



How to Submit an Appeal Request

6/11/2025

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.



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Today's Presenters



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

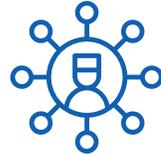


Agenda

- [What Is a Redetermination Request?](#)
- [What Documents Are Needed?](#)
- [Appointment of Representative \(AOR\) Form](#)
- [Ways to Submit an Appeal](#)
- [How to Initiate an Appeal via Connex](#)
- [Questions?](#)

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

[CMS IOM Publication, *Medicare Claims Processing Manual*, Chapter 29 – Appeals of Claims 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 "[What Documents are Needed](#)"
- Visit [About Appeals](#) on our website to see detailed supporting medical records needed for specific types of services coverable by Medicare

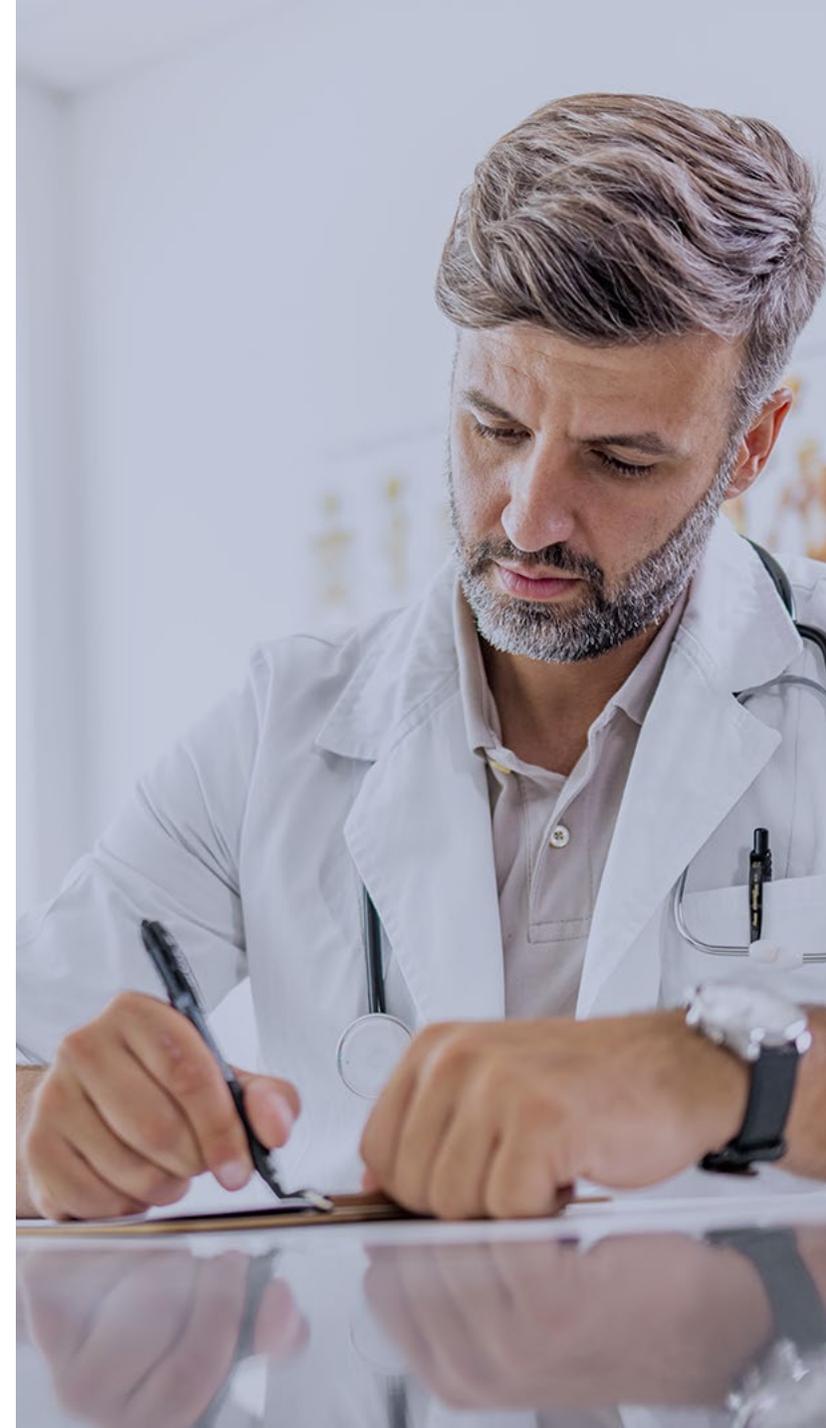


Appointment of Representative (AOR) Form

- 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
 - [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 29, Section 270](#)
 - [42 CFR 405.910](#)

Instructions

- Find the most current AOR form below
 - [CMS1696 Appointment of Representative Form](#)
- Fill out all required sections per 42 CFR 405.910
 - Name of Party
 - Medicare Number or NPI





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

APPOINTMENT OF REPRESENTATIVE

Name of Party Eastern Maine Medical Center	Medicare Number (beneficiary as party) or National Provider Identifier (provider or supplier as party) [REDACTED]
