The Appeal Process

6/15/2021

Today's Presenters

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  - This applies to our webinars, teleconferences, live events and any other type of National Government Services educational events

Objectives

- To educate providers on the Medicare appeal process basics

Agenda

- Five Levels of Appeal
- Redeterminations
- Unprocessable Claims
- Reminders

Five Levels of Appeal

Level One

- **Redetermination**
  - Time limit for filing
    - 120 days from date of receipt of the initial claim determination notice
  - Amount in controversy requirement
    - No minimum
  - Remittance advice code MA01
    - Indicates there are appeal rights associated with the service

Level Two

- **Reconsideration (QIC)**
  - Time limit for filing
    - 180 days from date of receipt of the redetermination decision
  - Amount in controversy requirement
    - No minimum

Level Three

- **Administrative Law Judge Hearing**
  - Time limit for filing
    - 60 days from date of receipt of the reconsideration (QIC) decision
  - Amount in controversy requirement
    - $180 minimum

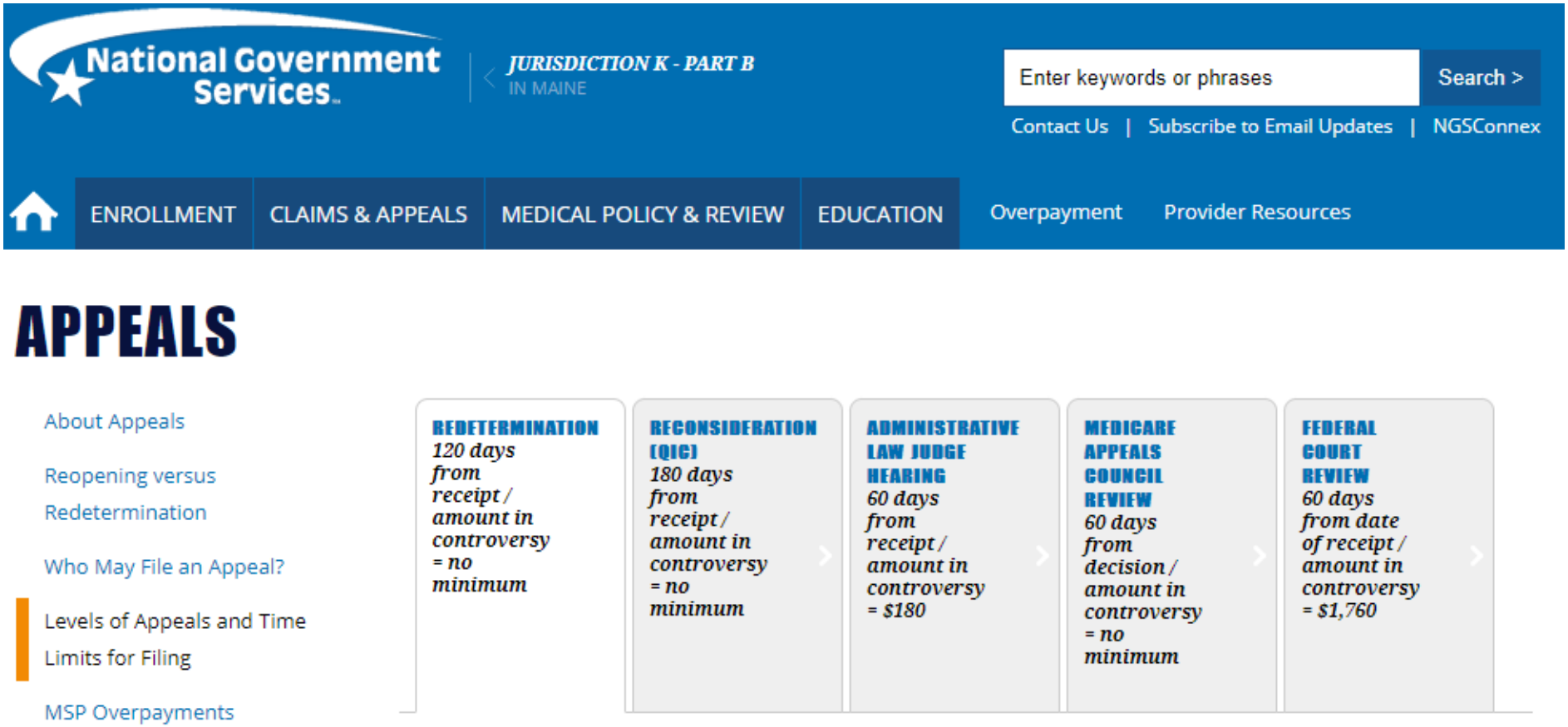
Level Four

- **Medicare Appeals Council**
  - Time limit for filing
    - 60 days from date of receipt of the ALJ decision
  - Amount in controversy requirement
    - No minimum

Level Five

- **Federal Court Review**
  - Time limit for filing
    - 60 days from date of receipt of the appeals council decision
  - Amount in controversy requirement
    - $1,760 minimum

Levels of Appeals and the Appeals Process

