



## JM Redetermination: 1<sup>st</sup> Level Appeal



If you are unable to submit your Redetermination (first level appeals) request via our eServices portal, please use this form to submit your request for Redetermination and send this form and all additional documentation to

JM HHH MAC - Palmetto GBA, LLC  
 Appeals HHH - Mail Code: AG-630  
 P.O. Box 100238  
 Columbia, SC 29202-3238

**Fax: (803) 699-2425**

*Please complete this form in its entirety.*

Are you Appealing multiple claims?  Yes  No *If yes, see the instructions under # 3 in the red box below*

Select type of Appeal  Non-Overpayment (OP) Appeal  Overpayment (OP) Appeal *If OP, please provide the requested information below and check all that apply*

<input type="checkbox"/> OP Invoice #	<input type="text"/>	and/or OP Letter #	<input type="text"/>
<input type="checkbox"/> CERT CID#	<input type="text"/>	<input type="checkbox"/> RAC	
<input type="checkbox"/> UPIC		<input type="checkbox"/> SMRC	

**Provider Information**

**Requestor Information** (if different)

**Patient & Claim Information**

Provider Name:

Provider Address:

Provider Telephone Number:  
 (  )  -

National Provider Identifier (NPI):

Provider Number (PTAN):

Tax ID:

Requestor Name:

Requestor Address:

Requestor Telephone Number:  
 (  )  -

Patient Name:

Medicare Beneficiary Identifier (MBI/HIC)

Claim Number (ICN):

Claim Date(s) of Service:

Codes Being Appealed:

Diagnosis Code:

Reason for Appeal: Include the reason for filing late if the request exceeds the 120 day timely filing limit.

Name (Please Print):

Date:

**PLEASE INCLUDE:**

- If OP Appeal, include a copy of the overpayment demand letter and Medicare's overpayment spreadsheet.
- Please include the Remittance Advice (RA).
- If you are appealing multiple claims for the same issue, only one request form is needed. Include a spreadsheet or the claim's Remittance Advice (RA) indicating which claims are being appealed.
- You must include appropriately signed documentation to support your appeal. Examples Include:
  - Medical Records for the dates of service appealed
  - Physician's orders
  - Office records and progress notes
  - Certification or recertifications for dates of service
  - Treatment plan or plan of care