Disclaimer

This resource is not a legal document. This presentation was prepared as a tool to assist our providers. This presentation was current at the time it was created.

Although every reasonable effort has been made to assure accurate information, responsibility for correct claims submission lies with the provider of services.

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What is an Appeal

An appeal is an action taken when dissatisfied with a coverage or payment decision made by a Medicare Review Contractor.

Who May Appeal

› Beneficiaries
› Provider
› Authorized Representative
Are You Aware...

Remittance Advice Remark code **MA 01** allows you to submit a request to appeal our claim decision.

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Claim Status that Can’t be Appealed

› I status = Inactive

› S status = Suspended

› T status = Return to Provider
Services that May Be Appealed

› Coverage of furnished items and service
› Amount of deductible
› Computation of coinsurance amount
› Number of days used for inpatient hospital, psychiatric hospital or post-hospital extended care
› Periods of hospice care
› CERT denials
› Physician certification requirement
› Beginning and ending of a spell of illness
› Medical necessity of services
› Issues affecting the amount of benefits paid (underpayments or overpayments)
› Medicare Secondary Payer provisions
› RAC denials

Note: This is not an all-inclusive list

First Level of Appeal

› Redetermination
  – Carried out by Cahaba appeals staff
  – Request review when dissatisfied with initial claim determination
  – 120 days to file of initial determination

› No minimum monetary threshold

› Decision within 60 days
Redetermination Requests

› Three submission methods available
  1) Written request
  2) Centers for Medicare and Medicaid Services (CMS) Form 20027
  3) Cahaba’s Interactive Smart Form
     ▪ Cahaba Medicare Part A Redetermination Request
       › Note this form should be used by Part A providers only

Sample Smart Form
Sample Smart Form

Actions Taken By Appeals Staff

› Cahaba Appeal representative
  - Review request to determine completeness
    - Signature required on appeal requests
  - Determine timely submission
  - Check claim status in Fiscal Intermediary Standard System (FISS)
  - Determine if AOR form CMS-1696 is required
  - Request medical records
Are You Aware...

A Medicare Redetermination Notice (MRN) will not be issued for fully favorable decisions.

Refer to the Medicare Remittance Advice and Medicare Summary Notice for payment information.

Tips to Avoid Common Redetermination Issues

› Complete the correct form
  - Cahaba GBA Medicare Part A Redetermination Request
    › Faxing Cahaba Smart form is the preferred method
    › Include a signature
    › Do not mark on the bar code
    › Do not use a cover sheet

› Submit Redetermination request to the correct Medicare review contractor

› A medically denied line item must be appealed
  - Changes to non-medically denied line items should be sent to Clerical Error Reopening (CER)

› Submit responses to Additional Development Requests (ADR) to address on the ADR letter
LOCATING ADRs in FISS

› Access FISS Option 12
› Enter ‘S B6001’ in S/LOC field, press ENTER
› Select each claim to view due date and requested information

MAP1741          MEDICA RE A ON L E S SYST E M
SC                CLAIM SUMMARY INQUIRY
NPI 9876543210
HIC PROVIDER XXXXXX S/LOC S B6001
OPERATOR ID XXXXXX FROM DATE TO DATE DDE SORT
MEDICAL REVIEW SELECT
HIC PROV/MRN S/LOC TOB ADM DT FRN DT THRU DT REC DT
SEL LAST NAME FIRST INIT TOT CHG PROV REIMB PD DT CAN DT REAS NPC
#DAYS
S 111222333A XXXXXX S B6001 131 081208 081208 081808
PATIENT A 570.00 39700

Are You Aware...

Claims denied for non-receipt of medical records in response to an ADR are identified in FISS with reason code 56900. 56900 reason code cannot be appealed.
Second Level of Appeal

Reconsideration

› Processed by a Qualified Independent Contractor (QIC)

› 180 day filing deadline from date of receipt of Redetermination notice

› No minimum monetary threshold

› Decision within 60 days

Reconsideration Requests

› Form CMS 20033

› Reconsideration request form also included in the MRN

› Mail form to:
  - MAXIMUS Federal Services, Inc.
    QIC Part A East Project
    3750 Monroe Avenue Suite 701
    Pittsford, NY 14534-1302

› Cahaba will prepare and forward the redetermination case file to the QIC
Third Level of Appeal

Administrative Law Judge (ALJ)

- Three situations when a party can request a hearing before an ALJ
  - Appealing QIC’s reconsideration determination
  - Escalating because QIC failed to make decision timely
  - Asking ALJ to review QIC’s dismissal of request for reconsideration

