

# Georgia Medicaid Fair Provider Appeal Process

Presented by: Shawnteel Bradshaw (Gainwell Technologies) Presenter  
Debbie Smiley (Department of Community Health)  
Davilyn Ariail (Alliant Health Solutions)



For access to this presentation, please visit: [www.mmis.georgia.gov](http://www.mmis.georgia.gov) -> Provider Information -> Provider Notices – “Presentation – [Georgia Medicaid Spring Virtual Fair 2022 – Provider Appeal Process - YouTube](#)”

# Mission

## The Georgia Department of Community Health

We will provide Georgians with access to affordable, quality health care through effective planning, purchasing and oversight.

***We are dedicated to A Healthy Georgia.***

# Agenda

- DMA-520 Initial Provider Review
- DMA-520 2<sup>nd</sup> Level/Administrative Review
- DMA-520A Medical Review/OOS
- DMA-520A Medical Review 2<sup>nd</sup> Level/Administrative Review
- Administrative Law Hearing (OSAH)
- IVRS Overview
- Contact Us
- Session Review
- Closing, Questions and Answers

# DMA-520 Initial General Claim Denial Review

How to appeal denied claims



**CLAIM  
DENIED**

Tips for Writing Your Appeal

# DMA-520 Claim Inquiry Guidelines

- Only one DMA-520 form may be electronically submitted per inquiry. All data fields must be completed on the e-form in Georgia Medicaid Management Information System (GAMMIS).
- For new inquiries, a Contact Tracking Number (CTN) will be provided. Please use this CTN and the Claim ICN to track your appeal request.
- For previously submitted inquiries, the status will be provided along with the option to electronically upload supporting documentation. **Include ALL supporting documentation for your appeal via the CTN.**
- If the CTN status is CLOSED, you will not be able to upload supporting documentation.

# DMA-520 Commonly Reviewed Edits – Gainwell Technologies

535 ADJUSTMENT EXCEEDS TIMELY FILING PERIOD	5087 SVC BILLED INCL IN HLTH CHCK SEPARATE BILL NOT CVD.
5674 SERVICE NOT ALLOWED DURING HOSPITAL STAY	3051 PA/PREPERT HEADER STATUS IS DENIED OR SUSPENDED
607 ATTACHMENT INDICATED BUT NOT YET RECEIVED	1087 MEMBER NOT ELIGIBLE FOR NH ON DOS
1018 NO/PARTIAL PRICING SEGMENT ON FILE FOR PROVIDER	1825 ORDERING PROV NOT ACTIVE/ELIGIBLE
2505 MEMBER COVERED BY PRIVATE INSURANCE	4027 DIAGNOSIS NOT ALLOWED FOR DATE OF SERVICE
2502 MEMBER COVERED BY MEDICARE B - NO ATTACHMENT	6704 MCARE PART-B DEDUCT GREATER THAN YEARLY ALLOWABLE
5628 POSSIBLE DUPLICATE	3423 DIAGNOSIS BILLED IS NOT VALID FOR COS
1770 INPATIENT PART-B CLAIMS REQUIRE AN EOB ATTACHMENT:	4801 BILLING RULE NOT FOUND FOR THE BILLED PROCEDURE
2017 MEMBER SERVICES COVERED BY CMO PLAN:	2521 MEDICARE PART B WILL COVER SOME INPATIENT SERVICES
545/512 TIMELY FILING – HEADER	3041 PA/PREPERT LINE STATUS IS DENIED OR SUSPENDED
2003 MEMBER INELIGIBLE ON DETAIL DATE OF SERVICE	4039 DIAGNOSIS CANNOT BE USED AS PRINCIPAL DIAGNOSIS
4038 THE NATIONAL DRUG CODE IS NOT VALID FOR THE DOS:	5934 SERVICE ALLOWED IN INPATIENT SETTING ONLY

# Tips

- Bill claims within six months from the date of service. Keep up with your denials and submitted documentation.
- Research your claims denials.
- Review the Part 1 and Part 2 policy manuals and applicable fee schedules.
- Contact the Gainwell Technologies' Call Center for questions.
- Consult with your assigned Gainwell Technologies Field Representative.

# DMA-520 Documentation

## Examples:

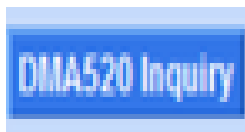
- EOBs (If Applicable)
  
- Claims Submissions History - Timely Filing (If Applicable)






# DMA-520 Form (Gainwell Technologies) - Initial Provider Review

- The DMA-520(s) must be submitted via the GAMMIS Web Portal at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov).
- Claims must complete the payment cycle.
- Search for your denied ICN.
- Select DMA-520 and complete all required fields.
- DMA-520 appeal request must be requested within **30 days** of the claim's denial or adverse action.
- (**Blue DMA-520** Option will appear if timely)



# DMA-520 – Not Appeal Eligible

Institutional Claim	
<b>Adjudication Information</b>	
ICN/TCN	DMA520 Inquiry 
RA Date	Claim Status
Total Paid Amount \$0.00	
<b>Billing Information</b>	
Rendering Provider ID 0000	Release of Information* <input type="text"/>
Rendering Taxonomy	From Date* <input type="text"/>
Member ID*	To Date* <input type="text"/>
Last Name*	Admission Date <input type="text"/>
First Name, MI*	Admission Hour <input type="text"/>
Date of Birth* <input type="text"/>	Admission Type* <input type="text"/>
Gender*	Admit Source <input type="text"/> [ Search ]
Patient Account # <input type="text"/>	Discharge Hour <input type="text"/>
Medical Record # <input type="text"/>	Patient Status* <input type="text"/> [ Search ]
Attending Physician <input type="text"/>	PA/Precert Number <input type="text"/>
Operating Physician <input type="text"/>	Referral Number <input type="text"/>
Other Operating Physician <input type="text"/>	Referring Provider ID <input type="text"/>
Service Facility ID <input type="text"/>	Referring Provider Name (Last, First, MI) <input type="text"/>
Type of Bill* <input type="text"/>	Patient Responsibility <input type="text"/> \$0.00
Type of Bill Frequency* <input type="text"/>	
ICD Version* ICD-10	<b>Amount Totals</b>
	Total Charges \$0.00

Not Eligible for an Appeal

# DMA-520 - Appeal Eligible

[ Refresh session ] You have approximately 19 minutes until your session will expire. Thursday, July 17, 2014

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy  
Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | Reports | Trade Files

Home Search (Void, Adjust) New Dental Claim New Institutional Claim New Professional Claim

User Information - Provider ?

[Provider Billing Manuals](#)

re-submit cancel

**Professional Claim** ?

Adjudication Information

ICN/TCN	<input type="text"/>	<b>DMA520 Inquiry</b> ←	Claim Status	DENIED
RA Date	06/25/2014		Total Paid Amount	\$0.00

Billing Information

Rendering Provider ID	<input type="text"/>	Release of Information*	Y - SIGNED STMT PERMITTING RELEASE	
Rendering Taxonomy	<input type="text"/>	Related Causes Code 1	<input type="text"/>	
Member ID*	<input type="text"/>	Related Causes Code 2	<input type="text"/>	
Last Name*	<input type="text"/>	Accident State	<input type="text"/>	
First Name, MI*	<input type="text"/>	Accident Date	<input type="text"/>	<input type="text"/>
Date of Birth*	<input type="text"/>	Admit Date	<input type="text"/>	<input type="text"/>
Gender*	F - Female	Discharge Date	<input type="text"/>	<input type="text"/>

# DMA-520 Form

(continued)

For new inquiries, a call tracking number (CTN) will be provided. Please use this to track your request. For previously submitted inquiries, the status will be provided along with the option to upload additional supporting documentation where the CTN Status is not closed.

[submit](#) [clear](#)

**DMA Claim Inquiry Form**

**Provider Demographic Information**

Name		Address 1	100 PEACHTREE STREET
Medicaid Provider ID		Address 2	
Reference Provider ID		City, State	TUCKER, GA
		Zip	30084-1000

**Contact Information**

The person who should be contacted regarding this inquiry.

