

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
- Claim (DCN) number
- 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 PART A	REQUIRED DOCUMENTATION:	
Inpatient	Physician's orders A history and physical Progress notes Treatment records Flow sheets Medication administration records	Procedure, surgical, and evaluation reports Laboratory and pathology reports Radiology reports Consultation notes Discharge summary
Outpatient	Physician's orders A history and physical Progress notes Treatment records Flow sheets	Medication administration records Procedure, surgical, and evaluation reports Laboratory and pathology reports Radiology reports
Skilled Nursing Facility (SNF)	Physician's admission history Physical notes Consultation reports Hospital discharge summary Transfer referral form Social service notes	Physician's order Progress notes Nurse progress notes Rehabilitation records (includes physical therapy, occupational therapy and speech therapy as applicable)