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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 [REDACTED]	Date 1/3/24
Street Address [REDACTED]	Phone Number (with Area Code) [REDACTED]
City [REDACTED]	State ME
	Zip Code [REDACTED]
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 [REDACTED]	Date 1/3/24
Street Address [REDACTED]	Phone Number (with Area Code) [REDACTED]
City [REDACTED]	State FL
	Zip Code [REDACTED]
Email Address (optional)	Fax Number (optional)

Ways to Submit an Appeal



NGSConnex

Step 1: [Access NGSConnex](#)

Step 2: Submit an Electronic Appeal

Step 3. Attach Documentation



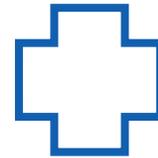
Hard Copy

All levels of appeals may be submitted by mail

Download the Part A Redetermination Request Form

Complete all areas - An incomplete form 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

[CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 29, Section 310](#)

How to Initiate an Appeal via NGSConnex

NGSConnex

- Step 1: Access NGSConnex
 - Login to NGSConnex with your username and password
 - Access our [NGSConnex](#) marketing page for details about obtaining a username and password
- Step 2: Follow the step-by-step instructions in [NGSConnex User Guide](#) to submit the appeal

national government SERVICES

Access NGS Medicare

NGSMedicare gives you access to the latest Medicare education and a wide variety of Medicare tools.

I am a...

Please select

Enter

Log into NGSConnex

NGSConnex, is your free, secure self-service portal to obtain beneficiary eligibility, claim status & more...saving you time and money!