- In 2016, at least $150 must remain in controversy

- Submit written request or complete CMS 20034 A/B

- Submit request within 60 days of receipt date of reconsideration notice
  - Decision issued within 90 days of request

Fourth Level of Appeal

Appeals Council Review

- Division within the Departmental Appeals Board (DAB)

- Submit written request or complete CMS DAB-101 form
  - File request within 60 days of receipt of ALJ’s decision

- No minimum monetary threshold required

- Specify issues and findings being contested

- Decision within 90 days of request
Fifth Level of Appeal

Judicial Review

› Must specify issues and findings being contested

› For 2016, amount in controversy at least $1,500

› Request within 60 days of receipt date of DAB’s decision

› No time limit for Judicial Review decision

Medicare Appeals Chart

<table>
<thead>
<tr>
<th>Level</th>
<th>AIC</th>
<th>Deadline to Request</th>
<th>Processing Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I - Redetermination</td>
<td>No minimum</td>
<td>Within 120 days of RA/ERA</td>
<td>60 days</td>
</tr>
<tr>
<td>II – Reconsideration</td>
<td>No minimum</td>
<td>Within 180 days of MRN</td>
<td>60 days</td>
</tr>
<tr>
<td>III-Administrative Law Judge</td>
<td>At least $150</td>
<td>Within 60 days of reconsideration notice</td>
<td>90 days</td>
</tr>
<tr>
<td>IV-Appeals Council Review</td>
<td>No minimum</td>
<td>Within 60 days of ALJ hearing notice</td>
<td>90 days</td>
</tr>
<tr>
<td>V-Judicial Review</td>
<td>At least $1,500</td>
<td>Within 60 days of Appeal Council notice</td>
<td>None</td>
</tr>
</tbody>
</table>
Self Service Tools

› **Appeals Decision Tree**
  - Do you need to file an appeal on your previously submitted claim?
    - The *Appeals Decision Tree* is a tool with a series of questions designed to assist the provider in determining if an appeal needs to be filed to Cahaba GBA

› **Appeals Calculator**
  - The *Appeals Calculator* is a helpful tool used to determine the date your appeal request must be received to meet timeliness guidelines

InSite

› **Free** secure self-service web application which provides access to real-time information

› Only need valid email address and internet to access
  - [www.cahabagba.com](http://www.cahabagba.com)

› New features
  - *Medical Review Notes*

› Coming Soon
  - Initiate Redetermination or Reopening
  - Check Redetermination or Reopening Status
**Comprehensive Error Rate Testing (CERT)**

- **Protect**
  - Medicare Trust Fund

- **Measure**
  - Correct Claim Process/Payment

- **Assess Evaluate**
  - Contractor and Provider

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**CERT Appeals**

- Same appeal rights as traditional Medicare
- Submit appeal within 120 days from date of the CERT denial
- No amount in controversy
- CMS CERT main page
- Cahaba GBA CERT page
Resources

› Cahaba GBA Medicare Part A Redetermination Request

› CMS 20027 Medicare Redetermination Request

› CMS 20033 Medicare Reconsideration Request Form

Resources

› CMS 20034AB Request for Medicare Hearing by ALJ

› Cahaba GBA Part A Appeals Webpage
  http://www.cahabagba.com/part-a/claims/appeals-2/

› Medicare Claims Processing Manual 100-04, Chapter 29, Appeals of Claims Decisions
Address for Mailing Overpayment/Refund Checks: **Important Reminder**

› Part A Providers
  - (Hospitals, Skilled Nursing Facilities, Rural Health Clinics, ESRDs and any other institutional provider)

› Cahaba Medicare Part A
  Lockbox 6028
  Post Office Box 7247
  Philadelphia, PA  19170-6028
  Part A Overpayment Form

› Make your check payable to Cahaba GBA

Website Survey

› Choose “Yes, I’ll Give Feedback” and let your voice be heard by taking the ForeSee survey

› We value your feedback and need to hear from you about your website experience
Thank You for Attending

› **Questions** – Please dial into the audio at 1-800-791-2345 conference code 68046 to ask a question.

› **Evaluation** – All registered participants received a link via Email to complete the electronic evaluation.

› **Event Recording** – A recording of today’s call will be available on the Cahaba GBA website within 7-10 business days in Cahaba University [https://www.cahabagba.com/part-a/education/cahaba-u-18358/](https://www.cahabagba.com/part-a/education/cahaba-u-18358/)