Long Term Care Hospital (LTCH) Site Neutral Adjustment Request Form

CGS®
A CELERIAN GROUP COMPANY

PROVIDER INFORMATION

Provider Name:

Provider Number (PTAN):

National Provider Identifier (NPI):

Provider Address:

Provider Telephone Number:

Requestor Signature:

BENEFICIARY INFORMATION

Beneficiary Name:

Medicare Beneficiary Identifier (MBI):

LTCH Claim Document Control Number (DCN):

Claim Dates of Service (DOS):

Procedure Code(s) & DRG:

Diagnosis Code(s):

REASON FOR SITE NEUTRAL PAYMENT ADJUSTMENT REQUEST

- ☐ Immediately preceding inpatient stay at a subsection (d) hospital that is not present in the Medicare claims processing system (e.g., patient used Veteran Affairs benefits). See SE1627 (https://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/se1627.pdf).
- ☐ Immediately preceding hospital cancelled Medicare claim to bill non-Medicare benefits (no intention of resubmission to Medicare).
- ☐ Immediately preceding hospital claim billed to Medicare but had incorrect number of days that equal less than 3 Intensive Care Unit (ICU) or Coronary Care Unit (CCU) days.
- ☐ Immediately preceding inpatient stay billed to Medicare but the claim denied.
- ☐ Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect discharge date.
- ☐ Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect patient status/discharge code.
- ☐ Other: Please provide explanation (required):

Please send this completed form and REQUIRED documentation (prior inpatient stay UB-04 claim form, discharge summary, and progress notes) to:

CGS Administrators, LLC
J15 Part A Claims
PO Box 20211
Nashville, TN 37202

Fax: 1.615.660.5982

CGS will return forms that are incomplete or missing the required documentation.

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Originated November 5, 2020 | Revised April 28, 2026 | © 2020 Copyright, CGS Administrators, LLC.