

Long Term Care Hospital (LTCH) Site Neutral Dispute Form

FAX with supporting documentation to: 1-904-361-0308

Select one option below	Reason for Site Neutral Payment
	Immediately preceding inpatient stay at a subsection (d) hospital that is not present in the Medicare claims processing system as outlined in Special Edition article: SE1627 (such as Veteran Affairs benefits used)
	Immediately preceding hospital cancelled Medicare claim to bill non-Medicare benefits with no intention of resubmission to Medicare
	Immediately preceding hospital claim billed to Medicare but with an incorrect number of days that equal less than 3 Intensive Care Unit (ICU) or Coronary Care Unit (CCU) days
	Immediately preceding inpatient stay billed to Medicare but the claim denied/was not paid
	Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect discharge date
	Immediately preceding inpatient stay billed to Medicare but the claim has the incorrect patient status/discharge code
	Other: Please provide explanation:

Provider Transaction Access Number (PTAN) of LTCH:	Document Control Number (DCN) of LTCH claim:
Medicare Beneficiary ID Number:	Claim Dates of Service From: Thru:

A good faith effort has been made by the LTCH to contact the immediately preceding hospital and encourage them to bill appropriately. The immediately preceding hospital will not correct their billing. Records from both the immediately preceding hospital and the Long Term Care Hospital are being submitted for consideration to support receiving the Standard LTCH PPS payment as established in MM9015.

Requestor's Name:	Requestor's Telephone Number:
Requestor's Signature:	Requestor's Fax Number:

Date Signed: