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MEANINGFUL • INFORMATIVE • SIMPLIFIED EDUCATION



# NGS Medicare Virtual Conference

## Fall 2021

# When and How to Utilize the Medicare Appeals Process

11/9/2021





# Today's Presenters

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# Objectives

- Clarify different levels of appeal
- Deliver clear instruction regarding how to properly appeal a denied claim
- Offer information regarding timely filing regulations
- Provide references and resources for all levels of appeal

# Agenda

- Reopenings
- Appeals
  - Five Levels of Appeal
- Appeal Hints and Reminders
- References and Resources
- Questions

# Reopenings



# Reopenings

- Not an appeal
  - Occur at discretion of MAC
    - Contractor's refusal to reopen is not appealable but you can still request appeal on original claim determination if within timeframe
  - Requesting a reopening does not extend nor delay timeframe to request appeal
  - Must occur within one year of claim finalized date
- Easy fixes to correct minor human or mechanical clerical error



# Is it a Reopening?

- Could be a valid reason -
  - Transposed procedure or diagnostic codes
  - Mathematical mistake
  - Incorrect data items such as provider number, use of modifier, or date of service
- Not a valid reason -
  - Failure to bill for items or services
  - Third party payer errors

# Reopenings

- Part A - Reopening Request Form

<b>Jurisdiction K (Part A, HHH)</b>	<b>Jurisdiction 6 (Part A, HHH, FQHC)</b>
National Government Services Appeals Department P.O. Box 7111 Indianapolis, IN 46207-7111	National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474

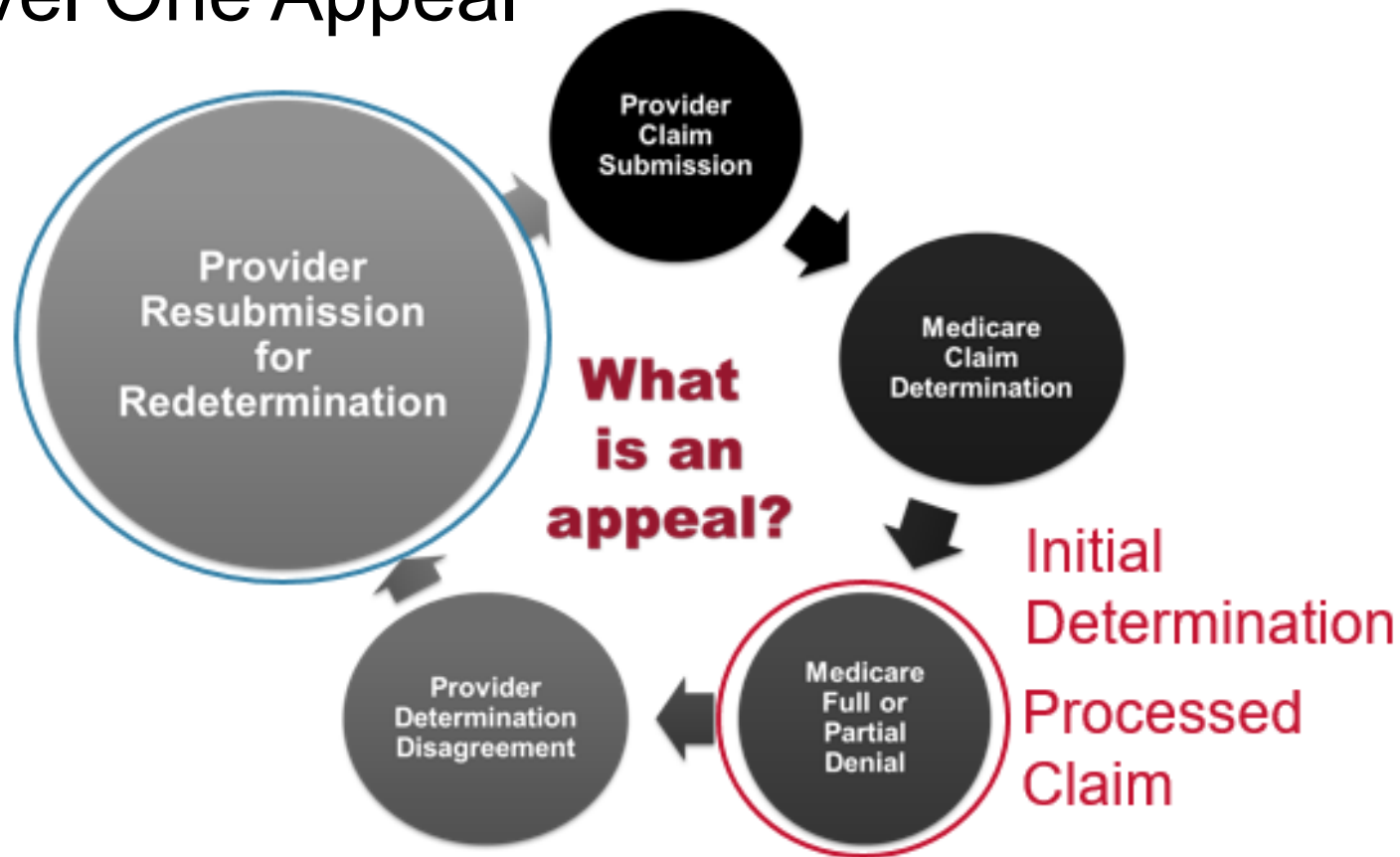
- Submission in writing or via NGSConnex

