



# MLN Matters®



Information for Medicare Fee-For-Service Health Care Professionals

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Related Change Request (CR) #: 3944

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Effective Date: May 1, 2005, for appeals of claims submitted to Medicare intermediaries and January 1, 2006, for appeals of claims submitted to carriers

Related CR Transmittal #: R688CP

Implementation Date: December 16, 2005, for Medicare intermediaries and January 1, 2006, for Medicare carriers

## Appeals of Claims Decisions: Redeterminations and Reconsiderations

**Note:** This article was updated on February 12, 2013, to reflect current Web addresses. All other information remains unchanged.

### Provider Types Affected

Physicians, providers, and suppliers who submit claims to Medicare for services

### Provider Action Needed

Medicare providers who appeal claims decisions made by Medicare carriers and fiscal intermediaries (FIs), including durable medical equipment regional carriers (DMERCs) and regional home health intermediaries (RHHIs), need to be aware of the new appeals processes.

### Background

The purpose of CR3944 is to notify Medicare contractors (FIs or carriers, including DMERCs) and Medicare providers about the upcoming transition to the new second level of the appeals process.

The **“redetermination”** is the first level of appeal. It is a second look at the Part A or B claim and supporting documentation by an employee of the contractor (Medicare carrier or intermediary) who was not involved in the initial claim determination.

In performing a redetermination of the services requested by the appellant, Medicare contractor personnel must examine all issues in the claim.

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

The Medicare claims appeals process was amended by the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). Section 1869(c) of the Social Security Act (the Act), as amended by BIPA, requires a new, second level in the administrative appeals process, called a “reconsideration.”

This new “reconsideration” is different from the previous first level of appeal for Part A claims performed by FIs. These appeals are processed by Qualified Independent Contractors (QICs).

## Additional Information

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Rather than repeat the extensive details of CR3944 in this article, the Centers for Medicare & Medicaid Services (CMS) encourages physicians, providers, and suppliers who wish to appeal a redetermination of a Medicare claim made by a Medicare carrier or FI to review CR3944. The new/revised manual sections of Chapter 29 of the *Medicare Claims Processing Manual* that are attached to CR3944 contain many important details for those wishing to file claims determination appeals.

You can find CR3944 by going to <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R688CP.pdf> on the CMS website.

If you bill a Medicare FI, you may also wish to review MLN Matters article MM3530 and/or CR3530. They are available as follows:

MLN Matters article MM3530 MMA, “Revisions to Medicare Appeals Process for Fiscal Intermediaries” (CR Title-Appeals Transition – BIPA 521 Appeals), is available at <http://www.cms.gov/outreach-and-education/medicare-learning-network-mln/mlnmattersarticles/downloads/MM3530.pdf> on the CMS website.

CR3530, “Revisions to Medicare Appeals Process for Fiscal Intermediaries” (CR Title-Appeals Transition – BIPA 521 Appeals), is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R146OTN.pdf> on the CMS website.

In addition, if your request for a redetermination is dismissed by the Medicare contractor, you may wish to understand your appeal rights with regard to that dismissal. These rights are discussed in CR3939, which can also be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R724CP.pdf> on the CMS website.

Please refer to your local FI, carrier, or DMERC if you have questions on this issue. To find their toll-free phone numbers, go to <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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