



Medicare Part A/HHH

Jurisdiction 15 Medical Review | 56900 Reopening Request Form

When a claim is selected for medical review, the contractor sends an additional documentation request (ADR) letter to the provider. If the medical review contractor does not receive the requested medical record documentation within the required timeframe (45 calendar days for CGS), the claim denies with reason code 56900.

Use this form to request a "56900 reopening" **ONLY** if the claim denial date is ≤ 120 days from the request. The Medical Review department will complete the review without utilizing the Medicare Appeals process.



If the claim denial date is greater than 120 days, use the Redetermination Request form for the first level of appeal.

Check one: Part A Kentucky Part A Ohio Home Health Hospice

Billing Provider Information

Provider Name:	Tax ID (last 5 digits):
PTAN:	NPI:
Address:	
Contact Name:	Contact Phone Number:

Claim Information

Document Control Number (DCN):	Beneficiary Medicare Number:
Dates of Service (DOS):	TOB:
Beneficiary Name:	

Reason for Request

Please explain the circumstances for the 56900 reopening request.

Please include a copy of the ADR letter and the requested documentation.

Requested by: _____

Date: _____

Submit this completed form, a copy of the ADR letter, and supporting documentation to the appropriate department:

Part A Address: CGS Administrators, LLC
J15 Part A Medical Review
PO Box 20021
Nashville, TN 37202

HHH Address: CGS Administrators, LLC
J15 – HHH Correspondence
PO Box 20014
Nashville, TN 37202

Part A Fax: 1.615.664.5941

HHH Fax: 1.615.660.5981