# Appeals



# What Is an Appeal?

- Level One Appeal



# Purpose of an Appeal

- CMS governs all appeals activities to ensure correct adjudication of claims
- Who can appeal claim determinations made by the MAC?
  - Providers
  - Beneficiaries

# Five Levels of Appeal

## Level One

Redetermination  
Medicare  
Administrative  
Contractor  
(MAC)

## Level Two

Reconsideration  
Qualified  
Independent  
Contractor (QIC)

## Level Three

Administrative  
Law Judge (ALJ)

## Level Four

Medicare  
Appeals Council  
Department  
Appeals Board  
(DAB)

## Level Five

U.S. Federal  
District Court

# Level One Appeals



# Level One Appeal

Redetermination – MAC			
Time limit to initiate = 120 days from date of receipt of initial determination	Time limit to complete the review = 60 days	Amount in controversy = no minimum amount	How to File: Electronically via NGSConnex or in writing via <a href="#">Redetermination Form J6/JK</a>



# Level One Appeal

## Redetermination – MAC

Redetermination – MAC			
<p><b>Jurisdiction 6</b></p> <p><b>Part A, FQHC &amp; HHH&amp;H</b> National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474</p>	<p><b>Jurisdiction 6</b></p> <p><b>Part B</b> National Government Services Appeals Department P.O. Box 6475 Indianapolis, IN 46206-6475</p>	<p><b>Jurisdiction K</b></p> <p><b>Part A, Part B, HH&amp;H</b> National Government Services Appeals Department P.O. Box 7111 Indianapolis, IN 46207-7111</p>	<p><b>Jurisdiction K</b></p> <p><b>FQHC</b> National Government Services Appeals Department P.O. Box 6474 Indianapolis, IN 46206-6474</p>

# Level One Appeal

- Must include all pertinent information to avoid dismissal of the case
  - Beneficiary name and Medicare number
  - Requested service
  - Date of service
  - Name/signature of requesting individual
- Previously sent records will automatically be incorporated

# Timely Filing

- Federal regulations mandate timely filing of claims within one year of services rendered
  - Four allowable exceptions to timely filing
- Determining if claim filed timely
  - Generally claim “From” date used
  - Institutional claims that span DOS - “Through” date used
- Timely filing rejections NOT appealable

# Level Two Appeals



# Level Two Appeal

Reconsideration – QIC			
Time limit to initiate = 180 days from date of receipt of redetermination decision	Time limit to complete the review = 60 days	Amount in controversy = no minimum amount	How to file: Electronically via NGSConnex or in writing via <a href="#">CMS Form 20033</a>

