

Unprocessable Claim Rejections Do Not Have Appeal Rights

Below is a screen print from page 121 of the Centers for Medicare & Medicaid Services (CMS) publication titled, "Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers." WPS Medicare frequently receives redetermination requests for Medicare claim rejections that have a Remittance Advice Remark Code (RARC) of MA130. The RARC MA130 states, "Your claim contains incomplete and/or invalid information, and no appeal rights are afforded because the claim is unprocessable. Please submit a new claim with the complete/correct information."

In addition, to RARC MA130, the Remittance Advice will contain one or more additional messages detailing the specific reason for the rejection. Please verify your software is accessing all remarks and reason codes provided. Providers are also encouraged to obtain claim denial and claim rejection information using self-service technologies. This includes the Interaction Voice Response (IVR) System and the CMS Secure Net Access Portal (C-SNAP). For additional information on these technologies, please visit our Websites below:

- http://www.wpsmedicare.com/part_b/selfservice/ivr.pdf
- <https://www.medicareinfo.com/apps/cms/home.do>

If after researching the additional remarks codes and using the self-service technology available, you do not understand the reason for the rejection, please contact WPS Medicare Provider Customer Service for assistance. The telephone numbers for Customer Service are available on our Website at

http://www.wpsmedicare.com/part_b/selfservice/contact_info.shtml#phone

1	EXAMPLE MEDICARE CARRIER 1000 SOMEPLACE LANE FAIRFAX, VA 22033-0000 1-877-555-1234	MEDICARE	# : 999999 1 OF 2 /28/03 # : 000234569
	EXAMPLE MEDICARE PROV 200 DOCTORS DRIVE SUITE 200 SOMEWHERE, NJ 16666		
Examples of where RARC information MAY appear on a Standard Paper Medicare Remittance Notice. This information should also appear on any electronically downloaded Medicare Remittance Notice.			
	PERF PROV SERV DATE NAME FISCHER, BENNY 123456ABC 0225 022502 11 1 99213 FT RESP 9.97 10.31 CLAIM TOTALS 66.00 49.83 0.34 9.97		GRP/RC AMT PROV PD ASG Y MOA MA01 PR-96 16.17 39.52 NET 16.17 39.52
	NAME FISCHER, BENNY HIC 9999999999 ACNT FISC6123133-01 ICN 0202199306850 123456ABC 0117 011702 11 1 99213 66.00 49.83 0.00 9.97 PR-96 16.17 39.86 FT RESP 9.97 CLAIM TOTALS 66.00 49.83 0.00 9.97 CLAIM INFORMATION FORWARDED TO: NEW JERSEY MEDICAID NET 16.17 39.86		
2	NAME HURT, I. M. HIC 9999999999 ACNT HURTS-329 ICN 0202199306860 123456ABC 0117 011702 11 1 90659 25.00 3.32 0.00 0.00 CO-42 21.68 3.32 123456ABC 0117 011702 11 1 G0008 10.00 4.46 0.00 0.00 CO-42 5.54 4.46 FT RESP 0.00 CLAIM TOTALS 35.00 7.78 0.00 0.00 NET 27.22 7.78		
	NAME MARLOWE, PHILIP HIC 9999999999 ACNT MARLO861-316 ICN 0202199306870 123456ABC 0209 020902 11 1 99213 66.00 49.83 0.00 9.97 PR-96 16.17 39.86 FT RESP 9.97 CLAIM TOTALS 66.00 49.83 0.00 9.97 ADJ TO TOTALS: PREV PD 10.00 INT 0.00 LATE FILING CHARGE 0.00 CLAIM INFORMATION FORWARDED TO: NEW JERSEY MEDICAID NET 29.86		
	NAME RAP, JACK HIC 9999999999 ACNT RAP33-721 ICN 0202199306880 123456ABC 0314 031402 11 1 99213 66.00 49.83 0.00 9.97 PR-96 16.17 39.86 123456ABC 0314 031402 11 1 82962 10.00 4.37 0.00 0.00 CO-42 5.63 4.37 123456ABC 0314 031402 11 1 94760 12.00 0.00 0.00 0.00 CO-B15 12.00 0.00 REM. M80 FT RESP 9.97 CLAIM TOTALS 88.00 54.20 0.00 9.97 NET 33.80 44.23		
3	TOTALS: # of BILLED ALLOWED DEDUCT COINS TOTAL PROV PD CLAIMS AMT AMT AMT AMT RC AMT AMT PROVIDER ADJ DETAILS: 5 321.00 211.47 0.34 39.88 109.53 161.25 FLB REASON CODE 50 FCH HIC AMOUNT FB 0202199306770 9999999999 15.44 5.81		PROV CHECK ADJ AMT AMT 31.25 130.00

To view the entire CMS publication, please refer to the following CMS Website:
http://www.cms.hhs.gov/MLNProducts/downloads/RA_Guide_Full_03-22-06.pdf