



NGSConnex Part A Appeals

5/23/2023





2523_0523

This slide presentation is not available for distribution

- The slides used are screen shots of NGSConnex and are subject to changes
- The information we are sharing is available in print in the NGSConnex User Guide
 - The User Guide is line of business specific
 - ✓ Part A
 - ✓ Part B



Today's Presenters

- Provider Outreach and Education Consultants
 - Kathy Mersch











Disclaimer

National Government Services, Inc. has produced this material as an informational reference for providers furnishing services in our contract jurisdiction. National Government Services employees, agents, and staff make no representation, warranty, or guarantee that this compilation of Medicare information is error-free and will bear no responsibility or liability for the results or consequences of the use of this material. Although every reasonable effort has been made to assure the accuracy of the information within these pages at the time of publication, the Medicare Program is constantly changing, and it is the responsibility of each provider to remain abreast of the Medicare Program requirements. Any regulations, policies and/or guidelines cited in this publication are subject to change without further notice. Current Medicare regulations can be found on the <u>CMS</u> website.







Recording

Attendees/providers are never permitted to record (tape record or any other method) our educational events. This applies to webinars, teleconferences, live events and any other type of National Government Services educational events.

Objective

The purpose for this webinar is to assist Part A providers with becoming more acclimated with submitting and viewing appeals within the NGSConnex portal.





Agenda

Initiate a Redetermination

Initiate a Reconsideration

Initiate a Clerical Error Reopening

Check Appeal Status and History

Appeal Tips

Resources and Questions







Initiate a Redetermination

NGSConnex Homepage

		What would you lik	e to do in NGSConnex?			
Eligib	ility Lookup	Claim	status Lookup	Part B Claim Submissions		
<u>_</u> <u>_</u> A	Appeals		ADR	(?) Inquiries		
Resources	MBI Lookup	Remattance	Prior Authorization	Financials	Manage Account	





Redetermination-Select a Provider Panel

Search Provid	ler		Si	t Search			
PTAN \$	NPI \$	TIN ¢	Provider/Supplier 🗢	City \$	State 🗘	L08 ¢	
	1.000			BOSTON	MA	Part A	select 🦛
				LAWRENCE	ма	ннн	Select
		100	and the second se	ARLINGTON HEIGHTS	IL.	Part B	Select
10.000	1000		10000	RIDGERIELD	ст	Part B	Select
				SPRINGFIELD	MA	Part B	Select





Redetermination-Claim Search

Contraction of the second s									•
icare Number		Claim Number		From Service Da	te		To Service Date		_
nter Med Number		Enter Claim Number		01/28/2017			01/31/2022	•	Search
Claim Number 💠	Beneficiary Name	From Service Date 🗢	To Service Date 💠	Claim Status 🗢	Total Charges 💠	Type Of t	sill 🗢 Admit Date 🕯		
221		11/01/2019	11/01/2019	(Denied)	\$18815.50	130			
218	-	11/12/2017	11/17/2017	Processed	\$132236.68	111	11/12/2017		
221		01/22/2021	01/25/2021	Processed	\$18047.05	111	01/22/2021		





Redetermination Details

hovider Name	PTAN	NPI	TIN
10 M 11			and the second sec
ontract	Medicare Number	Beneficiary Name	Claim Number
14211	ALC: NOTE OF ALL		221
laim Status	initial Determination Date	From Service Date	To Service Date
D - Denied	11/25/2021	11/01/2019	11/01/2019
Nagnosis Code 1 *	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
K5090			
Nøgnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8
atient Discharge Status	Requester's Full Name *	Requester's Phone *	
01	×		
do not agree with the claim determination for the fol	lowing reasons *	Additional information Medicare should con	sider
ate Filing Reason			





Redetermination-Claim Lines Screen







Redetermination-Attachments







Redetermination-Submission Screen







Redetermination-Submission (Continued)







Initiate a Reconsideration

NGSConnex Homepage (2)







Reconsideration-Select a Provider Panel

Search Provid	ler		Reso	earch et Search				
PTAN \$	NPI \$	TIN ¢	Provider/Supplier 🗢	City \$	State ¢	LOB ¢		
	1.000			BOSTON	MA	Part A	Select	-
				LAWRENCE	MA	ннн	Select	
		100	A CONTRACTOR	ARLINGTON HEIGHTS	IL.	Part B	Select	
10.000	1000		10000	RIDGERELD	ст	Part B	Select	
				SPRINGFIELD	MA	Part B	Select	





