



JJ Redetermination: 1st 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

JJ Part A MAC – Palmetto GBA. LLC Appeals JJ Part A – Mail Code: AG – 630 P.O. Box 100305 Columbia, SC 29202-3305

Fax: (803) 870-0138

Please complete this form in its entirety.

Se	lect th	ne regio	n where	the se	rvices v	vere provi	ded:
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Alabama Georgia	Tennessee		
)	and the second s	
elect type of Appeal Non-Overpayment (OF		ase provide the requested information below and check all that	
	OP Invoice #	and/or OP Letter #	
	CERT CID#	RAC	
	☐ UPIC	SMRC	
Provider Information	Requestor Information (if different)	Patient & Claim Information	
ovider Name:	Requestor Name:	Patient Name:	
ovider Address:	Requestor Address:	Medicare Beneficiary Identifier (MBI/HIC)	
		Claim Number (ICN):	
ovider Telephone Number:	Requestor Telephone Number:		
	-	Claim Date(s) of Service:	
ational Provider Identifier (NPI):		Codes Being Appealed:	
ational Frontaer Identifier (1117).		codes being appeared.	
rovider Number (PTAN):		Diagnosis Code:	
ax ID:			
Reason for Appeal:	Include the reason for filing late if the request ex	xceeds the 120 day timely filing limit.	
me (Please Print):	Date:		
PLEASE INCLUDE:			
1. If OP Appeal, include a copy of the overpa	yment demand letter and Medicare's overpayme	ent spreadsheet.	
2. Please include the Remittance Advice (RA). cumentation to support your appeal. Examples Ir	oclude:	
Medical Records for the dat			
 Office records and progress 		on or recertifications for dates of service	

AP-JJ-A-1000

• Treatment plan or plan of care