Contact Name (Last, First)*	<input type="text"/>	<input type="text"/>
Contact Phone, Ext*	<input type="text"/>	<input type="text"/>
Contact E-Mail Address*	<input type="text"/>	

**Claim Information**

See the submitted claim values below and the adjudication results.

ICN	2219000000000	Member ID	2211000000000
Claim Type	PROFESSIONAL CLAIMS	Member Name (Last, First)	MEDICAID FAIR TEST MEMBER
From DOS	04/12/2019	RA Date	04/15/2019
To DOS	04/12/2019	Claim Status	DENIED

**Inquiry Request**

Please select the claim inquiry reason and enter a written explanation that supports your inquiry. Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.

Claim Inquiry Reason*	<input type="text"/>
Written Explanation*	<input type="text"/>
Date of Inquiry	04/15/2019

# DMA-520 Inquiry Requirements

- ✓ Contact Name (Last, First)
  - ✓ Contact Phone, Extension
  - ✓ Contact Email Address
  - ✓ Claim Inquiry Reason\*
  - ✓ Written Explanation
- **Example:**
  - Member Eligible For CMO/Retro Eligibility
  - Other Inquiry Not listed
  - Procedure Not Covered
  - Timely Filing

# Submit DMA-520

- Submit your DMA-520.
- CTN Tracking number is received.
- Upload any supporting documents.

# DMA-520 Upload Attachments

The DMA-520 Attachment upload panel allows the user to add documents to inquiries.

1. Click here to indicate you will be submitting an attachment.
2. Select the browse button to allow you to choose a file to upload to your inquiry (file type: jpg, tif or pdf).
3. Select the upload attachment button to associated your file to the provider inquiry.

The image shows two screenshots from a web application. The top screenshot is titled "DMA Claim Inquiry Form" and displays "Call Tracking Information" with fields for "CTN" (14766730), "Attachments" (with a link "Click here to upload attachments."), "CTN Status" (OPEN), and "Status Date" (04/15/2019). A red arrow labeled "1" points to the "Click here" link. The bottom screenshot is titled "DMA520 Attachment Upload" and shows a file upload interface with a text box containing "C:\Users\dwilliams252\De" and a "Browse..." button. A red arrow labeled "2" points to the "Browse..." button. To the right, there is a blue "upload attachment" button with a red arrow labeled "3" pointing to it.

# DMA-520 E-mail Notification

You will receive an e-mail from [DoNotReply@gammis.com](mailto:DoNotReply@gammis.com) notifying you here is a response regarding the submitted DMA-520.

**Georgia DCH Email Request -**

**Email Link:** [Click here to access the GAMMIS web portal.](#)

**From:** State of Georgia DCH

**Reference Provider ID:** REF007790440

**CTN:** 14766730-1

This link was sent on 4/15/2019 10:32:29 AM

You will need to have a valid user name and password to access the letter on the DCH website.

**Details:** Once authenticated on the GAMMIS Web portal, navigate to the "Reports" menu, then select "Letters". Choose the letter CTM-1934-O:PSCC Claim Status Letter from the list and click the search button. Letters are sorted by date, so select the letter with the date of 4/15/2019 .

**Notice: Online letters may not be available for viewing for up to one business day.**



# DMA-520 Response Letter

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD  
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | Prior Authorization | **Reports** | Trade Files

Home Financial Reports HS&R Reports Other Reports **Letters**

★GAMMIS:Letters <- Bookmarkable Link ☆ Click here for help and information about bookmarks

(click to hide) Alert Message posted 2/24/2012

This site is for testing purposes only!

This site is for testing purposes only. Any information provided on it is for demonstration purposes only.

**User Information - Provider**

PDF Reader Required

**NOTE:** If you don't have a PDF reader already installed, Adobe Acrobat Reader is required to view these documents. [Click here to obtain the latest version of the free Adobe Reader.](#)

File Download Issues

Some users may have difficulty downloading files. Often this is caused by pop-up windows being blocked or by security settings in the browser. [Click here for help with download issues.](#)

**Letters**

Letter\* CTM-1934-O: PSCC Claim Status

From Date\* 01/01/2019

To Date\* 04/30/2019


Records 20

search clear

**Search Results (2 rows returned)**

Report Name	Run Date
04/15/2019 - CTM-1934-O: PSCC Claim Status : Doc Key#= 24452092	4/15/2019 4:00:00 AM
04/15/2019 - CTM-1934-O: PSCC Claim Status : Doc Key#= 24452093	4/15/2019 4:00:00 AM

# DMA-520 Response Letter (continued)

 **GEORGIA DEPARTMENT  
OF COMMUNITY HEALTH**

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September 27, 2021

CTM-1934-O/XX/56318291  
Atlanta City Hospital  
123 Peachtree Street  
Atlanta, GA 30331

Attn: DMA Submitter  
Re: Written Correspondence concerning claim status  
CTN - QUESTION NUM: 35501408-1  
Dear Provider:

Thank you for contacting Gainwell Technologies. We received your DMA-520 or written correspondence for review. Gainwell has researched the issue. The result and explanation of our findings are as follows:

**Provider's Inquiry**

Member Name: Patient's Name	ICN: Claim Number
Date(s) of Service: April 17, 2021	The Claim Processed On: September 13, 2021
Billed: \$2,190.00	Remittance Advice: 11355856

**Gainwell's Response:**

- The claim date of service is past the timely filing limit. Claims with the date past the filing time need to have documentation stating reason(s) why the claim should be reconsidered for processing.
- An error occurred during the processing of the claim or additional supporting documentation as included with your inquiry. Gainwell has resubmitted the claim for processing. Please allow thirty days for the claim to be reprocessed.
- The claim was paid.
- The claim was partially paid. See explanation codes below.
- ✓ The claim was denied. See explanation codes below.
- Other.

If you have any questions, please contact our Provider Services Group, open Monday through Friday, 7am to 7pm at 800-766-4456 or Member Contract Center at 1-866-211-0950 or 770-325-2331.  
Out of State Providers, please call 800-766-4456.

1428163600 10 001 0 100000  
CTM1934O 1018

# DMA-520 Administrative Review

## DCH Second Level Appeal



# DMA-520 Administrative Review

## (DCH – Provider Review)

### 2<sup>nd</sup> Level Administrative Review Inquiry Guidelines

The Department Of Community Health offers any provider the opportunity to request an administrative (2<sup>nd</sup> level) review associated with a DMA-520 Inquiry form [Claim denial for payment or proposed adverse action (i.e. untimely filing, procedure code invalid)]. It must be submitted electronically through GAMMIS at [www.mmis.georgia.gov](http://www.mmis.georgia.gov).

- Must be requested/received within **30 days** of the date of the proposed adverse action notification (the blue Administrative review option will appear if timely).
- Once the status of your DMA-520 shows as “CLOSED,” the option to request an Administrative/2<sup>nd</sup> Level review will appear. **There is no appeal rights once the Administrative Review button is grayed out.**

# Administrative Review Supporting Documentations

- EOBs (if applicable)
- Claims Submissions History – Timely Filing (if applicable)
- Member Eligibility Screen Print (if applicable)
- Member Lock in and Member update information – fax time stamp to member services (if applicable)
- EOBs from Primary (if applicable)

# 2<sup>nd</sup> Level/Administrative Review

- To initiate the Administrative Review, **Search for your Claim ICN** and click the DMA-520 button and then the Administrative Review button.
  - The information previously indicated on the DMA-520 Claim Inquiry Form will auto populate into the Administrative Review.
  - Make sure the contact information is up to date.
  - Add information in the Written Explanation box to explain the reason for the administrative review.
  - Submit your online request and a new CTN will be assigned.
  - The CTN status will be “OPEN” and you will have the option to upload supporting attachments/documentation.
- **Note: The DCH does not have a time limit to respond to Administrative Reviews.**

# 2<sup>nd</sup> Level/Administrative Review

(continued)


Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy  
Account | Providers | Training | **Claims** | Eligibility | Presumptive Activations | Health Check | Prior Authorization | GBHC Referral | Reports | Trade Files  
Home Search (Void, Adjust) New Dental Claim New Institutional Claim New Professional Claim

User Information - Provider ? ⌵

[Provider Billing Manuals](#)

**Professional Claim** ? ⌵

Adjudication Information

ICN/TCN   
RA Date 06/25/2014   **Claim Status DENIED**  
Total Paid Amount \$0.00

Billing Information

Rendering Provider ID   
Rendering Taxonomy   
Member ID\*   
Last Name\*   
First Name, MI\*   
Date of Birth\*    
Gender\* F - Female

Release of Information\* Y - SIGNED STMT PERMITTING RELEASE   
Related Causes Code 1   
Related Causes Code 2   
Accident State   
Accident Date    
Admit Date    
Discharge Date



# 2<sup>nd</sup> Level/Administrative Review

(continued)

**DMA Claim Inquiry Form**

**Call Tracking Information**

CTN 14766730  
Attachments [Click here](#) to see a list of submitted attachments.  
To view the decision of your inquiry, please go to the [Letters page](#) found under the Reports menu and search for/select your assigned CTM-1934-O letter.

