

TO: ALL PROVIDERS

FROM: CAREFIRST OF MARYLAND INC., MEDICARE PART A

DATE: MAY 26, 2004

SUBJECT: How to Appeal a Claim

A Provider may initiate an appeal only if the ultimate liability rests with the provider or with the beneficiary and the beneficiary will not exercise his/her appeal rights. *Medicare Claims Processing Manual Pub 100-4 Chapter 29*

What should I do before submitting an appeal to CareFirst of MD Inc., Medicare Part A?

Pull up the claim by the HIC# or DCN# and review the status to ensure that the claim has been denied on the paid claims history. You will find the following codes:

- **R** Rejected for a technical error on the claim.
- **P** Paid or partially denied. Enter the claim and go to page 3 for the listed charges. This page will show any denied charges in the *noncovered charges* column.
- **D** Fully denied.

A rejected or fully paid claim cannot be appealed.

Do not submit a new claim for denied services. Denied claims must go through the appeals process. Attempting to resubmit these claims as new will slow the process.

How do I submit the appeal?

There are no required forms for provider appeals, but to ensure proper processing, follow these guidelines:

1. Submit a signed written request asking for the appropriate appeal within the time frame allotted. (Requesting the appropriate appeal cuts processing time.)

2. Include justification or any additional information supporting coverage of the denied claim.
3. Include the beneficiary's name, HIC number, and the dates of service on the denied claim.
4. Ensure that all information for each appeal is complete and packaged separately.
5. Providers may request a review by telephone if the appeal request is not complex. If the appeal is complex or if significant documentation is needed to adjudicate the appeal request, then a written review must be filed within the timely filing period.
6. If you are a provider acting on behalf of a beneficiary, attach the request to an Appointment of Representative Form, CMS-1696. You can obtain this form from the local Social Security Office or at <http://www.cms.hhs.gov/forms/cms1696.pdf>.

What kind of appeal should I request and how long do I have to submit my request?

	Part A (Inpatient)	Part B (Outpatient)
First Level Hearing	Request a <i>Reconsideration/Redetermination</i>	Request a <i>Review/Redetermination</i>
Time Limit for Request	Within 120 days of the date of the denial notice (After 1/1/03)	Within 120 days of the date of the denial notice (After 1/1/03)

	Part A (Inpatient)	Part B (Outpatient)
Second Level Hearing	If denial is upheld AND if \$100+ is in dispute, request an ALJ Hearing	If denial is upheld AND if \$100+ is in dispute, request a Fair Hearing
Time Limit for Request	Within 60 days of the date of the denial notice	Within 6 months of the date of the denial notice

	Part A (Inpatient)	Part B (Outpatient)
Third Level		After 1/1/03 if the denial is upheld AND

Hearing	No further Part A Appeals	if \$100+ is in dispute, request an ALJ Hearing
Time Limit for Request	None	Within 60 days of the Denial Notice

How long does CareFirst of MD Inc., Medicare Part A take to process appeals?

We process claims as quickly as possible because CMS has time requirements we must meet. Below are our time limits and our current average time.

Kind of Appeal	CMS Average Time Requirements	Current Average Time
Reviews	45 days; 60 days (7/1/04)	21days
Reconsiderations	60 days	4 days
Fair Hearings	120 days	35 days
ALJ Hearing	21 days to send to ALJ	7 days
	No limit once sent to ALJ	730 days
	30 days to process the ALJ decision	14 days

Where do I send appeals?

Send the appeals to—

CareFirst of MD, Inc., Medicare Part A
 Attn: Robin Johnson, Appeals Coordinator
 1946 Greenspring Drive
 Timonium, MD 21093

What should I do if I have questions about the appeals process? If you have any questions about appealing a claim, you can contact Robin Johnson, Appeals Coordinator, at 410-561-4132.

THIS BULLETIN SHOULD BE SHARED WITH ALL HEALTH CARE PRACTITIONERS AND MANAGERIAL MEMBERS OF THE PROVIDER/SUPPLIER STAFF. BULLETINS ISSUED AFTER OCTOBER 1,1999 ARE AVAILABLE AT NO-COST FROM OUR WEBSITE AT www.marylandmedicare.com