



Collaborative Summer How to Submit an Appeal Request

6/11/2025

ning Insight Into Action closed

Closed Captioning: Auto-generated closed captioning is enabled in this course and is at best 70-90% accurate. Words prone to error include specialized terminology, proper names and acronyms.



NGS Medicare University

2749_061125



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Today's Presenters



- Michelle Jake, RN
 - Appeals Manager
- Patti Roddy, RN
 - Appeals Lead
- Becky Greathouse, RN
 - Appeals Senior







Agenda

- <u>What Is a Redetermination</u> <u>Request?</u>
- <u>What Documents Are</u> <u>Needed?</u>
- <u>Appointment of</u> <u>Representative (AOR) Form</u>
- <u>Ways to Submit an Appeal</u>
- <u>How to Initiate an Appeal via</u> <u>Connex</u>
- <u>Questions?</u>





What Is a Redetermination Request?

Level 1 Appeal: "Redetermination Request"



Who can file?

Medicare providers and beneficiaries have the right to appeal claim redeterminations made by NGS. The purpose of the appeals process is to ensure the correction adjudication of claims. Appeals activities conducted by NGS are governed by CMS.



Timeline

The appellant may submit an appeal 120 days from date of receipt of the initial determination notice.

The law requires NGS to conclude and mail and/or otherwise transmit the redetermination decision within 60 days of the receipt of the appellant's request.

For unfavorable decisions, NGS mails the decision letter to the appellant and mails copies to each party to the initial determination.



References

<u>CMS IOM Publication, Medicare Claims Processing Manual, Chapter 29 – Appeals of Claims</u> Decisions, Section 310.5

About Appeals





What Documents Are Needed?

- Submit ALL necessary medical documentation to support the services billed on your claim
 - Complete and pertinent medical record
 - The only file types not accepted are, .xml, .log, and .cfg.
 - For assistance in determining what type of documentation should be submitted, please access "<u>What Documents are</u> <u>Needed</u>"
- Visit <u>About Appeals</u> on our website to see detailed supporting medical records needed for specific types of services coverable by Medicare





Appointment of Representative (AOR) Form

- CMS1696 is a form used to appoint a representative to act on your behalf for your claim, appeal, grievance or request.
- Who may be a representative?
 - Any individual may be appointed to act as a representative unless he/she is disqualified, suspended, or otherwise prohibited by law from acting as a representative in proceedings before DHHS, or in entitlement appeals, before SSA.
- References
 - <u>CMS IOM Publication 100-04, Medicare Claims Processing Manual,</u> <u>Chapter 29, Section 270</u>
 - <u>42 CFR 405.910</u>





Instructions

- Find the most current AOR form below
 - <u>CMS1696 Appointment of Representative Form</u>
- Fill out all required sections per 42 CFR 405.910
 - Name of Party
 - Medicare Number or NPI





10



Common Reasons for Invalid AORs

- Signed/dated over a year prior to submission
- Missing signature
- Name of the person being assigned as the representative is missing



Example of Invalid AOR

- Medicare case submitted for appeal review on 2/26/2025
- AOR was signed by appellant and representative on 1/3/2024
- AOR is considered INVALID due to the document being signed greater than one year from date of submission

submission		

NGS

12

A PROINTMENT OF REPRESENTATIVE	
CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB No. 0938-0950
DEPARTMENT OF HEALTH AND HUMAN SERVICES	Form CMS-1696 Approved

APPOINTMENT OF REPRESENTATIVE

Name of Party	Medicare Number (beneficiary as party) or National Provider Identifier (provider or supplier as party)

Section 1: Appointment of Representative

To be completed by the party seeking representation (i.e., the Medicare beneficiary, the provider or the supplier):

I appoint the individual named in Section 2 to act as my representative in connection with my claim or asserted right under Title XVIII of the Social Security Act (the "Act") and related provisions of Title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain appeals information; and to receive any notice in connection with my claim, appeal, grievance or request wholly in my stead. I understand that personal medical information related to my request may be disclosed to the representative indicated below.

Signature of Party Seeking Representation		Date
		1/3/24
Steat Address		Phone Number (with Area Code)
City	State	Zip Code
	ME	C
Email Address (optional)	Fax Number (optional)	

Section 2: Acceptance of Appointment

To be completed by the representative:

I, Christina Salter , hereby accept the above appointment. I certify that I have not been disqualified, suspended, or prohibited from practice before the Department of Health and Human Services (HHS); that I am not, as a current or former employee of the United States, disqualified from acting as the party's representative; and that I recognize that any fee may be subject to review and approval by the Secretary.

I am a / an Business Associate

(Professional status or relationship to the party, e.g. attorney, relative, etc.)

Signature of Representative		Date 1/3/24
Street Address		Phone Number (with Area Code)
City	State	Zip Code
	FL	2
Email Address (optional)	Fax Number (optional)	^

Ways to Submit an Appeal



NGSConnex

Step 1: <u>Access NGSConnex</u>

Step 2: Submit an Electronic Appeal

Step 3. Attach Documentation



Hard Copy

All levels of appeals may be submitted by mail

Download the Part A Redetermination Request Form

Complete all areas - An incomplete forma will not be accepted

If you cannot type the request, make sure the handwriting is legible



Tips

Complete all areas. An incomplete form will not be accepted

If you cannot type the request, make sure the handwriting is legible..