CTN Status CLOSED  
Status Date 04/15/2019  
**Administrative Review**  
Click on the Administrative Review button to create an Administrative Review.

**Provider Demographic Information**

Name [Redacted] L  
Medicaid Provider ID [Redacted]  
Reference Provider ID [Redacted]

Address 1 100 PEACHTREE STREET  
Address 2  
City, State TUCKER, GA  
Zip 30084-1000

**Contact Information**

The person who should be contacted regarding this inquiry.

Contact Name (Last, First) [Redacted]  
Contact Phone, Ext (8) [Redacted]  
Contact E-Mail Address [Redacted]

**Claim Information**

See the submitted claim values below and the adjudication results.

ICN 2219000000000  
Claim Type PROFESSIONAL CLAIMS  
From DOS 04/11/2019  
To DOS 04/11/2019

Member ID 2211000000000  
Member Name (Last, First) MEDICAID FAIR TESTING  
RA Date 04/15/2019  
Claim Status DENIED

**Inquiry Request**

Please select the claim inquiry reason and enter a written explanation that supports your inquiry. Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.

Claim Inquiry Reason Other Inquiry Issue Not Listed Above  
Written Explanation Please advise all details to support this inquiry.  
Date of Inquiry 04/15/2019



# 2<sup>nd</sup> Level/Administrative Review

(continued)

For new inquires, a call tracking number (CTN) will be provided. Please use this to track your request. For previously submitted inquiries, the status will be provided along with the option to upload additional supporting documentation where the CTN Status is not closed.

**Administrative Review Form**

**Provider Demographic Information**

<b>Name</b>	MEADOWS, BILL	<b>Address 1</b>	100 PEACHTREE STREET
<b>Medicaid Provider ID</b>	<input type="text"/>	<b>Address 2</b>	
<b>Reference Provider ID</b>	REF007790440	<b>City, State</b>	TUCKER, GA
		<b>Zip</b>	30084-1000

**Contact Information**

The person who should be contacted regarding this inquiry.

<b>Contact Name (Last, First)*</b>	<input type="text"/>	<input type="text"/>
<b>Contact Phone, Ext*</b>	<input type="text"/>	<input type="text"/>
<b>Contact E-Mail Address*</b>	<input type="text"/>	

**Claim Information**

See the submitted claim values below and the adjudication results.

<b>ICN</b>	2219000000000	<b>Member ID</b>	2211000000000
<b>Claim Type</b>	PROFESSIONAL CLAIMS	<b>Member Name (Last, First)</b>	MEDICAID FAIR TESTING
<b>From DOS</b>	04/11/2019	<b>RA Date</b>	04/15/2019
<b>To DOS</b>	04/11/2019	<b>Claim Status</b>	DENIED

**Inquiry Request**

Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.

**Written Explanation\***

**Date of Inquiry** 04/15/2019

Update/Validate Contact and Explanation

# 2<sup>nd</sup> Level/Administrative Review

(continued)

The following messages were generated:		Panel	Field Row
<b>Message Description</b>		Administrative Review Form	
Your request has been accepted for processing. Your tracking number is 14766733.			
To review the status of this request, pull up the ICN, select DMA520 Inquiry and then Administrative Review. Once the request has been processed, you will receive an email notifying you that there is a letter available with the response of this request.			
<b>Administrative Review Form</b>			
<b>Call Tracking Information</b>		<b>CTN Status</b>	OPEN
<b>CTN</b>	14766733	<b>Status Date</b>	04/15/2019
<b>Attachments</b> <a href="#">Click here</a> to upload attachments.			
<b>Provider Demographic Information</b>			
<b>Name</b>	MEADOWS, BILL	<b>Address 1</b>	100 PEACHTREE STREET
<b>Medicaid Provider ID</b>	007106015A	<b>Address 2</b>	
<b>Reference Provider ID</b>	REF007790440	<b>City, State</b>	TUCKER, GA
		<b>Zip</b>	30084-1000
<b>Contact Information</b>			
The person who should be contacted regarding this inquiry.			
<b>Contact Name (Last, First)</b>	DXC	TECHNOLOGY	
<b>Contact Phone, Ext</b>	(800)766-4456		
<b>Contact E-Mail Address</b>	providerrelations.fieldservices@dxc.com		
<b>Claim Information</b>			
See the submitted claim values below and the adjudication results.			
<b>ICN</b>	2219101000001	<b>Member ID</b>	222116845092
<b>Claim Type</b>	PROFESSIONAL CLAIMS	<b>Member Name (Last, First)</b>	MEDICAID FAIR TESTING
<b>From DOS</b>	04/11/2019	<b>RA Date</b>	04/15/2019
<b>To DOS</b>	04/11/2019	<b>Claim Status</b>	DENIED
<b>Inquiry Request</b>			
Once the request is successfully submitted, the ability to upload attachments to further support your inquiry will become available.			
<b>Written Explanation</b>	Please enter as much information to help support your appeal.		
<b>Date of Inquiry</b>	04/15/2019		

# 2<sup>nd</sup> Level/Administrative Review

(continued)

Upload ALL supporting documentation that is applicable to the request for Administrative Review.

Administrative Review Attachment Upload

\*\*\* No rows found \*\*\*

Upload  Browse...

1

2

upload attachment

# 2<sup>nd</sup> Level/Administrative Review Status

- To review the status of your request, search for your Denied ICN, select DMA-520 Inquiry and then select Administrative Review.
- Once your request has been processed, you will receive an e-mail notifying you that there is a letter with the response for the request.

# DMA-520/Administrative Review Timelines

General Claim Appeal -> DMA-520 -> Administrative Review -> Administrative Law Hearing		Time Frames
Claim Denys	General Claim Denial	
Step 1	Correct Claim via the MMIS Web Portal, Check with the Call Center/Field Services Rep.	
Step 2	Submit DMA-520 via your denied claim on the MMIS Web Portal	within 30 days of your claim denial date
GWT - MMIS Response	DMA-520 Denial Letter is Returned	worked within 72 business hours
Step 3	Submit an Administrative Review via your denied claim on the MMIS Web Portal by selecting DMA-520	within 30 days from the DMA-520 denial letter
DCH Response	Administrative Review decision letter (if denied, can request an Admin. Law Hearing)	No time frames
Step 4	Administrative Law Hearing (Must include DMA-520 & Administrative Review Denial Letter and may include any and all supporting documentation)	Request must be submitted within 15 days from the Administrative Review denial letter

# DMA-520A Medical Review



- **Alliant Health Solutions**

# Medical Review Process

## 1. Suspended Claims - GAMMIS

- Documentation is to be attached to the suspended claim for medical review.
- Use the attachment indicators: OZ, NN, B4 (hospice), etc.

## 2. DMA-520A Inquiries/Appeals

- Appeal a denied claim or denied line item. Do not appeal a suspended claim. Include ICN # being appealed.
- 30 days from the RA date to submit the appeal.
- Documentation is to be attached at the time the appeal is requested.
- Banner Message, Policy Clarification of the DMA-520A Medical Claims Provider, posted on 5/18/18.

## 3. Administrative Reviews

- Appeal a denied DMA-520A Inquiry/Appeal. Include denied “Q” number.
- 30 days from the DMA-520A appeal to submit the administrative request.
- Documentation is to be attached at the time the administrative review is requested.



