DMA-520A Medical Claims Provider Inquiries/Appeals Requests

Overview

Providers must submit requests for medical claims provider inquiries/appeals requests via the webportal *Medical Review Portal* link under the Provider Information - Prior Authorization tabs. (www.mmis.georgia.gov). Supporting documentation is to be electronically attached to the inquiry/appeal. If documentation is not attached, the inquiry/appeal will be auto denied. Once the provider inquiries/appeals request is submitted the provider will be able to view the decision over the webportal and an electronic notification will be sent once a decision has been rendered.

Please note that submitting an appeal to bypass the claims submission process in the GAMMIS web portal is not allowed by DCH. The supporting medical documentation should first be attached to the claim in the claims system prior to submitting a DMA-520A/Appeal. A DMA-520A/Appeal may be submitted on a denied claim or a denied procedure code after it has first been reviewed for medical necessity/emergency in the claims system. If a claim has not been reviewed in the claims system first, the inquiry/appeal will be denied.

DMA-520A Provider Inquiries/Appeal Request Guidelines

- Only one DMA-520A may be used per inquiry. All data fields must be completed.
- The *DMA-520A Provider Inquiry/Appeal* request must be electronically requested via the webportal/Medical Review Portal (www.mmis.georgia.gov).
- Once the electronic inquiry is submitted, providers will receive an **Inquiry Number**. This number starts with a "Q".
- **Electronically** attach the documentation to the inquiry submitted on the webportal**.**
    - o In order to attach a document to a request, the document must be saved to one of the provider's system drives.
    - o The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE.
    - o Do not include the following symbols as part of the file name: \, /, #, &, >, <, ', ".
    - o The name of the file to be attached cannot have the same name of a file that is already attached.
    - o The file size for an individual attachment MUST be less than 20 MB in size; so if a file is especially large, divide the file into two or more files.

- Multiple documents may be attached to one appeal/inquiry request. However, the documentation that is attached should only relate to the member associated with the appeal/inquiry, and not relate to any other members.
- Per the DCH Part 1 policy manual, Section 502.1: Effective July 22, 2016, as part of the GA Medicaid Paperless Initiative which went into effect May 1, 2015, faxes for DMA-520A provider Inquiry/Appeals requests are not accepted.
- This form is only to be used for GMCF Medical Claims Reviews. Claims inquiries (DMA-520) should be sent to DXC.
- Prior Authorizations (PA/UM) inquiries are to be electronically submitted directly to the PA/UM team via the Medical Review Portal under the PA Change and Reconsideration Requests.
- The inquiry should be submitted within 30 days of the denied claim.
- For further information, please refer to Part I, Policies & Procedures, Section 502.
- Paper or faxed DMA-520A provider inquiries/appeals will not be accepted and will be discarded.
- **GMCF does not review: Medicare crossover appeal claims, timely filing, NDC, request for reprocessing of corrected claim, Health Check, duplicate claims, etc. If you have questions regarding these items please contact DXC at 1-800-766-4456.**

- Medical Claims reviews include: sterilization, hysterectomies, abortion, psych > 30 days, out-of-state, EMA, modifiers, podiatry, Synagis, hospice (DMA-521 only), 30 day rolling period, ground ambulance transport (A0433 & A0434), POA/HAC, NCCI, Obs > 24 hours, intensity of service, unlisted procedures, cosmetic procedures, pre- & post-op care by non-operating provider, add-on procedure not allowed without primary code, visits/H&P/consultation included in surgery reimbursement, mammograms limited to one per rolling year, OB ultrasounds limited to three per pregnancy, UA/Cholesterol/Lipids, CBC limited to one per rolling month, chest x-ray diagnosis restriction, codes billed with global or delivery for same pregnancy, procedure allowed once per 280 days, visual field exam limited to certain diagnosis codes, procedure allowed once per year, twelve office visits allowed per year, non-covered procedures, procedure limited to one per member per calendar year, procedure limited to once every three months, procedure limited to one per calendar year or 90 days or 1 calendar month with diagnosis of 585 or 586, bilateral procedure duplicate, uni/bilateral procedure duplicate, bundling/rebundling history adjustment, etc.

Submission Instructions:

Follow these instructions to enter a request.

