

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.
 - In order to attach a document to a request, the document must be saved to one of the provider’s system drives.
 - The following file types are acceptable for attachments: TXT, DOC, DOCX, PDF, TIF, TIFF, JPG, JPEG, and JPE.
 - Do not include the following symbols as part of the file name: \, /, #, &, >, <, ‘, “.
 - The name of the file to be attached cannot have the same name of a file that is already attached.
 - 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

The screenshot displays the MMIS Medical Review Portal interface. At the top, there is a navigation menu with links for Home, Contact Information, Member Information, Provider Information (highlighted), Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, Eligibility, Presumptive Activations, Health Check, Prior Authorization (highlighted), Reports, and Trade Files. Below the menu, there are links for Home, Search Prior Authorization, Submit/View, Medical Review Portal (highlighted), and Waiver Case Manager. A search bar and a 'Click here for help and information' link are also visible. The main content area is titled 'User Information - Provider' and contains several sections of links:

- Enter and Edit Authorization Requests**
 - Enter a New Authorization Request - Use this link to enter a new prior authorization request. More...
 - Search, Edit or Attach Documentation to Requests - Use this link to search, edit or attach documentation to authorization requests. More...
 - Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Member Medicaid IDs for SwingBed or Katie Beckett requests.
- CMO Authorization Requests**
 - Search or Submit Clinical notes / Attach Documentation for CMO PA Requests - Use this link to search or attach documentation to CMO prior authorization requests. More...
 - Submit Concurrent Review Information for CMO PAs (Change Requests) - Use this link to request a change to existing authorization requests. More...
 - Submit Reconsideration Requests for CMO PAs - Use this link to request a reconsideration to a denied case. More...
- PA Change, Reconsideration and Recertification Requests**
 - Submit/View PA Change Requests - Use this link to request a change to existing authorization requests. More...
 - Submit Reconsideration Requests - Use this link to request a reconsideration to a denied case except CIS request. More...
 - Submit/View PA Recertification Requests - Use this link to request a change to existing authorization requests. More...
 - Submit/View PA Admin Review Requests - Use this link to request a Admin Review to existing authorization requests. More...
 - Use this link to request a Admin Review to your existing authorization requests. Depending on the request type, there may be restrictions on whether a Admin Review can be submitted. Also, use this link to find Admin Review requests previously submitted and view the status of the Admin Review requests.
- PASRR Level I Information**
 - Enter a New PASRR Request - Use this link to enter a new request for PASRR Level I screening.
 - PASRR Level I Search, Edit, and Member Medicaid ID Updates - Use this link to Search, Edit, and modifying Member Medicaid IDs for PASRR Level I.
 - Enter Change Request for a PASRR Level I - Use this link to request a change to your existing PASRR Level I requests when you are More...
- Provider Inquiry and Appeals Form (DMA-520A)**
 - Provider Inquiry Form (DMA-520A) - Use this inquiry form to submit claim for services rendered and is denied. (Indicated by a red arrow)
 - View Edits Reviewed by GMCF - Click this link to view a list of claim edits that are reviewed by Alliant/GMCF.
- Upload Documents and Submissions of non-PA Files**
 - Attach Files For Hospital Care UM Plans - Use this link to submit information related to Hospital Care UM Plans.
 - Requested SURS Records - Use this link to submit SURS records requested by Alliant | GMCF.
 - Based on our records, you currently do not have an Open UCR review that matches the Provider ID associated with your web portal session. Please check and verify that you do not need to change the Provider ID associated with your current portal session.
- Help & Contact Us**
 - Education & Training Material and Links - Use this link to access workshops, webinars, user manuals, and other resources.
 - Contact Us or Search My Correspondence - Use this link to contact review nurse staff behind the scenes of MMIS portal.

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

The screenshot shows the 'Provider Inquiry Form (DMA-520A)'. The 'Inquiry Number' field is populated with a greyed-out value. Below it, the 'Rendering Provider ID' radio button is selected and highlighted with a red arrow. The 'Pay To Provider ID' radio button is unselected. The 'Email' and 'Phone' fields are empty. The 'Review Type' section includes radio buttons for 'EMA', 'Medical Claims', 'Dental', 'OOS', and 'Administrative'. A question 'Is this an ER appeal for a paid flat rate of \$50 or \$52.94?' has 'Yes' and 'No' radio buttons. The 'ICN / Claim Number' and 'Inquiry/Appeal No.' fields are empty. A 'View Edits Reviewed by GMCF' link is present. Below the form are 'Comments' and 'Reviewer Comments' sections. At the bottom are buttons for 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'.

Figure 2

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

This screenshot is identical to Figure 2, but the 'Email' and 'Phone' input fields are highlighted in yellow to indicate where user input is required. The 'Rendering Provider ID' radio button remains selected.

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

The screenshot shows the 'Provider Inquiry Form (DMA-520A)'. The 'Review Type' section is highlighted in yellow and includes radio buttons for 'EMA', 'Medical Claims', 'Dental', 'OOS', and 'Administrative'. Below this, the 'Inquiry/Appeal No.' field is highlighted in yellow, with a red arrow pointing to it and a text annotation: 'The inquiry/appeal number "Q" should be entered here only for Administrative Requests.' Other fields include 'Inquiry Number', 'Rendering Provider ID', 'Pay To Provider ID', 'Email', 'Phone', 'ICN / Claim Number', and 'Reprocessed ICN'. There are also checkboxes for 'Is this an ER appeal for a paid flat rate of \$50 or \$52.94?' and 'Yes/No'. At the bottom, there are buttons for 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'.

