

Appealing the Medicare Denial

Session Four

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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



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Agenda

- Reopenings
- Appeals
 - Redetermination
 - Reconsideration
 - Administrative Law Judge
 - Medicare Appeals Council Department Appeals Board
 - US District Court
- Hints and Reminders
- References and Resources
- Question and Answer Period



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Reopenings



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Reopenings

- Also known as: **Pre-redetermination**
- Not an appeal
- Not processed through the appeals department
 - Minor human or mechanical errors
 - Occur at the discretion of MAC
 - Decision to “not” reopen a claim for a minor error cannot be appealed
 - Must occur within one year of claim finalized dates

Reopenings



Mathematical Errors

Transposed Codes

Inaccurate Data Entry

Computer Errors

Incorrect Data Items

Reopenings

- **Clerical Errors:** do not include omissions or failure to bill items
- **Third Party Payer Errors:** do not constitute clerical errors
- National Government Services accepts provider initiated electronic adjustments to correct claims partially denied by automated LCD and NCD denials



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Reopenings

- Part A - Reopening Request Form

Jurisdiction K Part A, HHH	Jurisdiction 6 Part A, HHH, FQHC
National Government Services Appeals Department PO Box 7111 Indianapolis, IN 46207-7111	National Government Services Appeals Department PO Box 6474 Indianapolis, IN 46206-6474

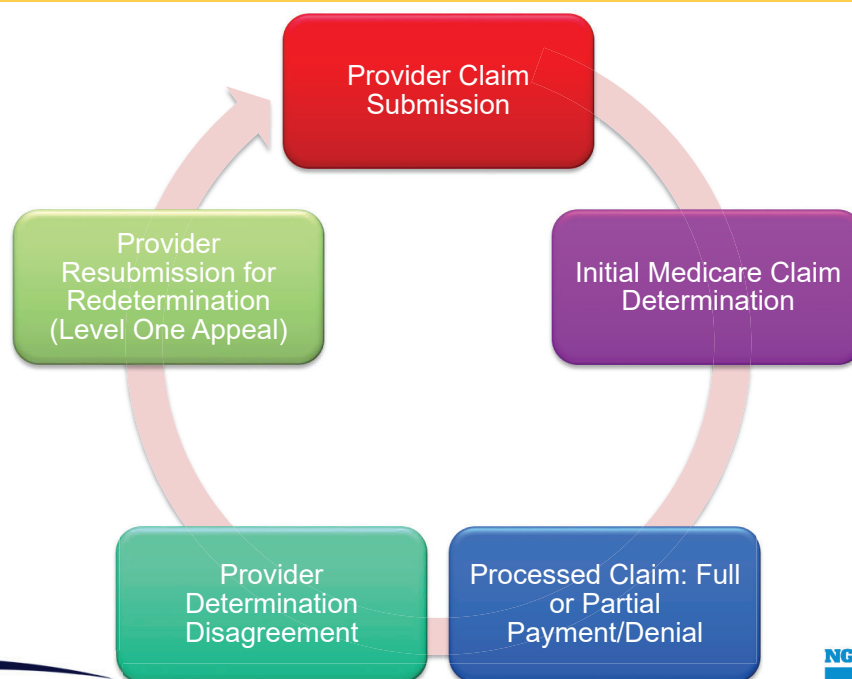
- Submission in writing or via [NGSConnex](#)



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Appeals

What is an Appeal?



Purpose of an Appeal

- All appeals activities are governed by CMS
 - Ensure correct adjudication of claims
- Providers and beneficiaries have the right to appeal any claim determination made by the MAC



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 US Federal District Court



Level One Appeals

Level One Appeals

Redetermination – MAC

Time limit to initiate = 120 days from date of initial determination	Time limit to complete the review = 60 days	Amount in controversy = no minimum amount	How to File: Electronically via NGSConnex or esMD or in writing via Redetermination Form
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Level One Appeals

Redetermination – MAC

Jurisdiction 6

National Government Services
Appeals Department
P.O. Box 6474
Indianapolis, IN
46206-6474

Mailing Address for states AK, AZ, CA,
HI, ID, MI, MN, NJ, NV, NY, OR, WA, WI,
& U.S. Territories