User ID

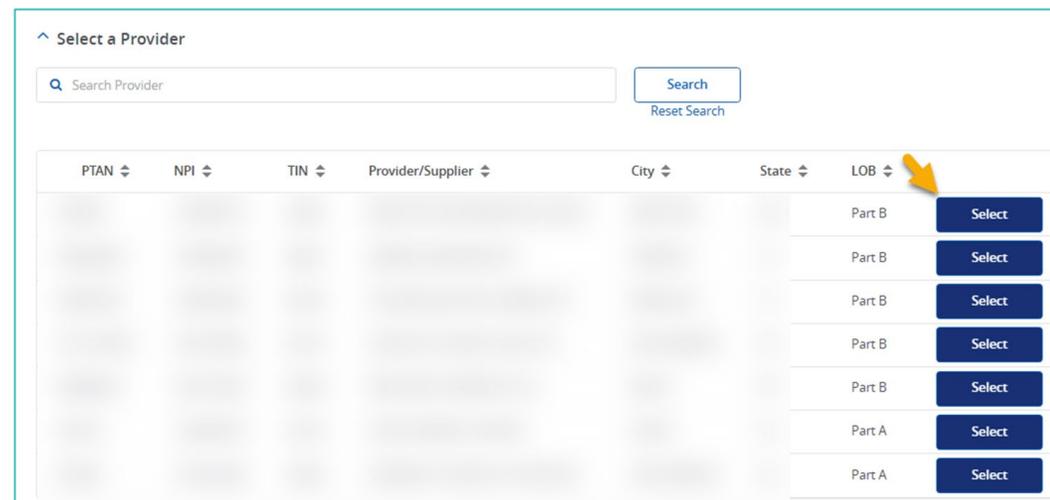
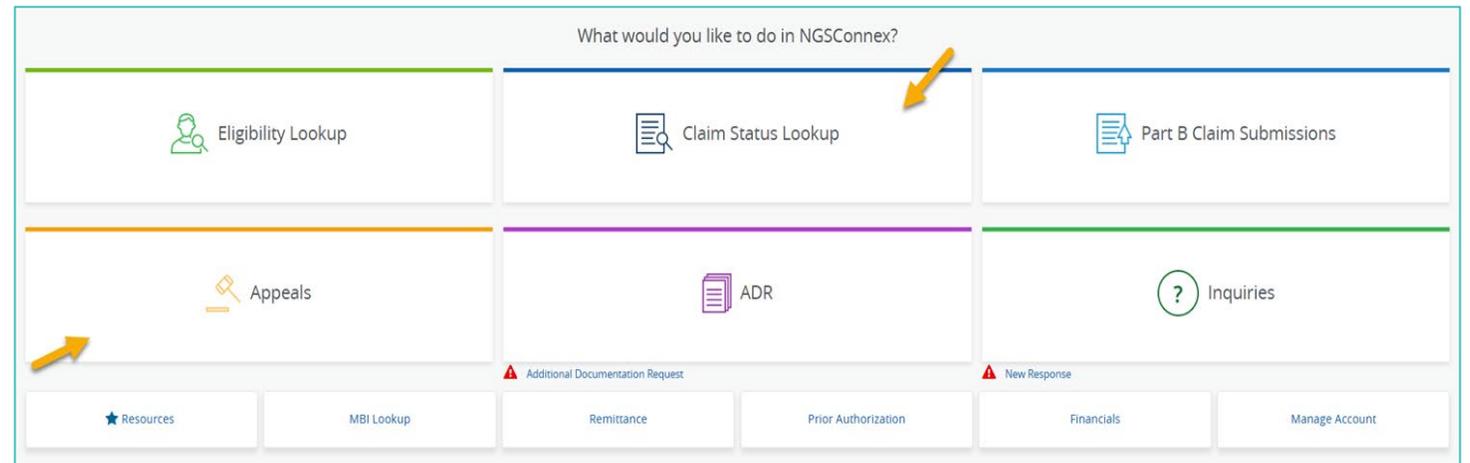
Password

Enter

[Create Account](#) | [Can't Log In](#) | [Helpful Links](#)

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

Claim Search



Use the filters below to search for the claim you want to appeal or to view appeal status on a claim.

Filters:

Medicare Number

From Service Date

To Service Date

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

Only claims eligible for an appeal are displayed below.

Initiate Clerical Error Reopening Initiate Redetermination 

Claim Number	Beneficiary Name	From Service Date	To Service Date	Claim Status	Total Charges	Type Of Bill	Admit Date
<input checked="" type="checkbox"/> 22		05/07/2024	05/08/2024	Processed	\$36537.93	13j	
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							
<input type="checkbox"/>							

6 to 10 of 10 items

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

Redetermination Details

1 No Previous Appeals 2 Redetermination Details 3 Claim Lines 4 Attachments 5 Submit

Cancel

Note: 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

Provider Name	PTAN	NPI	TIN
Contract	Medicare Number	Beneficiary Name	Claim Number
Claim Status	Initial Determination Date	From Service Date	To Service Date
Diagnosis Code 1 *	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
Diagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7	Diagnosis Code 8
Patient Discharge Status	Requester's Full Name *	Requester's Phone *	
I do not agree with the claim determination for the following reasons *	Additional information Medicare should consider		
Late Filing Reason			