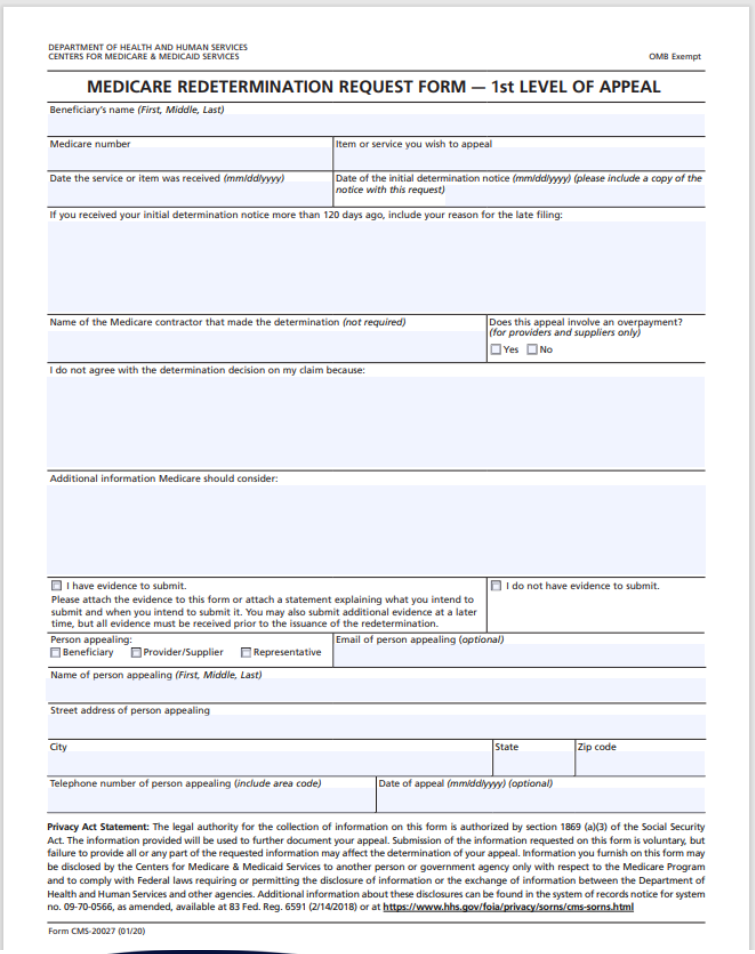


Redeterminations

What Is a Redetermination

- A redetermination is an examination of a claim by Part B National Government Services appeals level personnel
- Request in writing or online via NGSConnex
- Attach supporting medical documentation
  - i.e., anesthesia reports, operative reports, progress notes, documentation of medical necessity, test results, etc.

Redetermination Request Form



DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

OMB Exempt

MEDICARE REDETERMINATION REQUEST FORM — 1st LEVEL OF APPEAL

Beneficiary's name *(First, Middle, Last)*

Medicare number | Item or service you wish to appeal

Date the service or item was received *(mm/dd/yyyy)* | Date of the initial determination notice *(mm/dd/yyyy) (please include a copy of the notice with this request)*

If you received your initial determination notice more than 120 days ago, include your reason for the late filing:

Name of the Medicare contractor that made the determination *(not required)* | Does this appeal involve an overpayment? *(for providers and suppliers only)* ☐ Yes ☐ No

I do not agree with the determination decision on my claim because:

Additional information Medicare should consider:

☐ I have evidence to submit.
Please attach the evidence to this form or attach a statement explaining what you intend to submit and when you intend to submit it. You may also submit additional evidence at a later time, but all evidence must be received prior to the issuance of the redetermination.