Reconsideration Claim Search Screen

	Арр	eal History		Claim Search					
Use th	e filters below to se	arch for the claim yo	u want to appeal or view	appeal status inform	uation on.				
Filters Medica	c are Number		Claim Number		From Service	Date		fo Service Date	
			Enter Gaim Numbe	c.	mm/dd/yy	yy		mm/dd/yyyy	Search
Only cl	Claim Number	appeal are displayed Beneficiary Name	I below. From Service Date 🗢	To Service Date 🗢	Claim Status 🌩	Total Charges 🗢	Type Of Bill	Admit Date	
	_		10.00	10000	Denied				
	-		1.000	1000	(Processed)				
		CONTRACTOR OF			Processed	10.00			





Initiate Reconsideration Screen







Reconsideration Submission Screen







Reconsideration Details Screen

Beneficiary Name	Medicare Number		
In case of the local data	And a second second		
From Service Date	To Service Date	Date of Redetermination Notice	
1			
Address	City	State	Zp
Does this appeal involve an overpayment	Person Appealing	Requester's Full Name *	Requester's Phone *
	5.38		
I do not agree with the claim determination for th	e following reasons *	Additional information Medicare should o	consider
I have evidence to submit *			
-Select-	~		





Reconsideration-Claim Lines Screen

					Clain	n Lines		
All Lines	Line	Service Date	Revenue Code	Procedure Code	Modifier 1	Modifier 2	Total Units	Total Charges
0	01		100					
0	02		100					M = M
0	03		100					
0	04							





Reconsideration-Attachments







Reconsideration-Submission Screen







Initiate a Clerical Error Reopening

NGSConnex Homepage (3)







Reopening-Select a Provider Panel

Search Provid	er		Rese	arch ; Search				
PTAN \$	NPI \$	TIN ¢	Provider/Supplier 🖨	City \$	State 💠	LOB ¢		
	1.000			BOSTON	MA	Part A	Select	-
				LAWRENCE	ма	ннн	Select	
		100	A CONTRACTOR	ARLINGTON HEIGHTS	IL.	Part B	Select	
10.000	1000		10000	RIDGERIELD	ст	Part B	Select	
				SPRINGFIELD	MA	Part B	Select	





Reopening-Claim Search Screen







Reopening Details Screen

ovider Name	PTAN	NPI	TIN
ontract	Medicare Number	Beneficiary Name	Claim Number
14211			2
laim Status	Initial Determination Date	From Service Date	To Service Date
P - Processed	94/02/2018	11/12/2017	11/17/2017
sagnosis Code 1 *	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
C801	19602	12699	E41
lagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8
lao	1948	8370	3449
itlent Discharge Status	Requester's Full Name *	Requester's Phone *	
01	~		
to not agree with the claim determination for the fol	lowing reasons *	Additional information Medicare should cor	nsider





Reopening-Claim Lines Screen

	Line	Service Date	Revenue Code	Procedure Code	Modifier 1	Modifier 2	Total Unics	Total Charges
1	01		0120				1	5,000.00
-	/ EDELY	xe .	0210				4	15,000.00
:	03		0250				13176	11,462.43
:	04		0300				149	15,284.00
:	05		0307				1	64.00

1 to 5 of 15 items







Reopening-Edit Claim Line Screen







Reopening-Claim Lines Screen (2)







Reopening-Attachments







Reopening Submission Screen







Reopening Submission Screen (2)







Check Appeal Status

NGSConnex Homepage (4)







Appeal Status-Select a Provider Panel

Select a Provider V Q Search Provider Search Reset Search PTAN \$ NPI 🖨 TIN \$ Provider/Supplier \$ City \$ State \$ LOB 💠 BOSTON MA Part A Select MA LAWRENCE HHH Select Part B Select IL - C ARLINGTON HEIGHTS NEW HAVEN CT Part B Select WESTPORT CT Part B Select 100 Part B Select RIDGEFIELD CT SPRINGFIELD MA. Part B Select

1 to 7 of 7 items





Appeal History Screen







Appeal Number Screen







Appeal Status







Appeal Status Information Screen

	Home > Appea	is > Claim Details		ADDITIONAL HELP -			
	APPEALS				1		
Claim Header	Iniciate Ciencal Error Reopening	bedesermination			Close		
Claim Unes Appeals Stature	Claim Header						
	Claim Number	Claim Status	Medicare Number	Cialm Finalized Date			
	101	D - Approved		05/15/2015			
	Billing PTAN	Billing Provider NPI	Total Charges	Total Allowed Amount			
			\$1045.00	\$18.05			
	Diegnosis Code 1	Diegnosis Code 2	Diagnosis Code 3	Diegnosis Code 4			
	78650	42731					
	Diegnosis Code 5	Diegnosis Code 6	Diegnosis Code 7	Diagnosis Code 8			