# Level Two Appeal

Reconsideration – QIC		
<b>Jurisdiction 6</b>  <b>Part A, HHH, FQHC</b> MAXIMUS Federal Services Medicare Part A West 3750 Monroe Ave. Suite 706 Pittsford, NY 14534	<b>Jurisdiction 6</b>  <b>Part B</b> C2C Innovative Solutions, Inc. QIC Part B North P.O. Box 45208 Jacksonville, FL 32232- 5208	<b>Jurisdiction K</b>  <b>Part A, B, HHH, FQHC</b> C2C Innovative Solutions, Inc. QIC Part A East Appeals P.O. Box 45305 Jacksonville, FL 32232- 5305

# Level Three Appeals



# Level Three Appeal

## Administrative Law Judge Hearing (ALJ)

Time limit to initiate = 60 days from date of receipt of reconsideration from the QIC

Time limit to complete the review = 90 days

Amount in controversy = minimum \$180

How to File: [ALJ Form: OMHA-100](#) Office of Medicare Hearings & Appeals



# Amount In Controversy

- Certain levels have monetary threshold to meet in order for appeal to be considered
  - Called “Amount in Controversy” or AIC
  - May be able to aggregate claims to meet threshold
  - AIC thresholds increase annually
- For more information on AIC and AIC thresholds, refer to [CMS IOM Publication 100-04, Medicare Claims Processing Manual, Chapter 29, Section 250](#)

# Computing AIC

- Actual amount charged to the individual for items and services in question, reduced by both of the following
  - Any Medicare payments already made or awarded for the items or services and
  - Any deductible and coinsurance amounts applicable in the particular case

# Aggregating Claims to Meet Threshold

- Consists of two or more claims which have all been previously reconsidered by QIC
  - Can include both Part A and Part B claims
- Can be done by individual appellant or multiple appellants
  - Individual – All aggregated claims involve delivery of similar or related services
  - Multiple – All aggregated claims involve common issues of law and fact

# Aggregating Claims to Meet Threshold

- Request for ALJ hearing must
  - List all claims to be aggregated
  - Be properly filed within 60 days after receipt of all the reconsiderations being appealed
  - Include reasoning behind why appellant(s) consider the claims involve common issues of law and fact or are delivery of similar or related services

# Level Three Appeal

## ALJ

OMHA Central Operations  
200 Public Square, Suite 1260  
Cleveland, OH 44114-2316

For further assistance call  
855-556-8475

**\*\*Requests must be made in writing only**

# ALJ Appeals Status Information System: AASIS

- US Department of Health & Human Services  
Office of Medicare Hearings and Appeals OMHA
  - Check the status of Medicare claim appeals before the ALJ
  - [Appeals Status Lookup](#)

# Level Four Appeals



# Level Four Appeal

Medicare Appeals Council Department Appeals Board (DAB)			
Time limit to initiate = 60 days from date of receipt of ALJ denial	Time limit to complete the review = 90 days	Amount in controversy = no minimum amount	How to File: <a href="#">Form DAB 101 Request for Review of ALJ Medicare Decision/Dismissal</a>



# Level Four Appeal

## DAB

Department of Health and Human Services  
Departmental Appeals Board  
Medicare Appeals Council, MS 6127  
Cohen Building Room G-644  
330 Independence Ave., S.W.  
Washington, D.C. 20201  
FAX: 202-565-0227  
For further assistance call: 202-565-0100

\*\*Requests must be made in writing or faxed

# Level Five Appeals



# Level Five Appeal

Federal U.S. District Court			
Time limit to initiate = 60 days from date of receipt of DAB denial	Time limit to complete the review:	Amount in controversy = \$1760	How to file: In writing, no form necessary. Suggest submission of all other forms for appeals level one through four

# Level Five Appeal

## U.S. Federal District Court

Department of Health and Human Services  
General Counsel  
200 Independence Avenue, SW  
Washington, DC 20201

\*\*Requests must be made in writing only

# Appeal Hints and Reminders

# Appeals Overview Chart

Appeal Level	Time Limit For Filing	2021 Monetary Threshold
<b>Redetermination</b>	120 days from date of receipt of RA	None
<b>QIC Reconsideration</b>	180 days from redetermination notice	None
<b>ALJ Hearing</b>	60 days from reconsideration notice	\$180
<b>DAB Review</b>	60 days from the ALJ decision	None
<b>Judicial Review</b>	60 days from DAB decision	\$1760

