

Completing a Reconsideration Request

Tips for completing a reconsideration request:

Complete the form from the perspective of the person or entity sending the appeal request. “Person appealing” means you, the requester. Some forms say “Appellant,” but this means the same thing. If you represent the provider or supplier as a separate entity (such as a billing agency), mark Representative.

9. Person appealing: ☐ Beneficiary ☐ Provider/Supplier ☒ Representative

You should include with your request some proof of representation. This may include:

- Power of attorney (for beneficiaries)
- Appointment of Representative (AOR) form
- Proof of billing agency representation - We have a simple form we can offer for this use.

If relying on proof of representation in the PECOS tool, be sure the PECOS information is up to date! We see many cases where PECOS has old information.

Complete the “Name, address, and telephone number of person appealing” section with the exact information where you would like all correspondence to be directed.

For example: Billing Agency, c/o Provider/Supplier, 123 Main Street, Anytown, AA 12345

10. Name, address, and telephone number of person appealing: _____

11. Signature of person appealing: _____

12. Date signed: _____

Don’t forget:

- Include your company name (if not a beneficiary appeal).
- Include a suite/unit or reference a department if mail should be directed internally.
- Use “care of” or “on behalf of” the provider or supplier if you would like to keep such correspondence together.

Also, include the name of the provider or supplier somewhere in the appeal request. This will eliminate confusion between the actual supplier and the person or entity sending the appeal request.

Note: Some versions of this form have a line for the provider/supplier.

Questions?

- Part A: 585-348-3020 PartAInfo@maximus.com
- DME: 585-348-3200 DMEInfo@maximus.com

Download the reconsideration request form at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS20033.pdf>

Remember!

1. Name of the Medicare beneficiary
2. Beneficiary’s Medicare number
3. Item(s) appealed and dates of service
4. Name and signature of the person appealing
5. Name of the MAC that made the redetermination