☐ I do not have evidence to submit.

Person appealing: ☐ Beneficiary ☐ Provider/Supplier ☐ Representative | Email of person appealing *(optional)*

Name of person appealing *(First, Middle, Last)*

Street address of person appealing

City | State | Zip code

Telephone number of person appealing *(include area code)* | Date of appeal *(mm/dd/yyyy) (optional)*

Privacy Act Statement: The legal authority for the collection of information on this form is authorized by section 1869 (a)(3) of the Social Security Act. The information provided will be used to further document your appeal. Submission of the information requested on this form is voluntary, but failure to provide all or any part of the requested information may affect the determination of your appeal. Information you furnish on this form may be disclosed by the Centers for Medicare & Medicaid Services to another person or government agency only with respect to the Medicare Program and to comply with Federal laws requiring or permitting the disclosure of information or the exchange of information between the Department of Health and Human Services and other agencies. Additional information about these disclosures can be found in the system of records notice for system no. 09-70-0566, as amended, available at 83 Fed. Reg. 6591 (2/14/2018) or at https://www.hhs.gov/foia/privacy/sorns/cms-sorns.html

Form CMS-20027 (01/20)

CMS-20027 Redetermination Request Form

CMS Forms List

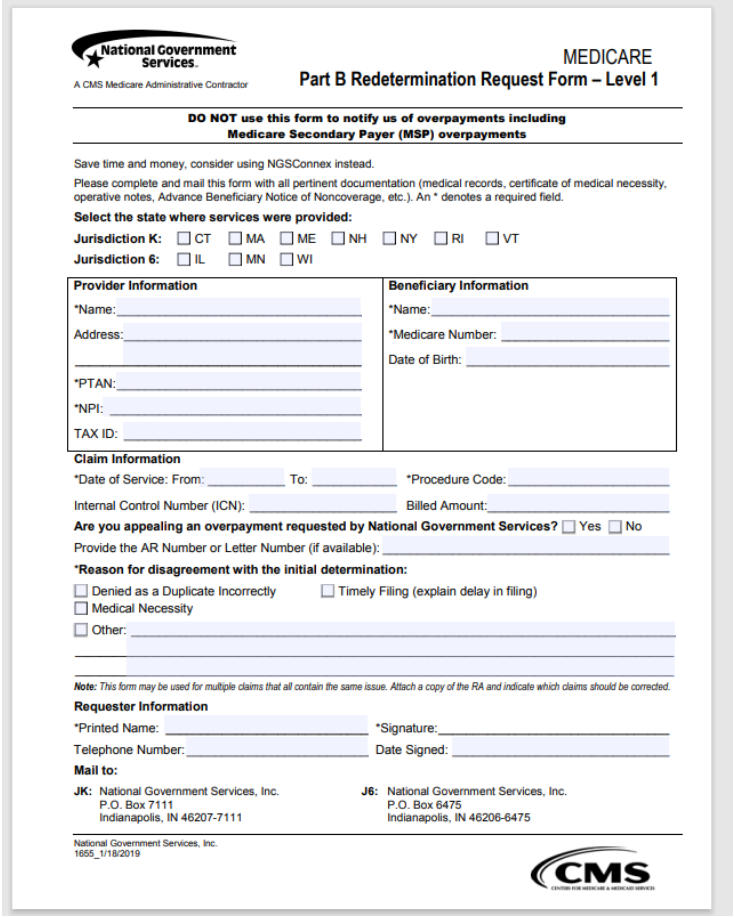
JK:

National Government Services
P.O. Box 7111
Indianapolis, IN 46207-7111

J6:

National Government Services
P.O. Box 6475
Indianapolis, IN 46206-6475

Redetermination Request Form



National Government Services
A CMS Medicare Administrative Contractor

MEDICARE
Part B Redetermination Request Form – Level 1

DO NOT use this form to notify us of overpayments including Medicare Secondary Payer (MSP) overpayments

Save time and money, consider using NGSConnex instead.

