Determining Whether to Resubmit, Adjust or Appeal a Medicare Claim

As providers review their finalized Medicare claims (processed, paid, rejected or denied), he or she may determine that a change, addition, or correction needs to be made to a finalized claim. Generally speaking this change, addition or correction to the finalized claim can be accomplished in one of three ways:

- Resubmission of the original claim with the changes, additions and/or corrections included;
- Adjustment of the claim with the changes, additions and/or corrections included; or
- Appeal of the claim providing documentation to support the change, addition or correction to the claim.

Therefore, the first thing the provider must do is to determine which of these actions is appropriate for the particular finalized claim he or she are reviewing.

Determining to Resubmit

Providers may resubmit a new, revised original claim if the finalized claim being reviewed was not "posted" to Medicare history in the Common Working File (CWF). Since no historical record of the claim exists in CWF, the provider is free to "create" one, and therefore a new original claim can be submitted. To determine if the finalized claim was "posted" to CWF follow these steps:

1. Access the finalized claim in Fiscal Intermediary Shared System (FISS) Direct Data Entry (DDE) using the Claims Inquiry function - #12 on the INQUIRY Menu.
2. Go to Page 2 of the claim which displays the revenue line items and charges billed on the claim.
3. The first function key selection available at the bottom of Page 2 should be PF2/F2. Press PF2/F2 on your keyboard.
4. Reviewing the page now displayed (line item detail); on the left toward the top is the TPE-TO-TPE (tape to tape) field. If this field contains an "X", the finalized claim was NOT "posted" to CWF.
5. If "X" is present, the claim must be re-submitted as an original claim with the changes, additions, or corrections included.

Determining to Adjust

Most finalized claims that are processed, paid, or rejected (status location code = P B9997 or R B9997) are "posted" to Medicare history in CWF. If a historical record of a claim does exist, an adjustment transaction must be processed to update the historical record. To determine if your finalized claim should be adjusted follow these steps:

1. Access the finalized claim in FISS DDE using the Claims Inquiry function - #12 on the INQUIRY Menu.
2. Confirm that the status location code equals P B9997 or R B9997. **NOTE:** Claims in status location P B9996 or R B7516 CANNOT be adjusted. Providers must wait until these claims progress to status locations P B9997 and R B9997.
3. Go to Page 2 of the claim which displays the revenue line items and charges billed on the claim.
4. The first function key selection available at the bottom of Page 2 should be PF2/F2. Press PF2/F2 on your keyboard.
5. Reviewing the page now displayed (line item detail); on the left toward the top is the TPE-TO-TPE (tape to tape) field. If this field contains an "X", the finalized claim was NOT "posted" to CWF.
6. If the TPE-TO-TPE field is blank or contains any value other than "X", the claim is "posted" in CWF and you must adjust.
7. While still on the line item detail page (MAP171D), scroll (PF6/F6) through the line items to determine if there are any medically denied (DENIAL REAS –denial reason code – is in the 5nnnn range) line items.
8. If there is a medically denied line item on the claim, FISS may not allow the provider to complete the adjustment electronically (reason code 30940). In this instance the provider should submit a hard copy adjustment using the Hard Copy Claim Adjustment/Correction Request Form (go to www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc or www.PalmettoGBA.com/rhhi , select Forms).

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Determining to Appeal

If a claim or a line item on a claim is medically denied (status location = D B9997) and the provider has medical evidence that he or she think should allow the denied service to be covered by Medicare, an Appeal must be filed using the Redetermination Request Form (go to www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc or www.PalmettoGBA.com/rhhi , select Resources then Forms). To determine if your finalized claim should be appealed follow these steps:

1. Access the finalized claim in FISS DDE using the Claims Inquiry function - #12 on the INQUIRY Menu.
2. Confirm that the status location code for the finalized claim equals D B9997. You must Appeal this claim.
3. If the claim status location equals P B9997 or R B9997 you must check for medically denied line items.
4. Go to Page 2 of the claim which displays the revenue line items and charges billed on the claim.
5. The first function key selection available at the bottom of Page 2 should be PF2/F2. Press PF2/F2 on your keyboard.
6. Scroll (PF6/F6) through the line items to discern the medically denied (DENIAL REAS –denial reason code – is in the 5nnnn range) line item(s).
7. If there is medical evidence to support coverage of the medically denied line item(s), you must Appeal this line item(s).

Using these processes should assure that the appropriate action is taken to accomplish changes, additions or corrections to your finalized claims.

Resources:

- **"Direct Data Entry (DDE) User's Manual"** (www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc or www.PalmettoGBA.com/rhhi , select Publications then Manuals)
- **"Hard Copy Claim Adjustment/Correction Request Form"** (www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc or www.PalmettoGBA.com/rhhi , select Forms)
- **Appeals** (www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc or www.PalmettoGBA.com/rhhi , select Resources then Forms)

Disclaimer: The information provided in this job aid was current as of 06/18/2009. Any changes or new information superseding the information in this job aid will be provided in articles, publications and publication dates after 06/18/2009 and will be posted at www.PalmettoGBA.com/anc or www.PalmettoGBA.com/asc.

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