# DMA-520A Medical Claims Review Banner Message Dated: 5/18/2018

**Message** ? ⬆

**Type** ALL PROVIDER TYPES

**Subject** Policy Clarification of the DMA-520A Medical Claims Provider

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**Message**

Dear Providers:

The Department of Community Health (DCH) and Alliant/Georgia Medical Care Foundation (Alliant/GMCF) are re-clarifying the appeals submittal process for the DMA-520A form. The DMA-520A Inquiry/Appeal can ONLY be submitted on a denied claim or denied procedure code after Alliant/GMCF's medical review of the submitted claim.

Please note that submitting an appeal to bypass the claims submission process in the GAMMIS web portal ([www.mmis.georgia.gov](http://www.mmis.georgia.gov)) is not allowed by DCH. The supporting medical documentation must first be attached to the claim in the GAMMIS claims system prior to submitting a DMA-520A/Appeal. If the claim was electronically submitted and no documentation was attached, the claim will need to be adjusted with the appropriate attachment indicator selected and the supporting medical documentation attached so the claim can suspend for a medical review. Not following this appeal submittal process via the GAMMIS Web portal will cause your claim to post an edit and deny for "NO ATTACHMENT".

A DMA-520A/Appeal form may be submitted on a denied claim or a denied procedure code after it has FIRST been reviewed by Alliant/GMCF for medical necessity/emergency in the claims system. The following review types require supporting medical documentation or a required form. Please note that the documentation listed below are suggestions and that additional supporting documentation may be requested if needed.

- Sterilizations - DMA-69 form or operative report for medical procedures (examples: ectopic, salpingo-oophorectomy, other GYN procedures)
- Hysterectomies - DMA 276 form, operative report and discharge summary if emergency procedure
- Abortions - Medical documentation (H&P, admit note, discharge summary, op report, etc.) and DMA-311 form for life endangerment, rape or incest
- Non-Hospice - DMA-521 or DMA-521A form and supporting documentation if needed
- Observation > 24 hours - Medical documentation (physician progress notes, H&P and Discharge summary) including the observation order
- Ambulance - Ambulance run report
- Out-of-State - Either PA approval letter or supporting medical documentation
- EMA - Documentation requirements are listed under the DCH Part 1 Policy Manual, Section 208
- Psych Services > 30 days - Medical documentation (physician progress notes, H&P and Discharge summary)
- Thirty Day Rolling - Medical documentation (examples include: physician progress notes, office notes, etc. for both dates of service - billed DOS and previous DOS are within 30 days)
- Podiatry - Medical documentation (office note or OP report)
- Modifiers (22, 24, 26, 52, 54, 55, 58, 62, 78) - Medical documentation



# DMA-520A Medical Claims Review Banner Message Dated: 5/18/2018

*(continued)*

## Modifiers' Documentation Needed for Medical Review

- 22 Operative (OP/OR) Report
- 24 Office notes - OR - Inpatient Setting - Physician progress notes, H&P and Discharge summary
- 26 Physician's dictated summary/interpretation
- 52 Operative (OP/OR) Report
- 54 Operative (OP/OR) Report
- 55 Office notes/Physician progress notes supporting the post-op care
- 58 Operative (OP/OR) Reports- Initial procedure and Second procedure (stages, more extensive procedure)
- 62 Operative Report from both Co-Surgeons. Note: both surgeons must bill the same procedure code with the 62 modifier
- 78 Operative Reports (OP/OR)- Initial procedure and Second procedure (return to OR)

Prior Authorizations (PA/UM) inquiries are to be electronically submitted directly into GAMMIS to the PA/UM team via the Medical Review Portal under the PA Change and Reconsideration Requests. If you have any questions, need further policy clarification, or need assistance, please contact the DXC Technology Provider Contact Center at 1-800-766-4456 and/or your assigned DXC Provider Representative.

Thank you for your continued participation in the GA Medicaid program.

Effective Date 05/18/2018

Sent Date 05/18/2018

# DMA-520A

- Medical Review
- Submitted through the GA MMIS Web Portal: Prior Authorization → Medical Review Portal → select Provider Inquiry Form (DMA-520A).
- Alliant reviews DMA-520A forms.

# DMA-520A Provider Inquiry Guidelines

- If your e-mail, fax, and phone information does not automatically populate, manually enter the information.
- Click on the appropriate Review Type below:
  - Emergency Medical Assistance (EMA)
  - Medical Claims
  - Dental
  - Out-of-State (OOS)
- Enter the Internal Control Number (ICN).
- Enter any comments you have pertaining to the provider inquiry/appeal.
- Click “Submit Inquiry.” The system will show you the inquiry number “Q” and prompt you to attach the files.

# DMA-520A Medical Review

- Visit [www.mmis.georgia.gov](http://www.mmis.georgia.gov), select Prior Authorization, Medical Review Portal, Provider Inquiry form (DMA-520A).
- Used for *clinical/medical reviews* for medical necessity and reconsiderations for re-review.
  - ❖ Prior Authorizations (PA/UM) inquiries are to be electronically submitted directly into GAMMIS to the PA/UM team via the Medical Review Portal under the PA Change and Reconsideration Requests.
- Must be requested/received within 30 days from the date of the denial or date of final Alliant denial.
- Once the electronic inquiry is submitted to Alliant, providers will receive an Inquiry Number: (Q-Number for tracking).
- All supporting documentation and clinical justification must be submitted simultaneously with the DMA-520A request to Alliant via Prior Authorization/Medical Review Portal logon. No paper, mail, or faxes are accepted at Alliant for medical reviews.

# DMA-520A Initial Provider Review

## Alliant Health Solutions

Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD  
Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files  
*Home Search Prior Authorization Submit/View **Medical Review Portal** Waiver Case Manager PA Search*  
★GAMMIS:Medical Review Portal <- Bookmarkable Link  Click here for help and information about bookmarks 

### 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.

### 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.

# DMA-520A Initial Provider Review

## Alliant Health Solutions

*(continued)*



**Provider Inquiry and Appeals Form (DMA-520A)**

3



**Provider Inquiry Form (DMA-520A)** - Use this inquiry form to submit claim for services rendered and is denied.

**View Edits Reviewed by AHS** - Click this link to view a list of claim edits that are reviewed by Alliant Health Solutions.

