

Appealing Medicare Demand Letters

March 29, 2017

When Medicare has determined that an overpayment has occurred, a Demand Letter is issued. Providers are given 30 days from the date of the Demand Letter to pay the requested overpayment amount. Timely payment is needed to avoid interest from accruing.

The Demand Letter includes detailed information necessary to satisfy the overpayment and information on how to submit an appeal if there is a disagreement with the overpayment. The Demand Letter will also be assigned a Letter Number which is used to identify what has been demanded by Medicare.

Demand Letter Example:



If the provider disagrees with the overpayment decision, an appeal may be filed. The first level of an appeal is a redetermination. A redetermination request must be filed within 120 days from the date of the Demand Letter. **However, to avoid recoupment from occurring, the redetermination must be filed within 30 days from the date of the demand letter.** Unless otherwise shown, Noridian will assume the demand letter was received by the provider within five days from the date on the letter.

The following items must be submitted when appealing Demand Letters:

- **Overpayment Invoice**
- **Entire copy of the Demand Letter**
- **Redetermination Request Form - Signature Required Form.** Complete all form fields. An incomplete request is counted as a dismissal. *****Note:** If submitting a request that contains multiple Internal Control Numbers (ICN's), attach a detailed spreadsheet along with the completed redetermination request form. The spreadsheet must include each beneficiary name, Health Insurance Claim Number, date of service, procedure code(s) and associate ICN.
- **Medical Documentation** to support medical necessity
- **Appointed Representative(s)** that are appealing on behalf of the provider or beneficiary must include a completed Appointment of Representative (AOR) form