Appeal Status-Requests Not Submitted in NGSConnex

	Home > Appeals APPEALS			TIONAL H	NAL HELP -		
> Provider		PTAN	NPI Martina and Andrea		Provider Profile		Change Provider
Appeal Histor	y	Claim Search					
Use the filters below to search for the clai Filters: Medicare Number	m you want to appeal or view appeal status ir Claim Number	nformation on. From Service Date		To Se	rvice Date		
Enter Med Number	Enter Claim Number	mm/dd/yyyy)	m m	m/dd/yyyy		Search
							Reset Search





Appeal Status-Filters

Appeal History			Claim Search	13				
Use the filters below to se	sarch for the claim you v	want to appeal or view a	oppeal status informa	tion on.				
Filters: Medicare Number		Claim Number			From Service Date		To Service Date	
Enter Med Number	er Med Number			01/01/2015		02/03/2022	Search	
Only claims eligible for an	appeal are displayed b	elow.						Reset Search
Cuim Number 👳	Medicare Number 👳	From Service Date 👳	To Service Date 👳	Claim Status 👳	Total Charges			
		04/05/2015	04/05/2015	(Approved)	\$1045.00			
101		03/25/2015	03/25/2015	(Approved)	\$1045.00			





Appeal Status-Claim Number Hyperlink

Claim Number 🗢	Medicare Number 🌻	From Service Date 🌲	To Service Date 🌻	Claim Status 🌲	Total Charges 🌻
10151:		04/05/2015	04/05/2015	Approved	\$1045.00
		03/25/2015	03/25/2015	Approved	\$1045.00
		01/09/2020	01/09/2020	Approved	\$535.00
		02/06/2020	02/06/2020	Approved	\$375.00
		01/23/2020	01/23/2020	Approved	\$2657.00





Appeal Status Information Screen

	Home > Appea		ADDITIONAL HELP -					
	APPEALS	1						
Claim Header	Initiate Ciencal Error Reopening	Redetermination			Close			
Claim Unes Appeals Stature	Claim Header	24						
	Claim Number	Claim Status	Medicare Number	Claim Finalized Date				
	101	D - Approved		05/15/2015				
	Billing PTAN	Billing Provider NPI	Total Charges	Total Allowed Amount				
			\$1045.00	\$18.05				
	Diegnosis Code 1	Diegnosis Code 2	Diagnosis Code 3	Diegnosis Code 4				
	78650	42731						
	Diegnosis Code 5	Diegnosis Code 6	Diegnosis Code 7	Diegnosis Code 8				





Appeal Status Decision Letter

H	ome > Appeals	> Claim Detai	ls								ADDITIONAL HELP
	APPEALS										
	Note: Appeal requests	and attachments subn	nitted via NGSConnex	prior to 2/25/2022 will	not display in the i	vew portal. Initiate a	'Claim Search'	to check the statu	is of an appeal or vie	w a decision letter.	
	Claim Header	Appeals									
1	Appeals Status	Appeal Number \$	Received Date 💠	Stetus \$					Decision Date	Adjustment Cleim Number 🌻	View Decision Letter
									02/04/2022		View Decision Letter





Check Appeal History

NGSConnex Homepage (5)







Appeal History-Select a Provider Panel

Select a Provider V Q Search Provider Search Reset Search PTAN \$ NPI 🖨 TIN 💠 Provider/Supplier \$ City \$ State \$ LOB 💠 BOSTON MA Part A Select MA LAWRENCE HHH Select Part B Select - C ARLINGTON HEIGHTS IL NEW HAVEN CT Part B Select WESTPORT CT Part B Select 100 Select RIDGEFIELD CT Part B MA Select SPRINGFIELD Part B

1 to 7 of 7 items





Appeal History Screen







Appeal Submissions

	APPEAL	s					
> Provider		PTAN		N/H	Provider Profile	Change Provider	
App	cal History	Claim	Search				
The last sixty days of NGSConn To search for other NGSConnex Filters: Appnal ID	ex appeal submissions for the provide appeal submissions or to narrow/ex From Submit Date	er selected are displayed. pand your search, use the filter op To Submit Date	sons. Request Type	Medicare Number	Cam Number	Created By	
	12/15/2021	62/03/2022	-Seaci-			-See:	Search
Appeal Number Subm	chied Date: 🌩 Created By 🗘 Requ	est Type Ø Medicare Number Ø	Beneficiary Name ᡇ 🛛 Claim No	umber Ф Requester's Put Name	0		Disport to Excel
Pending 01/28/2	122 Redeo	ermination	22 B				
1 to 1 of 1 items							