Jurisdiction K

National Government Services
Appeals Department
P.O. Box 7111
Indianapolis, IN
46207-7111

Mailing Address for states CT, MA, ME,
NH, RI, VT:



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Level One Appeals

- Must include all pertinent information to avoid dismissal of the case
- Previously sent records will automatically be incorporated

Patient Name

Medicare
Number

Specific Service
Request

Dates of Service

Name/Signature



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Timely Filing

- Federal regulations mandate timely filing of claims within one year of services rendered
- Appeals staff may extend time limit in certain situations called “Conditions that Establish Good Cause”



Timely Filing

- Conditions that Establish Good Cause
 - Unavoidable Circumstances
 - Provider is not excused from the timely filing rules for the next level of appeal

Timely Filing

- Conditions that **do not** establish good cause



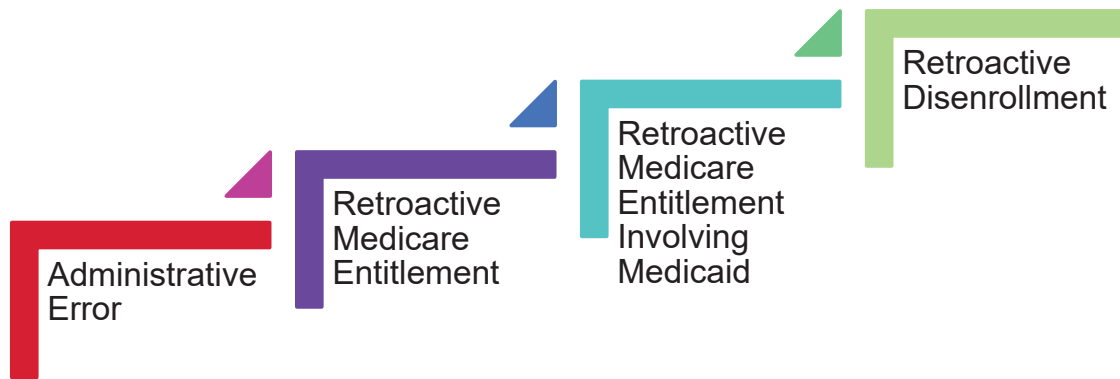
Timely Filing

- Timely filing for claims is not an appealable determination
 - Once a claim is processed, submitting an adjustment is the only mechanism to bypass timely filing



Timely Filing

Allowable Exceptions



Level Two Appeals

Level Two Appeals

Reconsideration – QIC

Time limit to initiate = 180 days from date of redetermination denial	Time limit to complete the review = 60 days	Amount in controversy = no minimum amount	How to file: Reconsideration CMS Form 20033
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Level Two Appeals

Reconsideration – QIC

Jurisdiction 6

MAXIMUS Federal Services
QIC Medicare Part A West
3750 Monroe Ave. Suite 706
Pittsford, NY 14534

Jurisdiction K

C2C Innovative Solutions, Inc.
QIC Part A East Appeals
P.O. Box 45305
Jacksonville, FL 32232-5305

****Request must be made in writing only**



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Level Three Appeals

Level Three Appeals

Administrative Law Judge Hearing (ALJ)

Time limit to
initiate = 60 days
from date of QIC
denial

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

Level Three Appeals

ALJ

OMHA Central Operations
1001 Lakeside Avenue, Suite 930
Cleveland, OH 44114-1158

For further assistance call
855-556-8475

[OMHA e-Appeal Portal](#)



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ALJ Appeal 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
 - [ALJ Appeal Status Information System \(AASIS\)](#)

HHS.gov

Improving the health, safety and well being of America



Return to: [OMHA Home](#) > [ALJ Appeal Status Information](#) > ALJ Appeal Status Information System Inquiry Page

ALJ Appeal Status Information System Inquiry Page

This system provides status information for Medicare claim appeals before an OMHA adjudicator at the Office of Medicare Hearings and Appeals.

