



Related MLN Matters Article #: MM5836

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*Modification to the Model Medicare Redetermination Notice (for partly or fully unfavorable redeterminations)*

### Key Words

MM5836, CR5836, R1408CP, Model, Redetermination, Notice

### Provider Types Affected

All physicians, providers, and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Regional Home Health Intermediaries (RHHIs), Part A/B Medicare Administrative Contractors (A/B MACs), or Durable Medical Equipment MACs for services provided or supplied to Medicare beneficiaries

### Key Points

- The effective date of the instruction is January 1, 2008.
- The implementation date is February 11, 2008.
- Change Request (CR) 5836 modifies the Reconsideration Request Form that is included with the model Medicare Redetermination Notice (for partly or fully unfavorable redeterminations) to clarify the minimum set of elements on the form that providers must complete in order for the request to be considered valid for reconsideration.
- Providers should make sure that their billing staffs are aware that they must complete items 1, 2a, 6, 7, 11, and 12 on this Reconsideration Request Form.
- The Reconsideration Request Form modification that CR5836 requires is necessary because the current Medicare manual instructions do not clearly identify all of the elements required for a reconsideration request to be considered valid in accordance with the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 Section 405.964(b).

- The modification to the form reads as follows:  
“Directions: If you wish to appeal this decision, please fill out the required information below and mail this form to the address shown below. At a minimum, you must complete/include information for items 1, 2a, 6, 7, 11 & 12 but to help us serve you better, please include a copy of the redetermination notice with your request.”
- At a minimum, providers must the complete the following items on the form:
  - Item 1 - Name of Beneficiary
  - Item 2a - Medicare Number
  - Item 6 - Item or service you wish to appeal
  - Item 7 - Date of the service (From and To dates)
  - Item 11 - Name of Person Appealing
  - Item 12 - Signature of Person Appealing/Date.

### Important Links

The related MLN Matters article can be found at

<http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5836.pdf> on the CMS website.

Providers can find more information about the modification to the model Medicare Redetermination Notice (for partly or fully unfavorable redeterminations) by going to CR5836, located at

<http://www.cms.hhs.gov/Transmittals/downloads/R1408CP.pdf> on the CMS website. The updated *Medicare Claims Processing Manual*, Chapter 29, Section 320.7 (Medicare Redetermination Notice (for partly or fully unfavorable redeterminations)), is an attachment to that CR. The Reconsideration Request Form is also attached to CR5836.

If providers have any questions, they may contact their contractor at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.