Next

- Fill out the highlighted areas

Claim Lines

1 No Previous Appeals 2 Redetermination Details 3 Claim Lines 4 Attachments 5 Submit

Cancel

Claim Lines

<input type="checkbox"/> All Lines	Line	Service Date	Revenue Code	Procedure Code	Modifier 1	Modifier 2	Total Units	Total Charges
<input type="checkbox"/>	01	10/10/2024	0636	90673			1	450.00
<input type="checkbox"/>	02	10/10/2024	0771	G0008			1	50.00

1 to 2 of 2 items

Back Next

- Select the claim lines you wish to appeal

Adding Attachments

The screenshot shows a five-step progress bar at the top: 1. No Previous Appeals, 2. Redetermination Details, 3. Claim Lines, 4. Attachments (current step), and 5. Submit. The main content area is titled 'Attachments' and contains a yellow note: 'Note: Submitting supporting documentation is strongly recommended. To expedite the redetermination process, please only submit documentation relevant to the specific services and specific dates included in your appeal request. The maximum attachment size of each attachment you may submit is 25 MB, you should combine relevant documents to minimize the number of separate attachments. If documentation is not attached, the decision will be made with the information on file and may result in an unfavorable decision.' Below the note is a file upload area with the text 'Drop a file here or browse to upload' and a blue arrow icon. A yellow arrow points to this area. Below the upload area is a yellow box stating 'Maximum file size: 25 MB' with a yellow arrow pointing to it. At the bottom, there is a checkbox with the text 'I acknowledge that only the claim number previously indicated in the 'Redetermination Details' will be considered in the appeal request.' Below the checkbox are 'Back' and 'Next' buttons. A yellow arrow points to the 'Next' button.

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

Submit the Redetermination Request

1 No Previous Appeals 2 Redetermination Details 3 Claim Lines 4 Attachments 5 Submit

Ready To Submit?

Have you verified your Part A Redetermination is complete, all supporting documentation is attached and you are ready to submit your request?

Back Submit

- 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: [REDACTED]

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 [REDACTED] through NGSConnex.

Thank you,

National Government Services Appeals

Check the Status of the Request

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
Claim Search

The last 60 days of appeals submitted via NGSConnex are displayed. You can narrow/expand your search using the filter options. To view appeal status/decision letters for requests NOT submitted via NGSConnex, initiate a 'Claim Search'. For requests submitted via NGSConnex, select the 'Claim Number' hyperlink. The hyperlink is only available when the appeal has an assigned Appeal Number.

Filters:

Appeal ID	From Submit Date	To Submit Date	Request Type	Medicare Number	Claim Number	Created By	<input type="button" value="Search"/>
	03/20/2025	05/19/2025	--Select--			--Select--	<input type="button" value="Reset Search"/>

Appeal Number	Submitted Date	Created By	Request Type	Medicare Number	Beneficiary Name	Claim Number	Requester's Full Name
<input type="checkbox"/> 1-15	04/29/2025		Redetermination			22	
<input type="checkbox"/> 1-15	04/29/2025		Redetermination			222	

1 to 2 of 2 items

Home > Appeals > Claim Details ADDITIONAL HELP

APPEALS

Close

Claim Header	Claim Header		
Claim Lines	Claim Number	Claim Status	Patient Discharge Status
Appeals Status		R - Rejected	30
	Total Charges	Type of Bill	Duplicate Claim Number
	\$29501.38	21H	
	Deductible	Coinsurance	Total Covered Charges
	0.00	0.00	\$0.00
	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3
	S22020D	M1990	E785
	Diagnosis Code 5	Diagnosis Code 6	Diagnosis Code 7
	F0390	H6690	M5136
	Reason Code		Diagnosis Code 8
	ZC486		B2681

View Decision Letter

Appeals					
Appeal N	Received Date	Status	Decision Date	Appeal Level	View Decision Letter
<input type="checkbox"/> 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

