fax is provided, the decision notification letter will be sent via mail.)

Mail the PCR to: CGS, PO Box 20203, Nashville, TN 37202