Please complete and mail this form with all pertinent documentation (medical records, certificate of medical necessity, operative notes, Advance Beneficiary Notice of Noncoverage, etc.). An * denotes a required field.

Select the state where services were provided:

Jurisdiction K: ☐ CT ☐ MA ☐ ME ☐ NH ☐ NY ☐ RI ☐ VT

Jurisdiction 6: ☐ IL ☐ MN ☐ WI

Provider Information	**Beneficiary Information**
*Name:	*Name:
Address:	*Medicare Number:
	Date of Birth:
*PTAN:	
*NPI:	
TAX ID:	

Claim Information

*Date of Service: From: _____ To: _____ *Procedure Code: _____

Internal Control Number (ICN): _____ Billed Amount: _____

Are you appealing an overpayment requested by National Government Services? ☐ Yes ☐ No

Provide the AR Number or Letter Number (if available): _____

***Reason for disagreement with the initial determination:**

☐ Denied as a Duplicate Incorrectly ☐ Timely Filing (explain delay in filing)
☐ Medical Necessity
☐ Other: _____

***Note:** This form may be used for multiple claims that all contain the same issue. Attach a copy of the RA and indicate which claims should be corrected.*

Requester Information

*Printed Name: _____ *Signature: _____

Telephone Number: _____ Date Signed: _____

Mail to:

JK: National Government Services, Inc.
P.O. Box 7111
Indianapolis, IN 46207-7111

J6: National Government Services, Inc.
P.O. Box 6475
Indianapolis, IN 46206-6475

National Government Services, Inc.
1655_1/18/2019

CMS

NGS Redetermination Request Form

Our Website

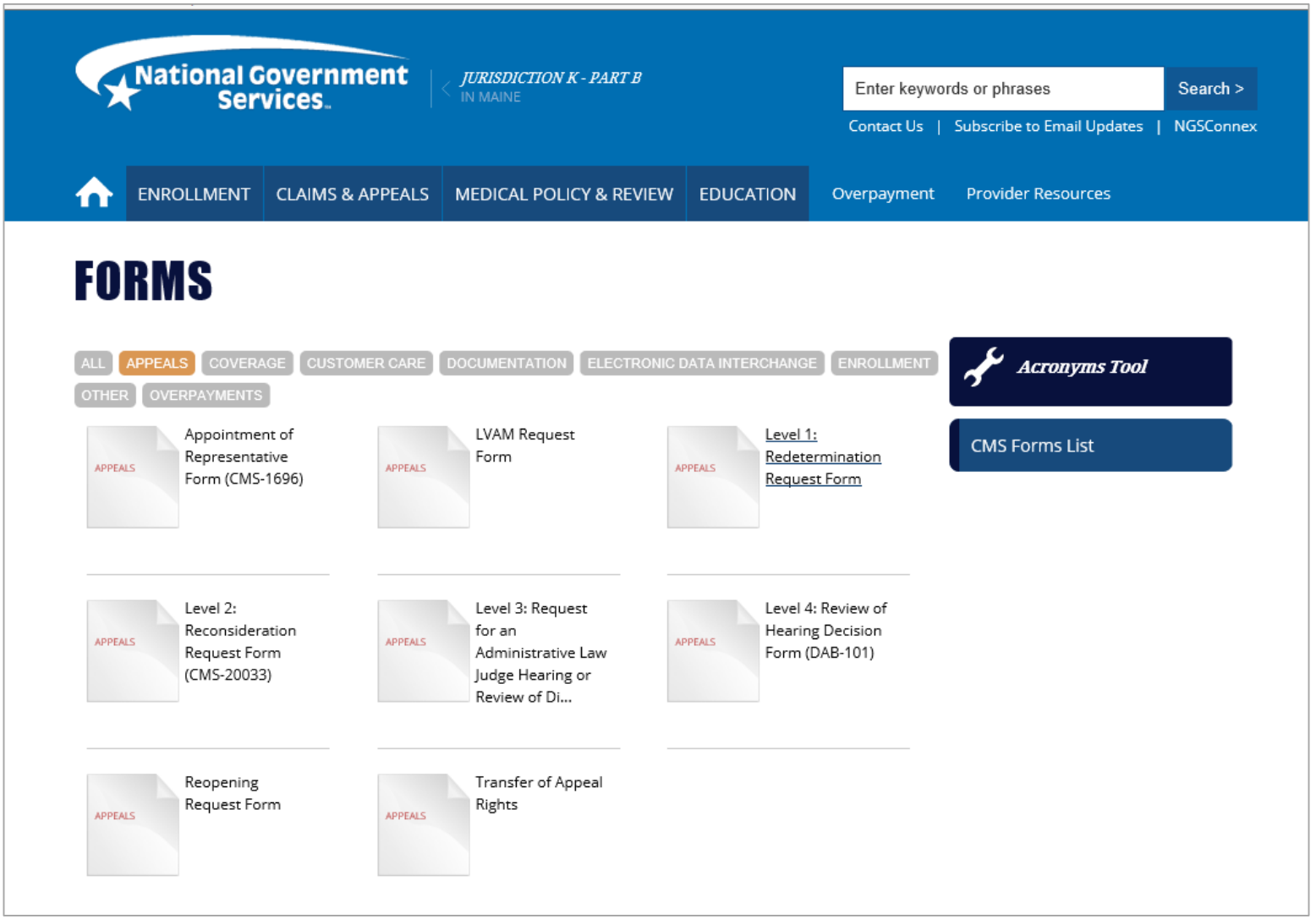
JK:

National Government Services
P.O. Box 7111
Indianapolis, IN 46207-7111

J6:

National Government Services
P.O. Box 6475
Indianapolis, IN 46206-6475

Forms on Our Website



Appeals Calculator

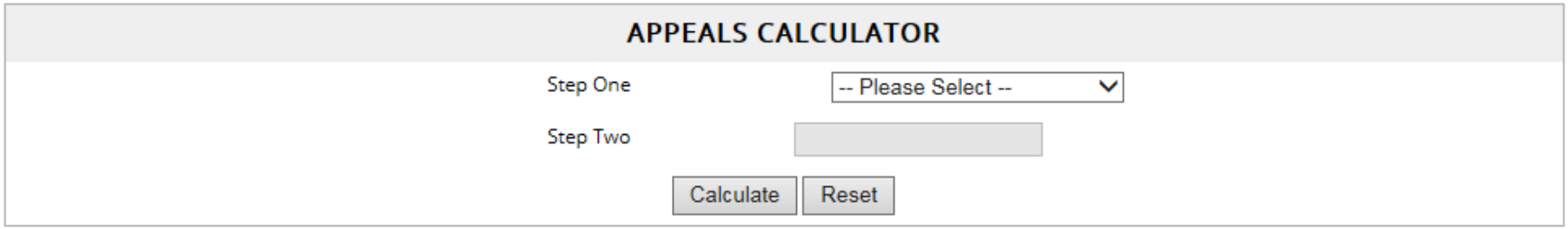
APPEALS CALCULATOR

To determine the timely filing date for your appeals request:

Step One
Please select an option from the drop-down based upon which level of appeal you are in (see table at bottom of page).

Step Two
Enter the date on which you received the response to your previous appeal.

Reminder: The filing time limit for each level of an appeal is calculated from the date you received a response to your previous filing.



