



THE RIGHT CARE FOR EVERY PERSON EVERY TIME

Expedited Appeal Connection

The Medicare Quality Improvement Organization for Florida

Introduction

FMQAI continues to offer educational opportunities related to the Expedited Determination process. Workshops are currently scheduled in Pensacola, Boca Raton, Miami, Fort Myers and Orlando in May and June. Detailed information and online registration is available at our web site www.fmqai.com. Onsite registration is also available. The workshops are generally three hours long and offer practical information regarding completion of the notices along with different scenarios that providers may encounter when delivering notices. CEUs are available for administrators, nursing and social workers. FMQAI encourages your facility to send a representative to an Expedited Appeal workshop and learn the most up-to-date information pertaining to this process.



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Ask Ed and Edna

Just a reminder that if you have any questions for Ed and Edna, please send an e-mail to edandedna@flqio.sdps.org.

? - Can I use the "Additional Information" section on the generic notice to include detailed facts as to why Medicare coverage is ending so that I don't have to issue a detailed notice?

Edna - The provider may include additional information in this section to inform the patient of the reasons for discharge. This information may help the beneficiary understand why discharge is pending at this time. However, regardless of whether the reasons are written on the generic notice, the patient must always get a "Detailed Notice of Non-coverage" as well any time an appeal is requested.

? - Can information written on the notices be hand written instead of being typed?

Ed - Handwriting is permissible as long as it is legible and the size of 12 point font.

Edna - Just a reminder that the provider must retain the original signed generic notice and the patient receives a copy of the original. Thanks for all the questions. Please keep them coming!



Expedited Appeal or ABN? - When to Use Both

Generally there is no need to issue both notices at the same time. The only time both types of notices would be necessary is when all Medicare covered services are ending, but the provider intends to deliver non-covered care. In this situation, the provider must issue the generic notice to advise that Medicare is discontinuing coverage and also give the patient an ABN prior to starting non-covered care. By doing this, the beneficiary can make an informed choice as to whether to pay for these non-covered services or discontinue the services. A common question is when an appeal is completed by the QIO and was denied, could the Intermediary still review the bill? The answer is that after the QIO denies a case, the FI can look at the case. Any initial determination can be appealed.



Part B SNF - When the Notice is NOT Required

Diagnostic x-ray tests

Diagnostic lab tests

Other diagnostic tests directly or under arrangement

Vaccinations or inoculations either directly or under arrangement

SNF providing leg, arm, back, neck braces, trusses, artificial legs, arms, or eyes, including adjustment, repair, and replacement required because of breakage, wear, loss, or change in physical condition either directly or under arrangement

SNF provided ambulance services either directly or under arrangement

SNF provided splints, casts, and other devices used for the reduction of fractures and dislocations either directly or under arrangement

SNF bills for rental or purchase of DME for use in the patient's home or place considered to be the residence either directly or under arrangement

Exhaustion of Part B therapy caps



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