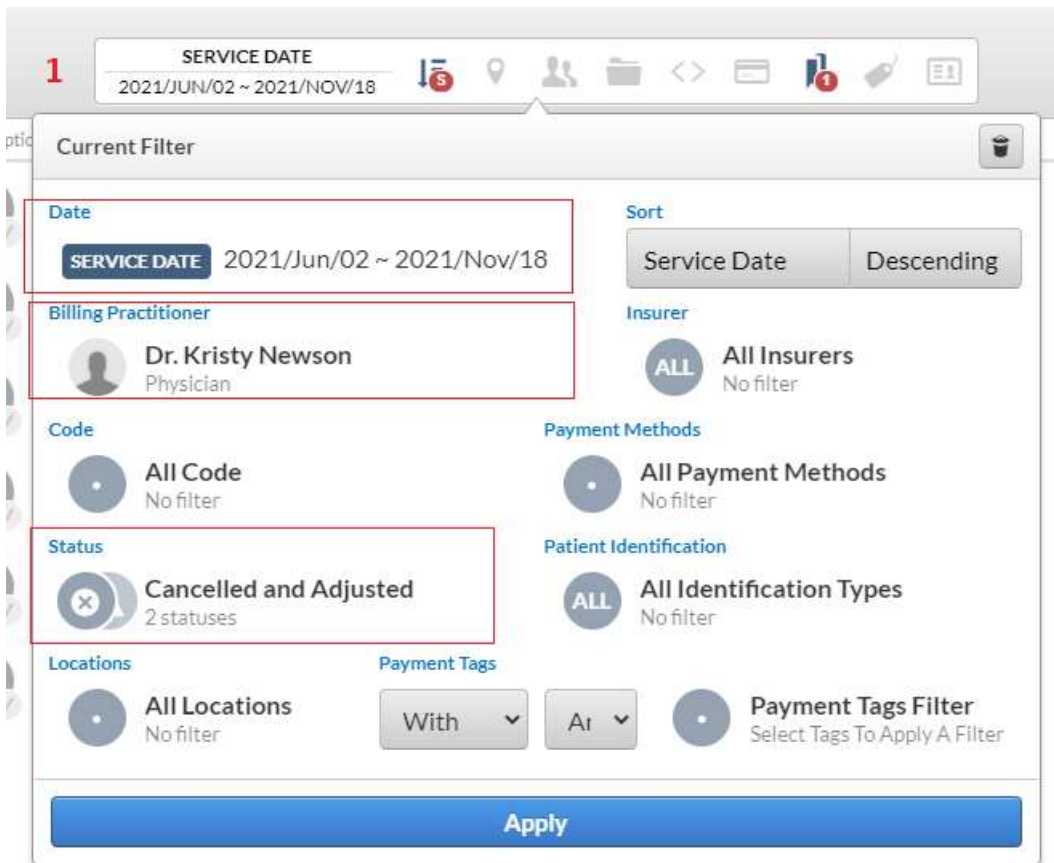

The following document outlines the *interim* billing appeal process. Once developed, this process will be replaced by an Appeal Form within CHR. Please allow for 48 hours from the time you submit the Claim IDs until the report is returned for you to complete.

For any claims that need to be appealed because they have been cancelled or any claims that need to be adjusted please use the appeal process. Do not re-bill claims unless instructed to do so by a Medicare assessor.


To submit an appeal to Medicare please complete the following steps:

1. From the Billing Module on the left side of the screen select to filter the claims so that Cancelled and Adjusted are displayed. Clicking on the top bar will display the Current Filter screen.
 - a. As you can see below – the Date, Billing Practitioner and Status have all been selected to narrow down the results. Status = Adjusted and Cancelled.





2. After clicking Apply the results are returned. Click on one of the columns to display the claim details.
 - a. *NOTE: do not select the patient name or the chart will open

Description	Amount	Patient	Service Date	Issuer	Tags	Submitted Date
CANCELLED ED SESSIONAL TOP-UP FEE F... <small>Total 1 Item / CODE:0007</small>	\$0.00 / \$621.10 <small>INSURED</small>	Frank Thacker <small>PE: 30810451 Male / 2014/Nov/14</small>	2021/Oct/15	PE		N/A

3. From the claim, select the  located in the top right, a popup screen will appear
 - a. Record the 9-digit Claim #. If you don't see the complete Claim #, move your mouse over the number and the full number is displayed.
 - b. You should also record the reason for the appeal, correct fee code and dollar amounts when recording the claim ID so they don't have to go back into each claim to figure out the reason for the appeal
4. Complete this for each claim to be appealed

CLINIC SITE ID 924 PROVIDER ID 980 SPECIALTY GENERAL PRACTICE

STATUS	CODE	DESCRIPTION	BILLED	PAID	
SENT	0113 4789	LIMITED OFFICE VISIT	\$49.10	\$0.00	

Transaction Details

Direction	Status	Paid Amount	Process...	Claim #	Source ID
Outgoing	Submitted	-	202...	626974198	CHR188

5. Navigate to the Inbox, by selecting the icon on the left side of the screen



6. Select the button + Message on the top right of the screen
7. Complete the message form
 - a. To: Medicare Appeals
 - b. Title: Add a descriptive subject (E.g., Appeals for Dr. Adam Smith)
 - c. In the body, enter the list of Claim IDs that will be appealed
 - d. Click Submit
8. A report will be generated for each Claim ID and messaged to the Inbox.
9. The Provider/Billing Resource will review each Claim Report and add comments for the reason of the appeal.
10. Fax each report to Medicare at 902-838-0940.