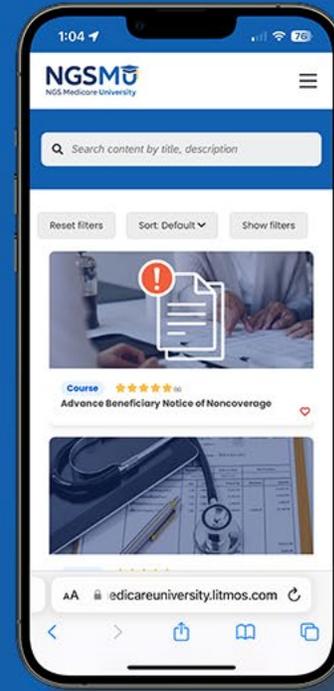
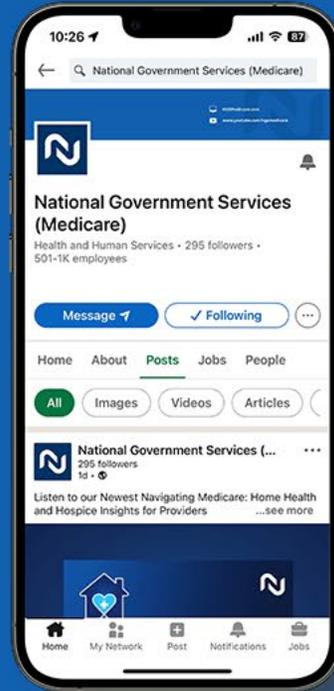


Need additional help?
Contact NGS Provider
Contact Center according to your jurisdiction



Contact Us

- [Provider Contact Center](#)



Connect with us on social media



[YouTube Channel](#)
Educational Videos

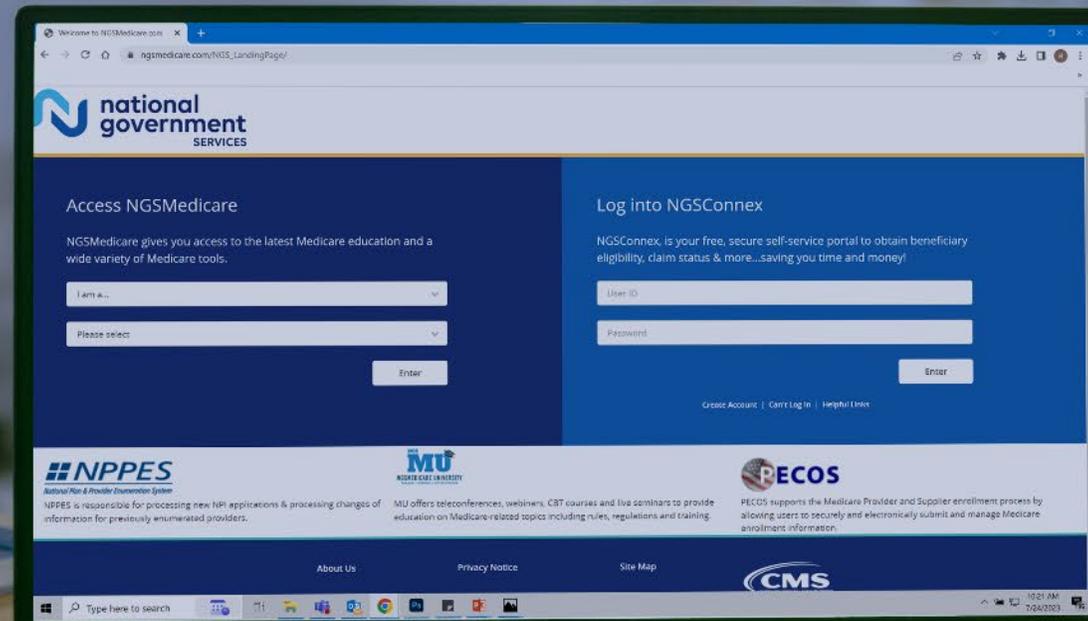


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Online resources, event calendar, LCD/NCD, and tools



[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!