Helpful Hints

- The beneficiary name, Medicare number, date(s) of service and item/service at issue are required for any appeal to be processed
- Ensure all items are completed
- If there is not enough room on the form, please include an attachment that details the required information
- If there is insufficient information with your appeal request, it may be dismissed
- If you are submitting your appeal past the time limit, please include an explanation for the delayed request

Remember

- Include all medical record documentation that supports your request
- The medical record documentation must be signed and dated by the physician

Redetermination Timeframe

- National Government Services shall issue decision on appeals within 60 days
- If you have not heard, please do not resubmit another request
- Submit one redetermination request for all lines in question on a claim
- If you're a current NGSConnex user, you can check the status of your appeal at NGSConnex
- Please do not submit the appeal via paper and NGSConnex

Paperless Redetermination Process

- NGSConnex
  - Free, secure, web-based application
  - Initiate a redetermination for claims
- Learn about NGSConnex
  - NGSConnex web page
- Learn about navigating the NGSConnex portal
  - *NGSConnex User Guide*
- NGS YouTube, "Navigating NGSConnex"

Redetermination Examples

- Disputing a recoupment
- Adding specific modifiers
  - See "Reopening Versus Redetermination" on our website
- Analysis of documents
  - operative reports, progress notes, consultation notes and/or radiology reports
- Cosmetic surgery
- LCDs and NCDs

Redetermination Examples

- Limitation of liability issues
  - frequency, diagnosis and/or medical necessity
- Medical necessity denials for ambulance transports
- Procedures not deemed to be proven effective
- Requests for additional allowance
  - Modifier 22
- Screening procedures
- Services that deny as routine

Dismissed Redetermination

- Ensure that you have complete requests with
  - Beneficiary's name
  - Beneficiary's Medicare number
  - Specific service(s) in dispute
  - Specific date(s) of service

Next Steps After Dismissal Letter

- Review missing content
- File your request again with complete information
  - If it has been 120 days or less since the date of receipt of initial determination notice
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual,* Chapter 29, Section 220
- Regulations at 42 CFR 405.940–405.942

Unprocessable Claims

What Is an Unprocessable Claim

- "Any claim with incomplete or missing, required information or any claim that contains complete and necessary information; however, the information provided is invalid. Such information may either be required for all claims or required conditionally."

Unprocessable Claims

- Rejected claim or MA130 denial
  - Claim contains incomplete/invalid information
  - No appeal rights – claim unprocessable
  - No reopening rights
- Fix error(s) and resubmit
  - Resubmit as a new claim
  - Do not indicate corrected claim
- Do not appeal

Unprocessable Claim Examples

- Missing, incomplete or invalid
  - Charges
  - CPT or HCPCS codes
  - Date of service
  - Diagnosis code(s)
  - ID: MBI
  - Line Item 11 – “none”
  - Line Item 17 and 17b – referring/ordering/supervising provider name and NPI
  - Line Item 19 – unlisted or NOC code(s) description

Unprocessable Claim Examples

- Missing, incomplete or invalid
  - Name and date of birth
  - Place of service
  - Provider's signature
  - Rendering or billing provider name and NPI

Appeal Submission Reminders

Appeal Submission Reminders

- Make sure you use the correct form
  - Part B Appeals Request Form: Redetermination: First Level of Appeal
- If your request is regarding general information, please send a letter with your specific question
- Not all claim determinations can be appealed or corrected
  - If your claim has the MA130 group reason code on the provider remittance, the claim must be resubmitted with the complete/ correct information
- Reference PTAN number; not NPI number on redetermination form
- Include ICN for Part B claim in question on redetermination form

Appeal Submission Reminders

- Submit one redetermination request for all lines in question on the claim; do not submit a redetermination form for each individual line of the claim
- Submit one redetermination form per claim; do not submit one redetermination form for multiple claims
- If using NGSConnex to submit a request, do not also mail your request
  - Also for submission via NGSConnex; do not submit the same appeal multiple times

Resources

- National Government Services
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 29
- CMS IOM Publication 100-04, *Medicare Claims Processing Manual*, Chapter 34, "Reopening and Revision of Claim Determinations and Decisions"

Appeals Contact Information

- First Level: NGS Appeals
- Second Level: QIC Appeal
- Third Level: OMHA Appeal
- Fourth Level: Medicare Appeals Council Review Appeal
- Fifth Level: Judicial Review Federal Courts Appeal
- MLN Booklet®: *Medicare Parts A & B Appeals Process (ICN 006562)*

Thank You!

- Follow-up email
  - Attendees will be provided a Medicare University Course Code
- Questions?

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