



Check Your . . . FAX! (Jurisdiction C)

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Summary: Dr. Robert Hoover, Medical Director for CGS Administrators, LLC (CGS), Jurisdiction C DME MAC reminds you of the importance of using the correct fax number, when requesting an appeal.

Hello and welcome to another edition of Medicare MinuteSM. I'm Dr. Robert Hoover, Medical Director at CGS Administrators, LLC (CGS), the Jurisdiction C DME MAC. Today, I'm going to speak to you about a serious problem, incorrect fax. No, not "facts," but FAXES.

Recently, I've received a number of requests for "LCD Reconsiderations," via fax to my Medical Director fax line. Upon further examination, the requests are not for LCD reconsiderations, but rather requests for a claim redetermination, also known as the first level of appeal. There is an important difference!

Because there are strict guidelines from the Centers for Medicare & Medicaid Services (CMS) for timeliness of claim reconsideration requests, misrouted requests can result in delayed appeals decisions on your claims.

Suppliers who wish to appeal a claim determination must file a timely Redetermination Request. The Appeals staff at CGS handles requests for redeterminations. Information about requesting a redetermination can be found on the newly re-destiendd CGS website at the address shown now on your screen.

This page has all the tips, tools, and forms you need for filing your claim appeal. Note that this page also has a Redeterminations Request form that may be used to fax requests for redeterminations to CGS. Take note of the fax number for these requests. The fax number is 1.615.782.4630.

Requests for a claim redetermination are different from an LCD Reconsideration request. The LCD, or Local Coverage Determination Reconsideration, process is a method by which interested parties can request a revision to an active LCD. It is not the process by which an individual claim (or group of claims) is appealed. Information about LCD Reconsiderations is available on the CGS website at the address shown on your screen.

Requests for LCD Reconsideration, along with the required supporting documentation and clinical literature, may be faxed to me at 1.615.664.5955.

I encourage you to check the information on your Redetermination Request and send the appeal, either via fax or mail, to the correct recipient to avoid delays in the claim decisions.

That does it for this edition of Medicare MinuteSM. As with all of CGS' educational offerings, this is only a summary of certain policy requirements. I encourage you to read the applicable



LCD and related Policy Article for a complete description of the coverage, coding, and documentation requirements.

Thank you for watching and have a nice day.