### 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.

**DMA-520A Medical Edits Reviewed  
by  
Alliant Health Solutions**

**Documentation will be required**



1306 - RENDERING PROVIDER OUT OF STATE	3458 - GMCF NCCI RECOMMENDED PAIR FOR REVIEW
2032 - HOSPICE CLAIM SPANS A MEMBER HOSPICE SEGMENT - DTL	4814 - MED RVW RESTRICTION FOR BILLED REV CODE (ER visits with documentation only)
2274 - EMERGENCY MEDICAL ASSISTANCE - NO ATTACHMENT – DTL	4979 - ATTACHMENT CODE RESTRICTION FOR COVERED PROCEDURE (EMA)
2275 - EMERGENCY MEDICAL ASSISTANCE - NO ATTACHMENT – HDR	4988 - ICD9 CODE RESTRICTION FOR COVERED REVENUE CD (EMA)
2276 - EMERGENCY MEDICAL ASSISTANCE - ATTACHMENT – DTL	4989 - ATTACHMENT CODE RESTRICTION FOR COVERED REVENUE CD (EMA)
2277 - EMERGENCY MEDICAL ASSISTANCE - ATTACHMENT - HDR	5132 - SEDIMENTATION RATE LIMITED TO CERTAIN DIAG CODES
2603 - MEMBER IS PROVIDER RESTRICTED - DTL	5133 - VISUAL FIELD EXAM LIMITED TO CERTAIN DIAG CODES
2605 - MEMBER IS PROVIDER RESTRICTED - HDR	5551 - SERVICE BILLED INCLUDED IN GLOBAL OBSTETRICAL FEES
2607 - Observation > 24 hrs	5552 - GLOBAL AND ITEMIZED FEE NOT ALWD FOR SAME PREGNANCY
2652 - MEMBER HAS ELECTED TO RECEIVE HOSPICE SERVICES	5553 - CODES BILLED W/ GLOBAL OR DELIVERY CODES -SAME PREG
2653 MEMBER HAS ELECTED TO RECEIVE HOSPICE SERVICES - HDR	5554 - GLOBAL FEE HAS BEEN PAID FOR THIS PREGNANCY
3001 - PA/PREPERT NOT ON FILE	5562 - MULTIPLE SURGERY WITHIN 2 DAYS - PODIATRY
3003 - PA PROCEDURE CODE REQUIRES PA/PREPERT	5642 - STERILIZATION/HYSTERECTOMY - PEND FOR REVIEW
3039 - OUT OF STATE SERVICE	5671 - VISITS/H & P/CONSULTATION INCLUDED IN SURGERY REIMBURSEMENT - DO NOT RESUBMIT
3052 - PA UNITS/AMOUNT HAVE BEEN USED	579 - PSYCH SERVICES LIMITED TO SHORT TERM ACUTE CARE
3321 - REVENUE CODE 762 MUST USE VALID UNITS	5824 - ADD-ON PROCEDURE NOT ALLOWED W/O PAID PRIMARY CODE
3359 - MODIFIERS REQUIRE MANUAL REVIEW	5829 - ADD-ON PROCEDURE NOT ALLOWED W/O PAID PRIMARY CODE
3401 - REVIEW HYSTERECTOMY ATTACHMENT	5842 - ADD-ON PROCEDURE NOT ALLOWED W/O PAID PRIMARY CODE
3402 - STERILIZATION FORM REQUIRED	5843 ADD-ON PROCEDURE NOT ALLOWED W/O PAID PRIMARY CODE
3405 -COSMETIC PROCEDURE	5924 -NCCI MUTUALLY EXCLUSIVE PROCEDURE - SAME CLAIM
3410 -INTENSITY OF SERVICE	5925 -NCCI MUTUALLY EXCLUSIVE PROCEDURE - HIST CLAIM
3413 - UNLISTED PROCEDURE	5926 -NCCI INCIDENTAL PROCEDURE - SAME CLAIM
3432 - STERILIZATION FORM REQUIRED - HDR	5927 - NCCI INCIDENTAL PROCEDURE - HIST CLAIM
3433 - REVIEW HYSTERECTOMY ATTACHMENT	5927 -NCCI INCIDENTAL PROCEDURE - HIST CLAIM



3433 - REVIEW HYSTERECTOMY ATTACHMENT - HDR	5928 - NCCI PROCEDURE TO PROCEDURE
3458 - GMCF NCCI RECOMMENDED PAIR FOR REVIEW	5933 - BUNDLING/REBUNDLING HISTORY ADJUST
4012 - ABORTION PROC REQUIRES CERT OF NECESSITY W/ATTACH	5935 -REBUNDLED PROCEDURE
4013 - PROC NOT ALLOWED FOR SERVICE DATE	5938 - BILATERAL PROCEDURE DUPLICATE
4020 - MAX UNIT RESTRICTION FOR COVERED PROC	5939 - UNI/BILATERAL PROCEDURE DUPLICATE
4020 - MAX UNIT RESTRICTION FOR COVERED PROC (Flat \$50 ER visits)	6242 -PROCEDURE LIMITED TO 4 UNITS PER DOS
4022 - ABORTION PROC REQUIRES CERT OF NECESSITY NO ATTACH	6248 - PROCEDURE ALLOWED ONE (1) PER YEAR
4073 - ABORTION PROC REQ CERT OF NECESSITY W/ATTACH - HDR	6256 - PROC - 1 PER CALENDAR YR W/ DIAGNOSIS 585 OR 586
4074 - ABORTION PROC REQUIRES CERT OF NECESSITY NO ATTACH	6259 - TWELVE OFFICE VISITS ALLOWED PER YEAR
4214 - UNITS RESTRICTION FOR PROCEDURE ON PROV CONTRACT	6265 - URINALYSIS LIMITED TO ONE PER ROLLING MONTH
4223 - MEDICAL REVIEW FOR PROC CVG RULE (EMA)	6266 - CHOLESTEROL-LIPIDS LIMITED-ONE PER ROLLING MONTH
4253 - MEDICAL REVIEW FOR REVENUE CVG RULE (EMA)	6267 - CBC LIMITED TO ONE PER ROLLING MONTH
4257 - MODIFIER RESTRICTION FOR PROC BILLING RULE (59 modifier)	6297 - PROC LIMITED TO ONE PER MEMBER PER CALENDAR YEAR
430 - MULTIPLE SURGERIES WITHIN 2 DAYS	6299 - PROC LIMITED TO ONE PER CALENDAR MONTH PER MEMBER
4316 - DIAG RESTRICTION FOR BILLED PROC	6300 - PROCEDURE LIMITED TO ONE EVERY THREE MONTHS
4605 - NEVER EVENT IDENTIFIED BY HAC DIAGNOSIS	6348 - MAMMOGRAMS LIMITED TO ONE PER ROLLING YEAR
4724 - ANY HDR DIAG RESTRICTION FOR COVERED ICD9 (EMA)	6352 - PROC LIMIT 1 PER CALENDAR MONTH W/DIAG 585 OR 586
4731 - ANY DTL DIAG RESTRICTION FOR COVERED PROC (EMA)	6352 - PROC LIMITED TO 1 PER 90 DAYS W/DIAG 585 OR 586
4755 - POA/HAC Reviews	6357 - PROCEDURE ALLOWED ONE (1) PER 280 DAYS
4757 - HOSPITAL ACQUIRED COND POA	6364 - OB ULTRASOUND LIMITED TO THREE PER PREGNANCY
4759 - REVIEW PHYS STATEMENT FOR MODIFIER 22, NO ATTACH	6367 - SUSPECT PROC PREVIOUSLY PD - ROLLING 30 DAY PERIOD
4768 - MEDICAL REVIEW FOR ICD9 CVG RULE (EMA)	6368 - PROC PREVIOUSLY PD WITHIN A ROLLING 30 DAY PERIOD
4813 - MED RVW RESTRICTION FOR BILLED PROCEDURE	6381 - POST-OPERATIVE CARE BY NON-OPERATING PROVIDER
7500 - BILLING PROVIDER IS UNDER REVIEW	6382 - PRE-OPERATIVE CARE BY NON-OPERATING PROVIDER
4939 - ATTACHMENT CODE RESTRICTION FOR COVERED ICD9 (EMA)	9993 - FLAT FEE EMERGENCY PRICING APPLIED AFTER REVIEW

# DMA-520A Provider Inquiry Form

## Provider Inquiry Form (DMA-520A)

Inquiry Number :

Rendering Provider ID :   
 Pay To Provider ID :

Email :

Review Type :  EMA  Medical Claims  Dental  OOS  Administrative

Phone :

Is this an ER appeal for a paid flat rate?  Yes  No

ICN / Claim Number :

Reprocessed ICN :

**Inquiry/Appeal No. :**

[View Edits Reviewed by AHS](#)



Comments :

Reviewer Comments :

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

Note :The approved appeal has been reprocessed by HP claims. If you have any questions regarding the reprocessed ICN, please contact the HP Provider Contact Center at 1-800-766-4456 or use the Contact Us on the [Georgia WebPortal](#) .

# DMA-520A Provider Inquiry

(continued)

- Next, you can electronically attach the supporting documentation for Alliant's review.

**Provider Inquiry Form (DMA-520A)**

**Inquiry Number :** Q19

Rendering Provider ID :

Pay To Provider ID :

**Email :**

**Phone :** 800-766-4456

**Review Type :**  EMA  Medical Claims  Dental  OOS  Administrative

**ICN / Claim Number :** 000000000000

**Inquiry/Appeal No. :**

**Is this an ER appeal for a paid flat rate?**  Yes  No

**Reprocessed ICN :**

[View Edits Reviewed by AHS](#)

**Comments :**

Test case

**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

**Record saved successfully.**

[Contact Us](#)

# DMA-520A Provider Inquiry

(continued)

1. To select a file, highlight the file and click “Open” or double click the file.
2. The file name will appear in the box next to “Browse.”
3. Click “Attach File.” If the file is uploaded, a “File uploaded successfully” message will be displayed and a link to the attachment will show in the “Attached Files” table.

