

Redetermination Request Form

CHECKLIST

Review the Standard Paper Remittance (SPR) or Medicare Electronic Remittance Advice (ERA) on the claim(s) for which you are requesting a redetermination. Is the ERA or SPR from CGS? If not, please submit the request for redetermination to the appropriate Durable Medical Equipment Medicare Administrative Contractor (DME MAC) identified on the ERA or SPR.

Were the claim(s) in question denied with an ANSI code that can be appealed? Does the ERA or SPR indicate a remittance advice remark code of MA01 (which indicates that appeal rights are available)? If appeal rights are not available, were the claim(s) denied as unprocessable? If so, you must correct and resubmit the claim(s).

Is your denial due to a minor clerical error or omission (such as units of service, service dates, HCPCS coding, etc.)? If so, please submit a reopening request. The full list of minor errors that can be handled through a reopening is available online (<https://www.cgsmedicare.com/jb/claims/reopenings.html>). (Note that claims denied as not reasonable and necessary (not medically necessary) MUST be appealed through redeterminations.) The most efficient way to correct or reopen a claim is to utilize the myCGS web portal. You can also request a reopening by telephone or in writing. Refer to the reopenings for Minor Errors and Omissions web page (<https://www.cgsmedicare.com/jb/claims/reopenings.html>) for next steps.

Have more than 120 days lapsed since the final determination on the ERA or SPR? If so, you will need to provide “good cause” documentation to explain the late filing of your request for redetermination.

Have you reviewed all of the information listed above? If so, you are now ready to file a redetermination request.

myCGS Web Portal: If you are an existing myCGS user, read the “Reprocessing” section of the myCGS User Manual (https://www.cgsmedicare.com/jb/mycgs/pdf/mycgs_user_manual.pdf) to learn how to submit redetermination requests. To register for myCGS, read the myCGS Registration Guide (https://www.cgsmedicare.com/jb/mycgs/pdf/mycgs_registration_guide.pdf).

Fax: 1.615.660.5976

Redeterminations Mailing Address: CGS – Jurisdiction B Redeterminations
PO Box 20007
Nashville, TN 37202

** Contact information above is for Overpayment Appeals as well.*

Reminder: The Medicare Redetermination Request form (https://www.cgsmedicare.com/pdf/dme_redetermination.pdf) and the CMS form 20027 are not required but are recommended. If you decide not to utilize either of these suggested forms, you must submit—at minimum—the following elements:

- Beneficiary's Name
- Medicare Number
- Specific service(s) and/or item(s) for which the redetermination is being requested, as well as the specific date(s) of service
- First and last name of the person filing the request

Note: Incomplete requests will be dismissed with an explanation of the missing information. Suppliers will be instructed to resubmit their request with all of the missing information.