1. Go to the Webportal/Medical Review Portal: www.mmis.georgia.gov

2. From the *Provider Information, Prior Authorization, Medical Review Portal*, select *Provider Inquiry Form (DMA-520A)*. Also, the list of edits that GMCF reviews is available. See Figure 1

Figure 1

3. Enter either your rendering provider ID or pay to provider ID # if it is not auto populated. Click on the corresponding bullet. See Figure 2

Figure 2

4. If your e-mail and phone information does not automatically populate, please enter the information. See Figure 3

Figure 3

5. Click on the appropriate Review Type. There are four choices: EMA, Medical Claims, Dental and Out-of-State (OOS).
   An Administrative Review can only be requested on a denied appeal. The appeal number "Q" must be included in addition to the ICN for an Administrative Review request. See Figure 4

Figure 4

6. Enter the **ICN** number. Also, indicate if this an appeal for a paid flat rate ER visit. See Figure 5

Figure 5

7. Please enter any comments that you have pertaining to the provider inquiry/appeal. See Figure 6

Figure 6

8. Click on "Submit Inquiry. " Once you click on submit inquiry, the system will show you the inquiry # and then the system will then prompt you to attach the files. See Figure 7

Figure 7

9. The provider inquiry/appeal system will indicate that the record has been saved successfully and the Inquiry Number will be displayed The Inquiry Number starts with a "Q". See Figure 8

Provider Inquiry Form (DMA-520A)

Inquiry Number :	Q1 ███████	
⦿ Rendering Provider ID : ███████		
○ Pay To Provider ID :		
Email : ███████		Phone : ███████
Review Type : ○ EMA ⦿ Medical Claims ○ Dental ○ OOS ○ Administrative		Is this an ER appeal for a paid flat rate of $50 or $52.94? ○ Yes ⦿ No
ICN / Claim Number : ███████		Reprocessed ICN :
Inquiry/Appeal No. : [ ]		
View Edits Reviewed by GMCF		

Comments :
Enter your comments here regarding the provider inquiry/appeal.

Reviewer Comments :

Create an Attachment
If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".
filenames should not include \,/, #,>,<,' and " etc

[   ] Browse... [Attach File]

[Submit Inquiry] [Search for an Inquiry]   [Contact Us]
Record saved successfully.

Figure 8

10. Next electronically attach the supporting documentation for review.

11. **Click Browse** to find the file to be attached. See Figure 9

Create an Attachment
If you want to attach a document to this Request, click on "Browse...", select a document and then, click on "Attach File".
filenames should not include \,/, #,>,<,' and " etc

[   ] Browse... [Attach File]

[Submit Inquiry] [Search for an Inquiry]   [Contact Us]
Record saved successfully.

Figure 9

12. To select a file, highlight the file and click **Open,** or double click the file.

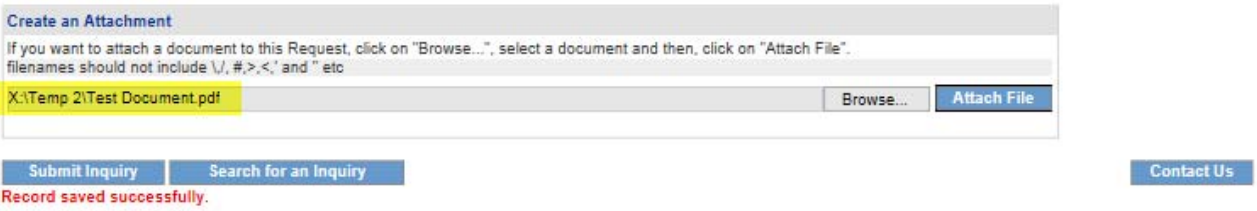13. The file name will appear in the box next to browse. See Figure 10

Figure 10

14. Click **Attach File**. If the file is uploaded, the 'File uploaded successfully' message displays, and a link to the attachment will display in the **Attached Files** table. See Figure 11
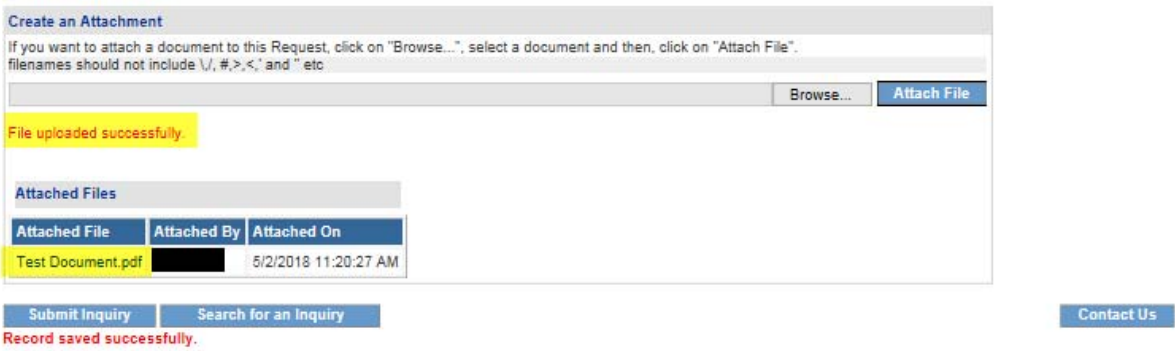

Figure 11