If you submit appeal request beyond the time limit, please include explanation for delayed request.



Need Support?

Appeals Forms

Log into NGSConnex to view submission history and appeal status.

Follow the Medicare appeals process for further clarification

<u>CMS IOM Publication 100-</u> 04, *Medicare Claims Processing* <u>Manual, Chapter 29, Section 310</u>





How to Initiate an Appeal via NGSConnex

NGSConnex

- Step 1: Access NGSConnex
 - Login to NGSConnex with your username and password
 - Access our <u>NGSConnex</u> marketing page for details about obtaining a username and password
- Step 2: Follow the step-by-step instructions in <u>NGSConnex User Guide</u> to submit the appeal





Initiate an Appeal

- Select the Appeals or Claims Status Lookup on the home page
- Select provider account





Search for Claim

Note: Appeal requests submitted via NGSConnex prior to 2/25/2022 will not display. It may take up to 60 calendar days before an appeal status is available, regardless of the method of submission.

	Appeal History		c	Claim Search			
se the filters below to sear	ch for the claim you want to	appeal or to view appeal sta	tus on a claim.				
ilters: Aedicare Number		From Service Date		To Servi	ce Date		1
Enter Med Number		mm/dd/yyyy 🖃		mm/	dd/yyyy 🖻		Search
							Reset Search
Claim Number 🗢	Beneficiary Name	From Service Date	To Service Date 🗢	Claim Status 🌻	Total Charges 🌲	Type Of Bill 🌲	Admit Date 🌲

- Select "Claim Search"
- Enter the following data
 - MBI or HICN
 - From/To Service Dates





Initiate a Redetermination

Claim Number 韋	Beneficiary Name	From Service Date 🌩	To Service Date 🜩	Claim Status 🜲	Total Charges 🜲	Type Of Bill 🌩	Admit Date 🌩
22		05/07/2024	05/08/2024	Processed	\$36537.93	13j	
				-			

- Locate the desired claim you wish to appeal
- Validate Claim Number and click the checkbox
- Select "Initiate Redetermination" button





Redetermination Details

te: Only one claim number per appeal request may be submitted in NGSConnex.	Multiple claims per submission request will not be acknowledged for	processing.	
		Redetermination Details	
ovider Name	PTAN	NPI	TIN
intract	Medicare Number	Beneficiary Name	Claim Number
06101			2250
im Status	Initial Determination Date	From Service Date	To Service Date
R - Rejected	03/04/2025	01/11/2024	01/31/2025
agnosis Code 1 *	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
E119	S098XXD	D649	E162
agnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8
J45998	E8352	E785	E039
tient Discharge Status	Requester's Full Name *	Requester's Phone *	
30	1941 (Sec. 1977)		
o not agree with the claim determination for the following reasons *		Additional information Medicare should consider	
e Filing Reason			

• Fill out the highlighted areas





Claim Lines



• Select the claim lines you wish to appeal





Adding Attachments

0	0	3	0	
No Previous Appeals	Redetermination Details	Claim Lines	Attachments	Submit
				Cance
		Attachments		
Note: Submitting supporting documentation is strongly recomme the number of separate attachments. If documentation is not atta	nded. To expedite the redetermination process, please only submit documentation ched, the decision will be made with the information on file and may result in an u	n relevant to the specific services and specific dates included in your app infavorable decision.	eal request. The maximum attachment size of each attachment you may subm	t Is 25 MB, you should combine relevant documents to minimize
Drop a file here or browse to upload	_			
Maximum file size: 25 MB				
Facknowledge that only the claim number previously indicated	n the 'Redetermination Details' will be considered in the appeal request.			
Back				Next

• Upload complete and pertinent claim documentation needed to review the claim





Submit the Redetermination Request



- Verify information and supporting documentation
- Click "submit"





Email Acknowledgement

From: No.Reply@NGSMedicare.com [mailto:No.Reply@NGSMedicare.com] Sent: Tuesday, March 21, 2017 4:22 PM

To:

Subject: National Government Services - Appeal Confirmation Received on 03/21/2017

Hello,

National Government Services has received your Redetermination/Reopening submission on 03/21/2017 for claim number through NGSConnex.

Thank you, National Government Services Appeals

Check the Status of the Request

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View Decision Letter

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Appeals status	1-1 04/29/2025	Final Affirmation (see letter for additional details)	05/12/2025	Redetermination - Level 1 (NGS)	View Decision Letter
	1 to 1 of 1 items				/





Helpful Tips



Combine documents into one attachment



Request appeal on denied lines only.

Do not select "appeal all lines" when it does not apply.



Verify reason for appeal is clear and concise for the reviewer to understand



If you submit an AOR, verify all sections are filled out accordingly and the document is signed timely



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Need additional help?

Contact NGS Provider Contact Center according to your jurisdiction





Contact Us

Provider Contact Center









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YouTube Channel Educational Videos









Find us online





www.NGSMedicare.com Online resources, event calendar,

LCD/NCD, and tools



IVR System

The interactive voice response system (IVR) is available 24-hours a day, seven days a week to answer general inquiries



NGSConnex Web portal for claim information



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Questions?

Thank you!