Understanding Medicare Part B Fee-for-Service

A Guide for Health Care Providers and Practice Administration

Example EYLEA® (aflibercept) Injection Claim Issues and Applicable Medicare Part B Fee-for-Service Provisions

Medical Necessity/Covered Services	Prompt Payment	Request for Additional Information	Filing Deadlines	Provider Appeals
Issue: Medicare Administrative Contractor (MAC) delays decision pending medical necessity determination. **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA injections. MAC must make a determination that the injections are medically necessary.	**Issue:** MAC delays timely payment pending medical necessity determination. **Example scenario:** Patient is diagnosed and meets medical necessity criteria for EYLEA injections. Provider submits a claim for EYLEA reimbursement, but 31 days later, claim is still pending.	**Issue:** Subsequent request for additional information. **Example scenario:** Provider submits a claim for EYLEA reimbursement, but 31 days later, MAC indicates payment of claim is pending receipt of additional information.	**Issue:** Claim is past the filing deadline. **Example scenario:** Provider timely submits an EYLEA claim. MAC denies the claim for being past the filing deadline.	**Issue:** Provider appeals. **Example scenario:** Provider wants to challenge MAC's denial or reduction of an EYLEA claim.
Section 1862(a)(1)(A) of the Social Security Act states...	**Title 42 Code of Federal Regulations Section 405.922 states...**	**Medicare Program Integrity Manual, Chapter 3, Section 3.2.3 states...**	**Title 42 Code of Federal Regulations Section 424.44 states...**	**Title 42 Code of Federal Regulations Section 405.960 states...**
The Social Security Act requires payment for items or services that are reasonable and necessary without the need for preservice authorization. Medicare coverage and payment for items and services depend on a determination that an item or service: • Falls within a benefit category • Is not specifically excluded from coverage • Is reasonable and necessary for the diagnosis or treatment of illness or injury or to improve the functioning of a malformed body member	Deadline to issue an initial determination on a Medicare Part B claim is **30 days** from receipt of a clean claim.* Interest at the rate specified must be paid for the period beginning on the day after the required payment date and ending on the date the payment is made. *Claim with no defect or impropriety (eg, lack of required substantiating documentation) or circumstance requiring special treatment that prevents timely payment from being made on the claim.	MAC should request only those pieces of documentation needed to make a determination. Requested documentation must be submitted **within 45 calendar days** of the request. Reviewers will deny claims for which the requested documentation is not received by day 46.	With certain exceptions, claim must be filed no later than the close of the period ending 1 calendar year after the date of service.	If claim is denied as "noncovered" or "not medically necessary," provider should request a redetermination **within 120 calendar days** from the date the notice of initial determination is received. If dissatisfied with a redetermination decision, provider may request a reconsideration by a Qualified Independent Contractor (QIC). The request must be filed **within 180 days** from the date the provider receives the notice of redetermination decision. The request must be filed with the QIC indicated on the notice of redetermination and be made on the Medicare Reconsideration Request—2nd Level of Appeal Form (downloadable at http://bit.ly/2ndLevAppeal). Generally, the QIC must provide written notice of the reconsideration to the parties **within 60 calendar days** of the date the QIC receives the request for reconsideration. Provider may appeal beyond reconsideration to an Administrative Law Judge and Medicare Appeals Council if the "amount in controversy" threshold is met.

Visit CMS.gov and click the Medicare tab for in-depth information about appeals and grievances, billing, coding, contracting, payments, and more.

Visit NavigatingPayerChallenges.com for state-specific and federal legislation or contact your Reimbursement Business Manager (RBM) for more information

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This material is provided for informational purposes only, is subject to change, and should not be construed as legal or medical advice. Use of this information to challenge or appeal a coverage or reimbursement delay and/or denial by a payer is the responsibility of the provider.

Reference: Data on file. Regeneron Pharmaceuticals, Inc.

This information is provided to you by Regeneron, the maker of

EYLEA® (aflibercept) Injection