



MEDICARE DME

CIGNA Government Services

JAN 20 2011

JAN 20, 2011 0001

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CIGNA Government Services
P.O. Box 20010
Nashville, TN 37202
FAX: 615-782-4624
Bene 1-800-MEDICARE
(1-800-633-4227)
Provider 1-866-270-4909

~~We have received your claim for the item(s) listed below. Additional documentation is needed to assure these items are covered and coded correctly. You must provide the documentation indicated below and return this letter to our office by FAX or mail immediately. Please include any additional documentation you deem appropriate. You must respond within 30 days of the date of this letter. Failure to do so may result in partial or complete medical necessity denial of this claim. Thank you for your cooperation.~~

Health Insurance Claim Number:
Medicare Claim Number:
Beneficiary Name:

OMB CONTROL NUMBER:

LN NO	SERV	DESCRIPTION OF SERVICE	PROCEDURE CODE	SERVICE FROM	DATES TO	SUBMITD CHARGE	PROVIDER NUMBER
01	225.0	Supplies	J7613KD	JAN 13, 2011		137.25	
02	60.0	Supplies	J7626KD	JAN 13, 2011		385.80	
03	1.0	Medical Service	Q0513	JAN 13, 2011		33.00	
XMR = 429							

Medicare carriers must routinely perform review of items provided by Medicare suppliers of durable medical equipment, prosthetics, orthotics and supplies (DMEPOS). As the Durable Medical Equipment Medicare Administrative Contractor for Jurisdiction C, CIGNA Government Services

