

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



## 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/HIC)

Claim DCN of the LTCH Claim

Claim Dates of Service (DOS)

Procedure Code(s) and 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, such as Veteran Affairs benefits used. (Refer to Special Edition article SE1627 for additional information.)

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 an 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):

Submit completed form along with supporting documentation: CGS Administrators, LLC  
J15 Part A Claims  
PO Box 20211  
Nashville, TN 37202

Fax: 1.615.660.5982