



Pub. 100-04, Chapter 29 – Appeals of Claims Decisions - Revisions

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PROVIDER TYPE AFFECTED

This MLN Matters® Article is for physicians, providers, and suppliers who submit claims to Medicare Administrative Contractors (MACs), including Durable Medical Equipment (DME) MACs and Home Health and Hospices (HH&H) MACs for services provided to Medicare beneficiaries.

PROVIDER ACTION NEEDED

CR11042 incorporates the following policy updates to the Medicare Claims Processing Manual:

- The policy on use of electronic signatures
- Timing of signatures on transfer of appeal rights and the appointment of representative forms
- Tolling an adjudication timeframe when trying to cure a defective appointment form
- Limiting scope of redetermination review in certain instances
- Application of good cause for late filing involving beneficiary accessibility
- Application of good cause where there is a declared disaster

KEY POINTS

CR11042 revises the Medicare Claims Processing Manual (Publication 100-04, Chapter 29 (Appeals of Claims Decisions)) and adds various policy clarifications regarding appeals of claims decisions. The CR includes the revised manual section.

Key revisions of interest to providers include the following:

1. The CR adds the terms Medicare number, Medicare Beneficiary Identifier (MBI), and attorney adjudicator to the Glossary.
2. The inclusion throughout the manual chapter of the Medicare number which incorporates both the Health Insurance Claim Number (HICN) and the new non-SSN based MBI.

3. Section 240.1 (Good Cause) - MACs will document when the MAC finds good cause for late filing on the appeal decision letter or the appeal case file.
4. 240.4 (Good Cause - Administrative Relief Following a Disaster) - MACs will observe the addition of procedures to follow for appeals when a natural or man-made disaster occurs. When a disaster occurs, whether natural or man-made, MACs can expect an increased demand for emergency and other health care services, and a corresponding disruption to normal health care delivery systems and networks. For appeals purposes, as defined in this IOM, a 'disaster area' is one that the Federal Emergency Management Agency (FEMA) declares. When a Presidential declaration occurs, the HHS Secretary may, under Section 319 of the Public Health Service Act, declare that a Public Health Emergency (PHE) exists in the affected State. Once the Secretary declares a PHE, Section 1135 of the Social Security Act authorizes the Secretary, among other things, to temporarily modify or waive certain Medicare, Medicaid, CHIP, and HIPAA requirements as determined necessary by CMS.
5. 270.1.2 (How to Make and Revoke an Appointment) – MACs will observe the amendments to accepted forms of signatures, which state that all signatures may be handwritten or electronic, digital, and/or digitized. Electronic, digital, and/or digitized signatures are acceptable for appointment of representative instruments providers submit via mail, facsimile, or a CMS-approved secure Internet portal/application.
6. 270.1.6 - Curing a Defective Appointment of Representative – MACs will observe tolling of timeframe when attempting to cure a defective appointment instrument. Where an adjudication time frame applies, the time from the later of the date that a defective appointment of representative was filed or the current appeal request was filed by the prospective appointed representative, to the date when the defect was cured, the party notifies the adjudicator that he or she will proceed with the appeal without a representative, or the 30-day deadline for curing the defect has elapsed with no response, does not count towards the adjudication time frame.
7. 270.1.7 (Incapacitation or Death of Beneficiary) – MACs will observe enhanced guidance to determine proper parties to appeals. MACs must follow state law when determining proper parties to initial determinations and appeals. Legal representatives of deceased beneficiaries can be proper parties to initial determinations and appeals. In order to verify that the requester is the proper representative, MACs must be aware of the current state laws in their jurisdictions and must accept any documentation acceptable by the appropriate state. The documentation must be sufficient to verify that the individual making the request is a proper and valid representative for purposes of initial determinations and appeals under 42 CFR Part 405. The revised manual section gives examples of proper documentation.

ADDITIONAL INFORMATION

The official instruction, CR11042, issued to your MAC regarding this change is available at <https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2019Downloads/R4278CP.pdf>.

If you have questions, your MACs may have more information. Find their website at

<http://go.cms.gov/MAC-website-list>.

DOCUMENT HISTORY

Date of Change	Description
April 12, 2019	Initial article released.

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