Figure 4

6. Enter the [ICN](#) number. Also, indicate if this an [appeal for a paid flat rate ER visit](#). See Figure 5

The screenshot shows the 'Provider Inquiry Form (DMA-520A)'. The 'ICN / Claim Number' field is highlighted in yellow. The 'Review Type' section is also highlighted in yellow and includes radio buttons for 'EMA', 'Medical Claims', 'Dental', 'OOS', and 'Administrative'. Below this, the 'Is this an ER appeal for a paid flat rate of \$50 or \$52.94?' checkbox is highlighted in yellow, with 'Yes' and 'No' options. Other fields include 'Inquiry Number', 'Rendering Provider ID', 'Pay To Provider ID', 'Email', 'Phone', 'Inquiry/Appeal No.', and 'Reprocessed ICN'. There are also checkboxes for 'View Edits Reviewed by GMCF'. At the bottom, there are buttons for 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'.

Figure 5

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

Provider Inquiry Form (DMA-520A)

The screenshot shows the 'Provider Inquiry Form (DMA-520A)'. The form includes several input fields: 'Inquiry Number', 'Rendering Provider ID', 'Pay To Provider ID', 'Email', 'Phone', 'Review Type' (with radio buttons for EMA, Medical Claims, Dental, OOS, Administrative), 'ICN / Claim Number', and 'Inquiry/Appeal No.'. There are also checkboxes for 'Is this an ER appeal for a paid flat rate of \$50 or \$52.94?' and 'Reprocessed ICN'. A link 'View Edits Reviewed by GMCF' is present. The 'Comments' section is highlighted in yellow and contains the text 'Enter your comments here regarding the inquiry/appeal.'. Below the comments section is a 'Reviewer Comments' field. At the bottom, there are three buttons: 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'.

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

Provider Inquiry Form (DMA-520A)

This screenshot is identical to Figure 6, showing the 'Provider Inquiry Form (DMA-520A)'. The 'Comments' section is empty. A red arrow points to the 'Submit Inquiry' button at the bottom left of the form.

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

The screenshot displays the 'Provider Inquiry Form (DMA-520A)'. At the top, a yellow banner reads 'Record saved successfully.' Below this, the 'Inquiry Number' field is highlighted in yellow and contains 'Q1' followed by a redacted number. The form includes several sections: 'Rendering Provider ID' (selected), 'Pay To Provider ID', 'Email', 'Phone', 'Review Type' (with 'Medical Claims' selected), 'ICN / Claim Number', 'Inquiry/Appeal No.', and a question 'Is this an ER appeal for a paid flat rate of \$50 or \$52.94?' with 'No' selected. There are also fields for 'Reprocessed ICN' and 'View Edits Reviewed by GMCF'. A 'Comments' section is present with a text area and a 'Reviewer Comments' section. At the bottom, there are buttons for 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'. A yellow banner at the bottom left repeats '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

This screenshot focuses on the 'Create an Attachment' section of the form. It shows the instruction: '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'. The 'Browse...' button is highlighted in yellow. Below the form, there are buttons for 'Submit Inquiry', 'Search for an Inquiry', and 'Contact Us'. A red banner at the bottom left reads '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

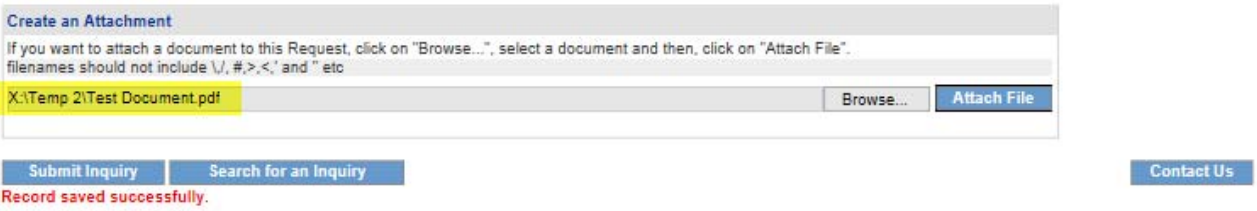


Figure 10

- 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

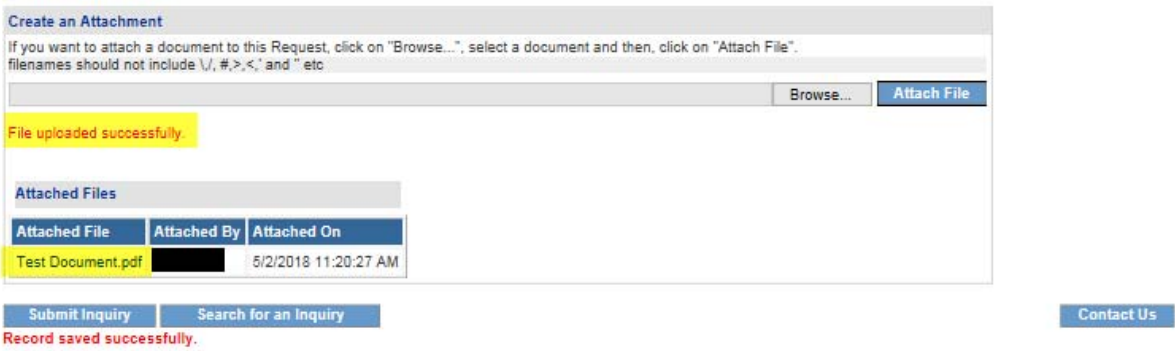


Figure 11