

# MEDICARE DME Redetermination Request Form

## Supplier Information

Supplier Name \_\_\_\_\_

PTAN \_\_\_\_\_ NPI \_\_\_\_\_

Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_

- Jurisdiction A - Noridian Healthcare Solutions
- Jurisdiction B - CGS Administrators, LLC
- Jurisdiction C - CGS Administrators, LLC
- Jurisdiction D - Noridian Healthcare Solutions

## Beneficiary Information

Patient Name \_\_\_\_\_

Medicare Number \_\_\_\_\_

State \_\_\_\_\_

Phone Number \_\_\_\_\_

Requestor's Name/Supplier Contact Name \_\_\_\_\_

Requestor's Signature (required) \_\_\_\_\_ Date \_\_\_\_\_

Overpayment Appeal  Yes If yes, who requested overpayment:  Medical Review  ZPIC/PSC  
 CERT  Recovery Auditor

Date of Service	HCPCS & Modifiers	CCN	Date of Initial Determination
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Suggested Documentation Check List:  Medicare Remittance Advice  CMN/DIF/Physician's Written Order  
 ABN  Medical Documentation

Reasons/Rationale \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Fax Numbers

- Noridian Healthcare Solutions - JA ..... 1-701-277-2425
- CGS Administrators, LLC - JB ..... 1-615-660-5976
- CGS Administrators, LLC - JC ..... 1-615-782-4630
- Noridian Healthcare Solutions - JD ..... 1-701-277-7886