### 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

**File uploaded successfully.**

### Attached Files

Attached File	Attached By	Attached On
Test Document.pdf		

**Record saved successfully.**

# DMA-520A Provider Appeals Notification of Decisions

- Providers will be notified via the Alliant Web Portal when an appeal has been received in the Inquiry and Appeals system and when a decision has been rendered on the appeal.
- To ensure secure transfer of information and compliance with HIPPA regulations, provider notifications will consist of a combination of *No-Reply E-mails* and *Contact Us (correspondence)* messages.
- Auto Reply Example:  
\*\*\* DO NOT RESPOND TO THIS E-MAIL \*\*\* Dear Provider - ###, Thank you for contacting Alliant Health Solutions. Your DMA-520A/Appeal request, "\*\*\*\*\*3593", has been received and placed in the queue to be reviewed. Please allow us time to review your appeal. Please visit Medical Review Portal section of Georgia MMIS portal: <https://www.mmis.georgia.gov> to view any details. Regards, Nurse Reviewer Team. \*\*\* Please note: This e-mail was sent from a notification-only address that cannot accept incoming e-mail. Please do not reply to this message. \*\*\*

# DMA-520A Provider Appeals Notification of Decisions

(continued)

## Contact Us

### Contact Form

Correspondence ID : C19.

Contact For : Medical Claims Review / DMA-520A

DMA-520A Inquiry Number : Q

Contact Name :

Contact Email Address :

Confirm Email Address :

Phone Number : Ext. :

Message / Question :

- Submitted on : 2/28/2019 9:02:08 AM

AHS Response : Your DMA-520A/appeal has been reviewed, \*\*\*\*\*3593. Please review the attached decision letter.

Reference Attachments :

Reset Form

< Back

Return to Medical Review Portal

Letter	Created By	Created On
Q .pdf		1



# DMA-520A Administrative Review



# Important Changes

- Effective September 1, 2017, the process for requesting an Administrative Review Request of a Medical Claims Inquiries/Appeals, DMA-520A has changed.
- All Administrative Review Requests of a Medical Claims Inquiry/Appeal, DMA-520A, are to be electronically submitted via the Georgia Medicaid Management Information System (GAMMIS) Web Portal at [www.mmis.georgia.gov](http://www.mmis.georgia.gov), under the Provider Inquiry Form (DMA-520A) section. Providers will be notified via a "No-Reply" e-mail when their Administrative Requests are received and when a decision has been rendered by Alliant.
- A new review type, Administrative, has been added to the current Provider Inquiry Form (DMA-520A).
  - Only one Administrative Review Request can be submitted at a time.
  - The Administrative Request can only be requested on a previously reviewed inquiry/appeal (DMA-520A).
  - The inquiry number, "Q number," must be included or the system will not accept the Administrative Request.
  - In the comments section, please indicate why an Administrative Request is being submitted.
  - Supporting medical documentation must be attached to the request at the time of submission.

**If documentation is not attached, then the system will auto-deny your Administrative Request.**

- **This information can be found on banner message posted 9/20/2017 (Medical Claims Administrative Review Process).**



# DMA-520A Administrative Review

(continued)

The screenshot shows a navigation menu with the following items: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD | Account | Providers | Training | Claims | Eligibility | Presumptive Activations | Health Check | **Prior Authorization** | Reports | Trade Files. Below this, there is a sub-menu with: Home | Search | Prior Authorization | Submit/View | **Medical Review Portal** | Waiver Case Manager PA Search. A red arrow labeled '1' points to 'Prior Authorization' in the top row. A red arrow labeled '2' points to 'Medical Review Portal' in the sub-menu. Below the sub-menu, there are two bookmark links: '★ GAMMIS:Medical Review Portal <- Bookmarkable Link' and '★ Click here for help and information about bookmarks'.

## Provider Inquiry and Appeals Form (DMA-520A)

3 → **Provider Inquiry Form (DMA-520A)** - Use this inquiry form to submit claim for services rendered and is denied.

[View Edits Reviewed by AHS](#) - Click this link to view a list of claim edits that are reviewed by Alliant Health Solutions.

# DMA-520A Administrative Review

(continued)

**Provider Inquiry Form (DMA-520A)**

Inquiry Number : \_\_\_\_\_

Rendering Provider ID : \_\_\_\_\_  
 Pay To Provider ID : \_\_\_\_\_

Email : \_\_\_\_\_

Review Type :  EMA  Medical Claims  Dental  OOS  Administrative

ICN / Claim Number : \_\_\_\_\_

Inquiry/Appeal No. : \_\_\_\_\_ **Enter the "Q" number being appealed.**

Phone : \_\_\_\_\_

Is this an ER appeal for a paid flat rate?  Yes  No

Reprocessed ICN : \_\_\_\_\_

[View Edits Reviewed by AHS](#)

**Comments :**

**Reviewer Comments :**

[Submit Inquiry](#) [Search for an Inquiry](#) [Contact Us](#)

Note : The approved appeal has been reprocessed by \_\_\_\_\_ claims. If you have any questions regarding the reprocessed ICN, please contact the \_\_\_\_\_ Provider Contact Center at 1-800-766-4456 or use the Contact Us on the [Georgia WebPortal](#) .

Medical Review Portal

# OOS Provider Administrative Reviews



# OOS Provider Administrative Reviews

*(continued)*

- DCH Reviews Out-Of-State (OOS) Administrative Reviews (no turnaround time limit).
- OOS providers must submit their Administrative Review requests in writing to:

Georgia Department of Community Health  
Attention: Director Medical Policy & Provider Reviews Unit  
2 Peachtree Street, NW- 37th Floor  
Atlanta, GA 30303-3159

# Administrative Reviews – OOS Providers ONLY

*(continued)*

- Part 1 Policy Section: 505.1 Administrative Review (Out of State Providers)
- Note: Make sure that all supporting documentation is included in the OOS request (i.e., RA, Response to DMA- 520/DMA-520A, denial letters from Alliant, medical documentation). The Administrative Review is conducted based on the documentation provided. Lack of supporting documentation will result in the denial of the Administrative Review request.

# DMA-520A/DMA-520A Administrative Review & OOS Provider Appeal Timelines

	Medical Review DMA-520A	Time Frame
Claim Denial	Validate denial is medical related. Check edit is reviewed by Alliant	
Step 1	<b>Submit DMA-520A Appeal</b> - Attach supporting Medical/Clinical documentation	within <b>30 days</b> of your claim denial date
Step 2	DMA-520A - Denial Letter is received	
Step 3	<b>Submit DMA-520A Administrative Review</b> - Attach supporting Medical/Clinical docume	within <b>30 days</b> of denial letter
Step 4	DMA-520A Administrative - denial Letter is received	
Step 5	Request an Administrative Law Hearing - Must include a copy of the DMA-520A denial & Administrative Denial letter, RA and all other supporting documentation.	Request must be submitted within <b>15 days</b> from the DMA-520A Admintrative Revie denial letter

# Administrative Law Hearing





# Administrative Law Hearing

*(continued)*

- Whenever the opportunity for Administrative Review is available to the provider, the Administrative Review process must be completed for the provider to be entitled to a hearing. Issues at hearings are limited to those issues that have been reviewed/addressed through the Administrative Review process.
- A request for a hearing must be in writing and received by the Administrative Review division within 15 business days after the date the provider received the decision from the division.



# Administrative Law Hearing

*(continued)*

**The Request for Hearing must include the following information:**

1. A clear expression by the provider or authorized representative that he/she wishes to present his/her case to an Administrative Law hearing. Identification of the adverse Administrative Review decision or other division action being appealed and all issues that will be addressed at hearing. Issues at hearing are limited to those issues that have been submitted for Administrative review.
2. A copy of the Adverse Action Letter, Administrative Review Response, or Final Denial Notice.
3. A specific statement of why the provider believes the Administrative Review decision or other Division action is wrong.
4. A statement of the relief sought.