To obtain the status of an appeal, enter either of the following appeal numbers in the box below:

- the OMHA Appeal Number (e.g. 1-##### or 3-#####), referenced in the Acknowledgement Letter or Notice of Hearing from the Office of Medicare Hearings and Appeals.

or

- the Medicare Appeal Number (Reconsideration) (e.g. 1-#####), referenced in the upper right corner of the Reconsideration decision letter.

(For detailed information regarding the status of a Reconsideration, please refer to the [Q2Administrators, LLC website](#))

Level Four Appeals



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Level Four Appeals

Medicare Appeals Council Department Appeals Board (DAB)

Time limit to initiate = 60 days from date of ALJ denial	Time limit to complete the review = 90 days	Amount in controversy = no minimum amount	How to File: Form DAB 101
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Level Four Appeals

Medicare Appeals Council Department Appeals Board (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 via fax**



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



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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**



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Appeal Hints and Reminders

Appeals Overview Chart

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

Resources > Tools & Calculators

APPEALS CALCULATOR

Appeals Calculator

To determine the timely filing date for your appeals request:

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 *

Helpful Hints

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

Medicare Administrative Contractor (MAC)

Recovery Auditor (RA)

Comprehensive Error Rate Testing (CERT)

Unified Program Integrity Contractor (UPIC)

Supplemental Medical Review Contractor (SMRC)

Benefits Coordination & Recovery Center (BCRC)

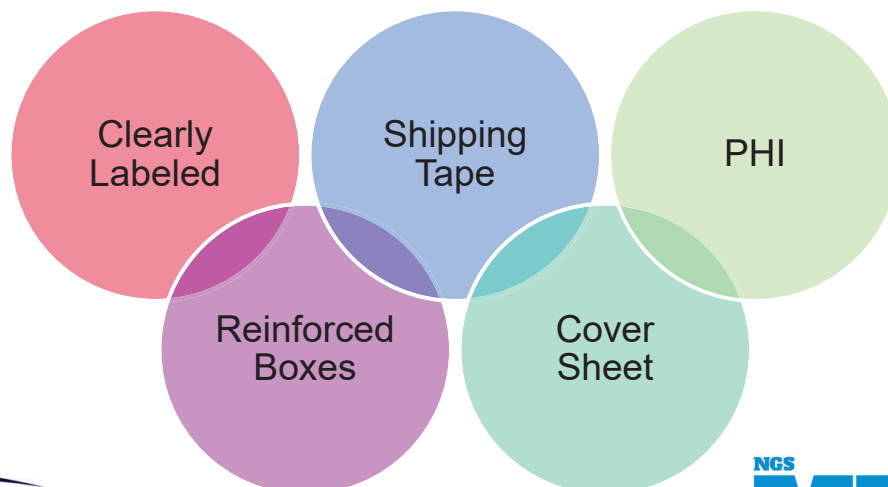
Helpful Hints

- 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 a physician)
 - Explanations for delayed requests



Helpful Hints

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



Compliance



NGSConnex



esMD for Providers and
Suppliers



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Home Health & Hospice References and Resources



References & Resources

- [The Centers for Medicare & Medicaid Services Original Medicare Appeals Portal](#)
- [Medicare Claims Processing Manual Chapter 29 – Appeals of Claims Decisions](#)
- [Office of Medicare Hearings & Appeals](#)
- [National Government Services Appeals Portal](#)
- [NGS Appeals Forms Portal](#)



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Appeals Forms

- [Part A - Reopening Request Form](#)
- [Level One Appeal Redetermination](#)
- [Level Two Appeal CMS Form 20033](#)
- [Level Three Appeal ALJ Form OMHA-100](#)
- [Level Four Appeal Form DAB](#)