# NGS Appeals Calculator

## 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.

Step One \*

Step Two \*

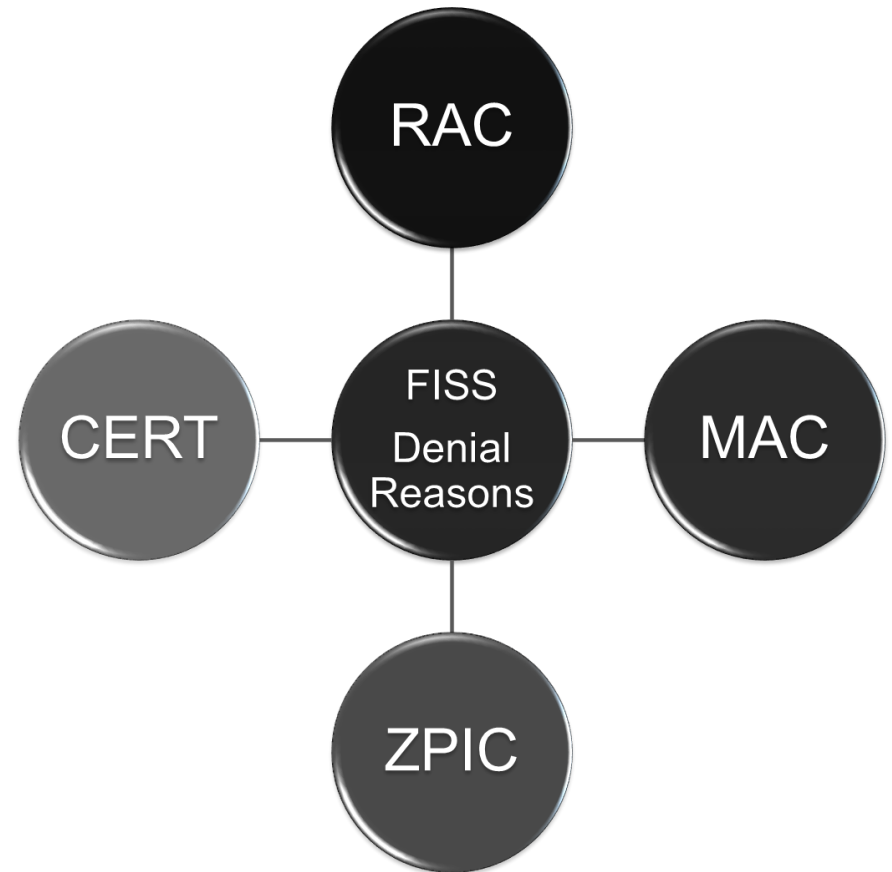
Calculate

Reset

## NGS Appeals Calculator

# Helpful Hints

- Review reasons for denial of claim
  - “Remarks” section of FISS
  - On claim determination letter





# Helpful Hints

- Be sure to include the following with your appeal
  - Beneficiary name
  - Medicare number
  - Date of service
  - Requestor name and signature
  - Attachments for additional information
  - All pertinent supporting medical record documentation (signed by physician)
  - Explanations for delayed requests

# Helpful Hints

- Submit one redetermination request per claim
  - Do not submit request for each individual line
- Submit one redetermination form per claim
  - Do not submit one request for multiple claims
- Sign the request
- Submit via one method – NGSConnex (when allowed) or hardcopy
- Do not submit same appeal multiple times

# Helpful Hints

- Reminders when utilizing the following
  - USPS
  - Fed Ex
  - UPS



# Appeals References and Resources



# Appeals Forms

- [Part A - Reopening Request Form](#)
- [Level One Appeal Redetermination Form 20027](#)
- [Level Two Appeal CMS Form 20033](#)
- [Level Three Appeal ALJ Form: OMHA-100](#)
- [Level Four Appeal Form DAB 101 Request for Review of ALJ Medicare Decision/Dismissal](#)

# CMS and NGS Resources

- [The Centers for Medicare & Medicaid Services Original Medicare Appeals Portal](#)
- [National Government Services Website Claims and Appeals section](#)

# Thank You!

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

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