Eligibility Determination Request Instructions

Please use the columns below to request review of appeals that should be deleted, added and/or that meet eligibility for 100% Intensity of Therapy (ITA) payment. **Please provide any documentation that would support these revisions to your spreadsheet.**

Delete Appeals Not Eligible for Settlement

List any appeals included on the spreadsheet that you believe are not eligible for settlement. Please populate information as it appears on your spreadsheet. Please place an "X" in the "Delete Appeal" box.   Please add any comments in the "Comments" column.

Add Appeals/Potentially Eligible Appeals Not on Spreadsheet

Provide any appeals missing from spreadsheet that you believe are eligible for settlement. Add all the required information related to appeal/claim. Please place X in "Add Appeals/Potentially Eligible Appeals Not on Spreadsheet" box. Please add any comments in the "Comments" column. **If any of these appeals meet the requirements for 100% ITA payment, please also place an "X" in the "100% ITA Eligible-Meeting ITA Requirements" box.** Please include any supporting documentation that may help CMS identify the appeals and associated claims and/or verify 100% payment eligibility.   DO NOT INCLUDE ANY PRIVATE HEALTH INFORMATION.

Appeals Eligible for 100%- Meet Intensity of Therapy/Group Therapy Requirements (ITA)

Make sure any appeal you believe is eligible for 100% is listed and designated on Tab 2. If it is an appeal that was not included on the spreadsheet, you should have added it following the instructions above. If it is an appeal that is already on your spreadsheet, you will list all the required information here and place X in "100% Payment Eligible Meeting ITA Requirements" box . Please add any comments in the "Comments" column. Please include any supporting documentation that may help CMS verify 100% payment eligibility. DO NOT INCLUDE ANY PRIVATE HEALTH INFORMATION.

Please make sure this Eligibility Determination Request includes <u>ALL</u> appeals that you wish to remove, add or identify as meeting 100% payment eligibility requirement. Each appellant NPI may only submit one EDR.

TAB 2

Appellant Name	Example Inpatient Rehabilitation Facility
NPI	123456789
Appellant POC Name	John Doe
POC Telephone Number	555-555-5555
POC Email	John.Doe@EIRF.net

Please populate claim and appeal numbers as they appear on eligible appeal

Active Appeal Number	Currently Level of Appeal	Assoicated MAC Appeal Number (if applicable)	Associated ALJ Appeal Number (if applicable)	Associated QIC Appeal Number (if applicable)	DCN Claim Number	Date of Service	MAC Jurisdiction	Delete Appeal
Example:123456789	ALJ		987654321		555555555	03/01/2017	J8	

Please make sure this Eligibility Determination Request includes <u>ALL</u> appeals that you wish to remove, add or identify as meeting 100% payment eligibility requirement. Each appellant NPI may only submit one EDR.

Add Appeal/ Potentially Eligible	100% Payment Eligible- Meeting ITA Requirements	Comments
X	X	