# Administrative Law Hearing

*(continued)*

- **Request for hearing must be sent to:**

Georgia Department of Community Health Legal Services Section

40th Floor, 2 Peachtree Street, NW

Atlanta, GA 30303-3159

Part I Policy Section: 506 Medicaid/PeachCare for Kids Provider Administrative Law Hearing

# References

- Part I Policies and Procedures for Medicaid/PeachCare for Kids® Manual; Chapter 500 for the policies on Appeals.
- Provider Notices, Provider Messages and quarterly Provider manual updates
- DCH iNewsletter at [www.dch.Georgia.gov/publications](http://www.dch.Georgia.gov/publications)

# **Claim Supporting Documentation Attachment Codes**

<b>Attachment Code</b>	<b>Description</b>
03	Report Justifying Treatment Beyond Utilization Guidelines
04	Drugs Administered
05	Treatment Diagnosis
06	initial assessment
07	Functional Goals
08	Plan of Treatment
09	Progress Report
10	Continued Treatment
11	Chemical Analysis
13	Certified Test Report
15	Justification for Admission
21	Recovery Plan
77	Completed Referral Form
A3	Allergies/Sensitivities Document
A4	Autopsy Report
AM	Ambulance Certification
AS	Admission Summary
B2	Prescription
B3	Physician Order
B4	Hospice Referral Form - Medical Review
BR	Benchmark Testing Results
BS	Baseline
BT	Blanket Test Results
CB	Chiropractic Justification
CK	Consent Form(s)
CT	Certification
D2	Drug Profile Document
DA	Dental Models
DB	Durable Medical Equipment Prescription
DG	Diagnostic Report
DJ	Discharge Monitoring Report
DS	Discharge Summary
EB	EOB (Coordination of Benefits or Medicare Secondary Payor)
HC	Health Certificate
HR	Health Clinic Records

<b><u>Attachment Code</u></b>	<b><u>Description</u></b>
I5	Immunization Record
IR	State School Immunization Records
LA	Laboratory Results
M1	Medical Record Attachment
MT	Models
NN	Nursing Notes
OB	Operative Note
OC	Oxygen Content Averaging Report
OD	Orders and Treatments Document
OE	Objective Physical Examination (including vital signs) Document
OX	Oxygen Therapy Certification
OZ	Support Data for Claim
P4	Pathology Report
P5	Patient Medical History Document
P6	Periodontal Charts
PE	Parenteral or Enteral Certification
PN	Physical Therapy Notes
PO	Prosthetics or Orthotic Certification
PQ	Paramedical Results
PY	Physician's Report
PZ	Physical Therapy Certification
RB	Radiology Films
RR	Radiology Reports
RT	Report of Tests and Analysis Report
RX	Renewable Oxygen Content Averaging Report
SG	Symptoms Document
V5	Death Notification
XP	Photographs

# Provider Information - Provider Notices

Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account | Providers | Training | Claims | Eligibility | **Provider Notices** | Health Check | Prior Authorization | Reports | Trade Files

Home Provider Notices Provider Manuals Provider Messages  
 Web Portal Training Provider Education

★ GAMMIS: Provider Messages <- Bookmarkable Link

**User Information - Provider**

Banner Messages

This page provides easy access to public banner messages.

Forms for Providers Reports for Public Access FAQ for Providers

on about bookmarks

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s, leave the search fields blank and click the search button.

Provider Notices (more than 150 available)				
Title	File Type	Category	Size (KB)	Release Date
Presentation - Community Behavioral Health Rehabilitation - September 2021	PDF	SESSION MATERIALS	1162.6	08/31/2021
Presentation - ICWP	PDF	SESSION MATERIALS	2586.1	08/17/2021
Presentation - Hospital Services - August 2021	PDF	SESSION MATERIALS	1826.7	08/01/2021
Nurse Aide Registry Adverse Findings Letter & Quarterly Report - July 2021	PDF	NURSE AIDE	642.8	07/01/2021
Presentation - Part 1 Policy Review Webinar - July 2021	PDF	SESSION MATERIALS	796.9	07/01/2021
Presentation - Physician Services Webinar - June 2021	PDF	SESSION MATERIALS	2107	06/01/2021
Hospital Outpatient Therapy Services Billing Guidance	PDF	ALL CATEGORIES	109.3	05/25/2021
Presentation - FQHC-RHC Webinar - May 2021	PDF	SESSION MATERIALS	2508.3	05/01/2021
Nurse Aide Registry Adverse Findings Letter and Quarterly Report - April 2021	PDF	NURSE AIDE	642.4	04/01/2021
Presentation - Hospice Eligibility - April 2021	PDF	SESSION MATERIALS	1460.5	04/01/2021
Presentation - 1115 Postpartum Waiver - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	296.2	03/25/2021
Presentation - CMC Medicaid Merger - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	377.2	03/25/2021
Presentation - Covid-19 - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	656	03/25/2021
Presentation - EVV - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	544.3	03/25/2021
Presentation - GA Pathways 1115 Waiver - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	508.3	03/25/2021
Presentation - Opening Session - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	784.3	03/25/2021
Presentation - Overview Of Common Denials - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	1496.4	03/25/2021
Presentation - Telehealth Services - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	1810.1	03/25/2021
Presentation - Waivers Appendix K - Spring Medicaid Fair 2021	PDF	SESSION MATERIALS	455.5	03/25/2021
Presentation - Medicaid Common Denials - February 2021	PDF	SESSION MATERIALS	1802.6	02/01/2021
Nurse Aide Registry Adverse Findings Letter and Quarterly Report - January 2021	PDF	NURSE AIDE	689.3	01/01/2021
Presentation - Waivers - January 2021	PDF	SESSION MATERIALS	2107.2	01/01/2021
Evaluation and Management CPT Code Changes	PDF	ALL CATEGORIES	110	12/29/2020
Presentation - Crossover Claims - December 2020	PDF	SESSION MATERIALS	1955.5	12/01/2020
Provider Relief Fund - Phase 3 General Distribution	PDF	ALL CATEGORIES	110.7	10/06/2020
Nurse Aide Registry Adverse Findings Letter and Quarterly Report - October 2020	PDF	NURSE AIDE	688.6	10/01/2020
Presentation - Independent Lab Genetic Testing Prior Authorization Request	PDF	SESSION MATERIALS	2106.3	09/23/2020
Presentation - Autism Disorder Services - September 2020	PDF	SESSION MATERIALS	1692.4	09/01/2020
Presentation - Hospital Inpatient Part B Only - August 2020	PDF	SESSION MATERIALS	1692	08/14/2020
Presentation - Medicaid Hospital Workshop - August 2020	PDF	SESSION MATERIALS	1078.1	08/10/2020
Presentation - COVID-19 Appendix K: Retainer Payment Reimbursement Changes - August 2020	PDF	SESSION MATERIALS	1014.4	08/07/2020
Appendix K & COVID-19 Reference Materials	ZIP	ALL CATEGORIES	6764.9	08/06/2020



# Provider Information - Provider Manuals

Home | Contact Information | Member Information | **Provider Information** | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy | HFRD

Account | Providers | Training | Claims | Eligibility | Health Check | Prior Authorization | Reports | Trade Files

Home Provider Notices Provider Manuals **Provider Information** Forms for Providers Reports for Public Access FAQ for Providers

Web Portal Training Provider Education

★ GAMMIS: Provider Messages <- Bookmarkable Link

User Information - Provider Information

Banner Messages

This page provides easy access to public banner messages. To search for a specific banner message, leave the search fields blank and click the search button.