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References & Resources

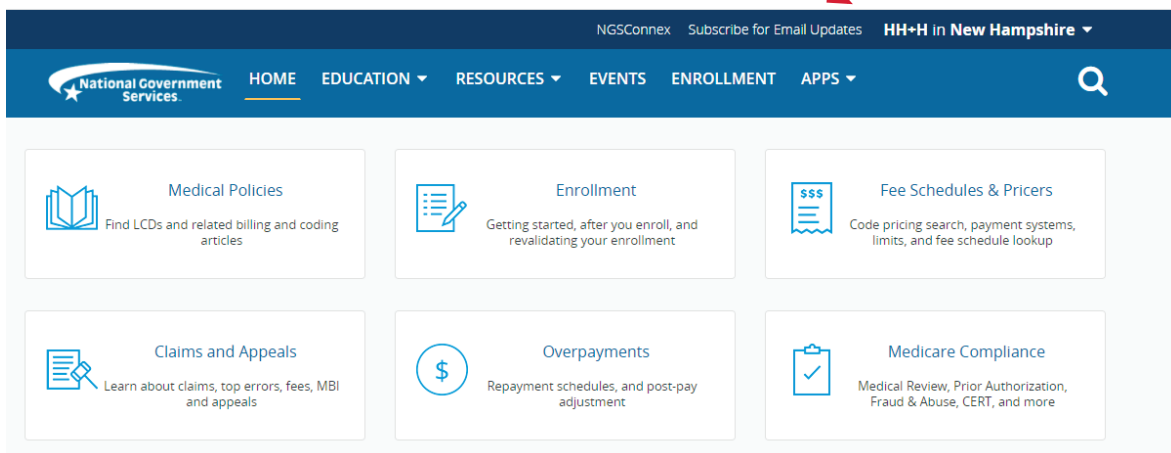
- [NGS Website](#)
 - Resources
 - Medicare Compliance
 - Fraud and Abuse



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NGS Email Updates

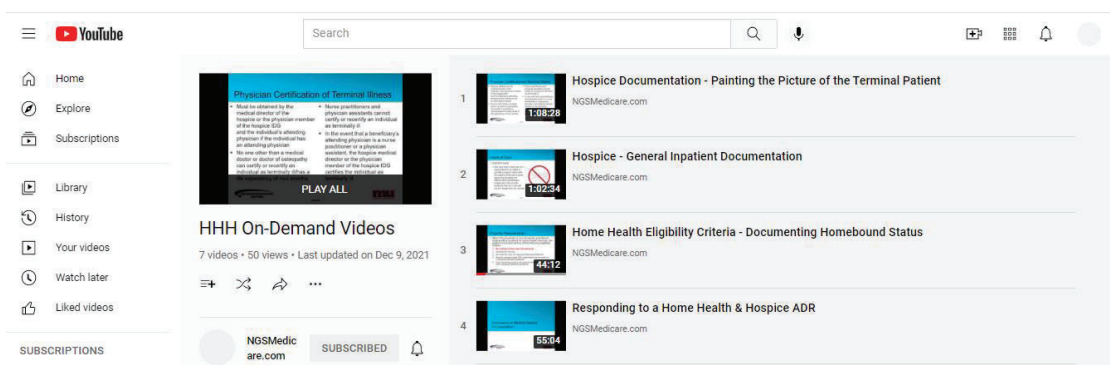
- [Subscribe to receive the latest Medicare information](#)



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NGS HHH On-Demand Videos



Medicare University

- Interactive online system available 24/7
- Educational opportunities available
 - Computer-based training courses
 - Teleconferences, webinars, live seminars/face-to-face training
- Self-report attendance
- [Medicare University website](#)



Continuing Education Credits

- All National Government Services Part A and Part B Provider Outreach and Education attendees can now receive one CEU from AAPC for every hour of National Government Services education received
- If you are accredited with a professional organization other than AAPC, and you plan to request continuing education credit, please contact your organization not National Government Services with your questions concerning CEUs



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Provider Contact Center Procedures

- The Provider Contact Center should always be your first option when contacting National Government Services
 - Required to log and track all incoming inquiries
- Tiered system to respond accurately to all provider inquiries



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Provider Contact Center

State/Region	Toll-Free Number	Interactive Voice Response (IVR)	Hours of Service
Alaska, Arizona, California , Hawaii, Idaho, Nevada, Oregon, Washington, American Samoa, Guam, Northern Mariana Island	866-590-6724 TTY: 888-897-7523	866-277-7287	Monday–Friday 8:00 a.m.–4:00 p.m. PT Thursday, closed for training 12:00–2:00 p.m. PT



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Thank You!

- Questions?



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