View Appeal Screen

A4	Appeal History Claim Search										
The last sixty days of NGSCon To search for other NGSConny	nex appeal submissions for ix appeal submissions or to	the provide narrow/ex	er selected are displayed. pand your search, use the fi	iter opti	ons						
Rters: coni/ ID	From Submit Date		To Submit Date		Request Type		Medicare Number	Claim Number	Created By		
	12/05/2021		02/03/2022	0	-Select-	v			-Select-	÷	Search
											Reset Search
View Appeal	-										Export to I
	ntted Date & Created By	0 Requ	est Type & Medicare Num	iber Ø	Beneficiary Name Ø	Oam Na	mber Ø Requester's Full Nam	< 0			
Appeal Number Subr											
Appeal Number Subr	2022	Reces	ermewoon			- 62	A. Street				





Attaching Additional Documentation

Home > Appeals > Appeal Submission				
APPEAL SUBMISSION				
No Previous Appeals	2 Redetermination Details	Claim Lines	Attachments	
Add Additional Attachments				Close
		Redetermination Details		
Provider Name	PTAN	NPI	TIN	
Contract	Medicare Number	Beneficiary Name	Claim Number	
		1 12 3		
Calm Status	Total Billed Amount	Total Allowed Amount	Remittance Advice Date	
Diagnosis Code 1 *	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4	
Diagnosis Code 5	Diagnosis Code 6	Diagnosis Cope 7	Diagnosis Code 8	
Requester's Full Name *	Requester's Phone *			
Konna Konnanan	(333) 333-3333			
Reason For The Appeal *		Does the claim you are appealing involve Medicar	re Secondary Payer (MSP)? *	
TEST				





Attaching Additional Documentation (2)







Attaching Additional Documentation (3)







Appeal Tips

First Level of Appeal Tips

- Make all appeal requests on time in writing or via electronic portal with your NGS MAC within 120 days of the claim determination date.
- 1st Level of Appeal processing time is 60 days; do not send duplicate appeal requests within that timeframe.
- Ensure your appeal request includes point of contact information to assist the appeals department in the appeal process.
- Verify that the denial message on the Remittance Advice is associated with appeal rights before submitting an appeal request. For instance, a W denial message has no appeal rights.
- Include all relevant supporting documents with your first appeal request.





First Level of Appeal Tips Continued

- Include a copy of the decision letter(s) or claim information issued at prior level(s).
- Include a copy of the demand letter(s) if appealing an overpayment determination.
- Include a copy of the Appointment of Representative form if the requestor isn't a party and is representing the appellant.
- Respond promptly to document requests from your NGS MAC.
- If the appeal involves an overpayment determined through sampling and extrapolation, identify all contested sample claims in one appeal request and clearly state any sampling methodology challenges.





Appeal Documentation

- Submit appeal requests through NGSConnex
- If not documentation is submitted, decision made using only information on file
 - May result in unfavorable decision





Appeal Documentation (continued)

Only submit

- Relevant documentation to specific services/dates in redetermination request
- Submit as few attachments as possible
 - \checkmark Can combine multiple supporting documents in each attachment
 - \checkmark Maximum attachment size of each attachment you may submit is 25 MB





Resources



- NGSConnex User Guide
- MLN® Booklet: <u>Medicare Parts A & B Appeals Process</u>
- NGSMedicare Claims and Appeals





Questions?

Thank you! A follow-up email will be sent to attendees with the Medicare University Course

Code.

GoToWebinar Attendee View

NGS PROVIDER EXPERIENCE







Your Feedback Matters

- We rely on your feedback
 - When you visit our <u>events page</u>, please click on the banner and share your thoughts with us about the education we provide you.
 - The survey only takes a few minutes of your time, and lets us know:
 - \checkmark What we are doing right
 - \checkmark What education you are looking for
 - \checkmark Educational topics you would like to see continued
 - \checkmark Where we can improve

Click Here to Share Your Education Thoughts With Us





Your Feedback Matters

- A link to a survey for this webinar is available in the GoToWebinar Chat Box.
 - Only takes a few minutes to complete!
 - We read all of your comments!

Thank you for your feedback!

- Help us help you! Let us know how we are doing!
- If you have positive comments, let us know so we can continue providing you with the education you need!

Copy/Paste URL to your Internet Browser

Open/Complete Survey Share your feedback with us!













Text NEWS to 37702; Text GAMES to 37702



youtube.com/ngsmedicare



