Administrative Uniformity Committee

This Best Practice is intended for use with the corresponding MN Uniform Companion Guide(s), **Version 5010.**

1. **Title of best practice:**

Appeals - submitting an appeal by a provider to a Minnesota group purchaser

2. **Who does the best practice apply to:**

Providers and Group Purchasers

3. **Narrative description as to what is being addressed by this best practice:**

This document provides further instruction on how a provider should submit an appeal to a Minnesota group purchaser. It includes:

- This general instruction document
- The Common Appeal form
- Instructions for completing the Common Appeal form

4. **The loops, segments and elements, etc. that the best practice applies to:**

Not applicable.

5. **Describe how to do the best practice:**

According to the Minnesota Common Companion Guides for professional, dental and institutional claims, section 3.2.3, an appeal is defined as:

Provider is requesting a reconsideration of a previously adjudicated claim but there is no additional or corrected data to be submitted.

When a provider determines that an appeal needs to be sent, the provider should complete the Appeal Request Form using the instructions provided. Additional documentation should be sent as required by the group purchaser to support the appeal consideration; this documentation does not include resubmission of the claim. The Attachment Cover Sheet must not be sent with the Appeal Request Form.

Fee-for-service Medicaid does not accept the appeals form that corresponds to this Best Practice due to regulatory requirements (citation: 42 CFR 447). In these cases, the provider must submit a new or replacement claim with the necessary documentation as an attachment.

A copy of the Appeal Request Form and the appeal information should be retained by the provider for their records.

6. **Examples to illustrate best practice:**

Examples of Appeals include:

- Timely filing denial
- Payer allowance
- Incorrect benefit applied
- Eligibility issues
- Benefit Accumulation Errors
- Medical Policy / Medical Necessity
- Code Review

7. **AUC approval date:**

11-20-14

8. **Last reviewed date:**

08-06-14