

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 | Date of Service |
| Procedure code | Requestor's Name |
| Beneficiary's Medicare health insurance number (MBI number) | |

Commonly needed documentation required when submitting a redetermination request:

NOT AN ALL-INCLUSIVE LIST		
J15 PART B	REQUIRED DOCUMENTATION:	
Ambulance	Run Sheet/report Certification of Medical Necessity (CMN)	Physician certification Statement (PCS)
E/M (evaluation and management) - Inpatient/Outpatient	History and physical Office notes Progress notes Critical care notes Emergency department notes	Admission summary Consultation notes Discharge summary Same group/multiple physicians History/physical and progress notes from both physicians
Laboratory/Radiology	Laboratory and pathology report Radiology report/Scan reports Services completed by multiple physicians on same day must have all physician reports	
Physical/Occupational Therapy	Certification Plan of Care Physician notes/progress notes	Face to face encounter documents Treatment plan and encounter notes Therapy notes
Chiropractic	Plan of care Physician notes/progress notes	Treatment plan and encounter notes Therapy notes
Skilled Nursing Visits	Physician's admission history Physical notes Consultation reports Hospital discharge summary	Progress notes Rehabilitation records (includes physical therapy, occupational therapy and speech therapy as applicable)
Surgery	Surgical and evaluation notes Operative report	Anesthesia record
Other	Advanced Beneficiary Notice (ABN) for non-covered services Appointment of Representative (AOR) Attestation statement/log	