

JJ Redetermination: 1st Level Appeal

Instructions: 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 a Redetermination.

Region where services were provided: * ☐ Alabama ☐ Georgia ☐ Tennessee

Are you appealing multiple claims? * ☐ No ☐ Yes - See item #3 in "Submission Instructions" section.

Select type of appeal*

- ☐ Non-Overpayment Appeal
- ☐ Overpayment (OP) Appeal - See item #2 in "Submission Instructions" section and provide the requested information to the right:
- ☐ Dental Services (Dates of service January 01, 2024 or later)

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

Provider Information

Provider Name*

Provider Address*

Provider Telephone Number*
() -

National Provider Identifier (NPI)*

Provider Number (PTAN)*

Tax ID*

Requestor Information (if different)

Requestor Name

Requestor Address

Requestor Telephone Number
() -

Patient & Claim Information

Patient Name*

Medicare Beneficiary Identifier (MBI/HIC)*

Claim Number (ICN)*

Claim Date(s) of Service*

CPT/HCPCS Codes Being Appealed*

Diagnosis Code(s)*

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

Name (Please Print)*

Date*

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Submission Instructions

1. Please include the Remittance Advice (RA).
2. If OP Appeal, include a copy of the overpayment demand letter and Medicare's overpayment spreadsheet.
3. 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) and indicate which claims are being appealed.
4. You must include appropriately signed documentation to support your appeal. Examples Include:
 - Medical Records for the dates of service appealed
 - Office records and progress notes
 - Treatment plan or plan of care
 - Physician's orders
 - Certification or recertifications for dates of service

Please send this form and all additional documentation to:

Mail
JJ MAC - Palmetto GBA, LLCs
Appeals - Part B Mail Code AG-655
P.O. Box 100306
Columbia, SC 29202-3306

Fax
(803) 870-0139

Submit Appeals Electronically
Palmetto GBA eServices Portal
Login via palmettogba.com/eservices