

Non-Contracted Provider Appeals Process

Effective September 18, 2020 - A CMS PDR DOES NOT INCLUDE:

- Payment denials by payers that result in zero payments being made to a non-contracted provider.
- Payment disputes for contracted providers.
- Local and National Coverage Determinations.
- Medical necessity determinations.
- Payment disputes for which no initial determination has been made.

Examples of determinations that would qualify as a request for an appeal:

- Diagnosis code/DRG payment denials
- Down-coding
- Bundling issues and disputed rate of payment
- Level of care or rate of payment denials
- Payment denials by payers that result in zero payments being made to a non-contracted provider.
- Partially approved decisions
- Local and National Coverage Determinations
- Medical necessity determinations

**A NCP does not need to receive zero payment to request an appeal or to otherwise access the Subpart M appeals process.*