

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
___ CERT

___ UPIC
___ Recovery Auditor

___ SMRC

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