**Provider Manuals (more than 150 available)**

Title	File Type	Category	Size (KB)	Release Date
Adult Protective Services Targeted Case Management	PDF	CURRENT POLICY MANUALS	760.1	07/01/2021
Adults with Aids Targeted Case Management	PDF	CURRENT POLICY MANUALS	718	07/01/2021
Advanced Nurse Practitioner Services	PDF	CURRENT POLICY MANUALS	2395.9	07/01/2021
Ambulatory Surgical and Birthing Center Services	PDF	CURRENT POLICY MANUALS	945	07/01/2021
At Risk of Incarceration Targeted Case Management	PDF	CURRENT POLICY MANUALS	596.9	07/01/2021
Autism Spectrum Disorder Services	PDF	CURRENT POLICY MANUALS	1490.3	07/01/2021
CCSP and SOURCE Adult Day Health Services	PDF	CURRENT POLICY MANUALS	613.6	07/01/2021
CCSP and SOURCE Alternative Living Services	PDF	CURRENT POLICY MANUALS	793.9	07/01/2021
CCSP and SOURCE Emergency Response Services	PDF	CURRENT POLICY MANUALS	227.3	07/01/2021
CCSP and SOURCE General Services	PDF	CURRENT POLICY MANUALS	3696.8	07/01/2021
CCSP and SOURCE Home Delivered Meals	PDF	CURRENT POLICY MANUALS	403.6	07/01/2021
CCSP and SOURCE Home Delivered Services	PDF	CURRENT POLICY MANUALS	234.2	07/01/2021
CCSP and SOURCE Out of Home Respite	PDF	CURRENT POLICY MANUALS	470.4	07/01/2021
CCSP and SOURCE Personal Support Services	PDF	CURRENT POLICY MANUALS	576.6	07/01/2021
CCSP and SOURCE Skilled Nursing Services by Private Home Care Providers	PDF	CURRENT POLICY MANUALS	242.9	07/01/2021



# Provider Information - Provider Messages

The screenshot displays a web portal interface with a navigation menu at the top. The menu includes items such as Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Providers, Training, Claims, and Eligibility. A dropdown menu is open under 'Provider Information', listing options like Provider Notices, Provider Manuals, Provider Messages, Fee Schedules, Forms for Providers, Reports for Public Access, FAQ for Providers, Web Portal Training, and Provider Education. A red arrow points to the 'Provider Information' menu item, another red arrow points to the 'Provider Messages' option in the dropdown, and a third red arrow points to the 'search' button in the 'Messages Search Panel' at the bottom. The search panel includes fields for Keyword, Year, Provider Type, and Records, along with 'search' and 'clear' buttons.

# Provider Information - Provider Messages

(continued)

Messages (more than 60 available)		
Type	Sent Date	Subject
ALL PROVIDER TYPES	09/24/2021	Preventive Medicine Counseling Code 99401
ALL PROVIDER TYPES	09/17/2021	Provider Relief Fund Phase 4
ALL PROVIDER TYPES	09/09/2021	Newborn Infant Hearing Screening CPT Code 92650
ALL PROVIDER TYPES	08/31/2021	Postpartum Extension
ALL PROVIDER TYPES	08/30/2021	PADL Drugs Prior Approval Status Updates for October 2021
ALL PROVIDER TYPES	08/24/2021	Primary Care Services 1% rate increase for Evaluation and Management CPT Codes
ALL PROVIDER TYPES	08/24/2021	Dental CDT Code D1354: Interim Caries Arresting Medicament Application
ALL PROVIDER TYPES	08/24/2021	Community Behavioral Health Rehabilitation Services
ALL PROVIDER TYPES	08/24/2021	Dental Reimbursement Rates for 15 select Dental Codes Increased by Three (3) Percent

# IVRS Overview

## Provider Contact Center/IVRS System: 1-800-766-4456

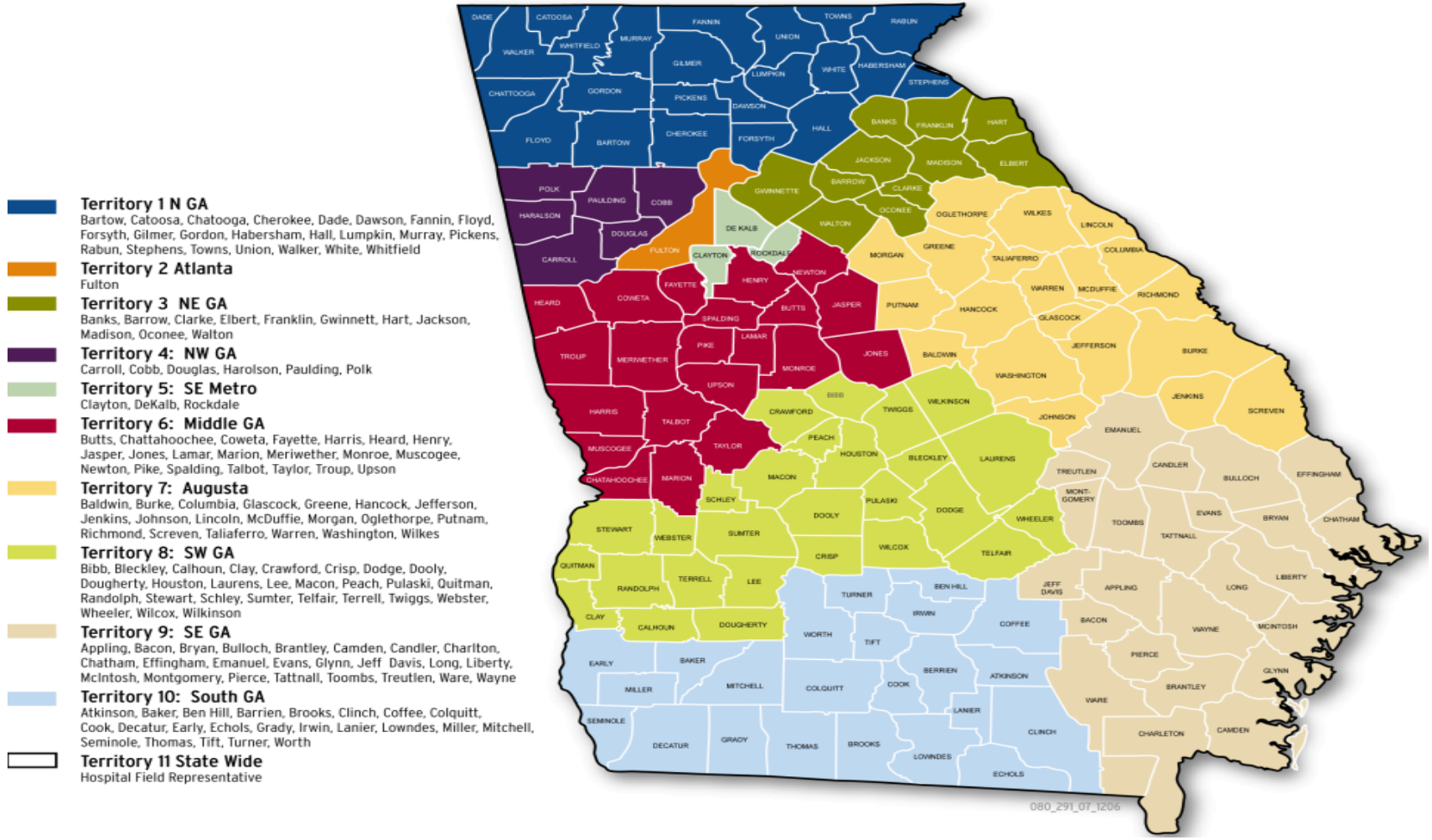
- |            |   |
|------------|---|
| • Option 1 | Member Eligibility  |
| • Option 2 | Claims Status   |
| • Option 3 | Payment Information   |
| • Option 4 | Provider Enrollment   |
| • Option 5 | Prior Authorization   |
| • Option 6 | GAMMIS website password reset, Pharmacy Benefits, the Nurse Aide Registry or Nurse Aide Training program, PeachCare for Kids <sup>®</sup> , EDI submission or electronic claim submission, or a system overview |

# Contact Us

Our Provider Services Contact Center (PSCC) can be reached at  
800-766-4456  
and is available 7 a.m. to 7 p.m. EST  
Monday through Friday (except state holidays) to service inquiries.  
Or  
through the **Contact Us** function on the  
Georgia Medicaid Management Information System (GAMMIS)  
at: [www.mmis.georgia.gov](http://www.mmis.georgia.gov)

The ChatBot feature is located and can be accessed from the Georgia Medicaid Management Information System (GAMMIS). This feature is available 24x7.

# Georgia Field Territories



# Provider Relations Field Services Representatives

Territory	Region	Rep
1	North Georgia	Mercedes Liddell
2	Fulton	Deandre Murray
3	NE Georgia	Carolyn Thomas
4	NW Georgia	Tierra Johnson
5	SE Metro	Ebony Hill
6	Middle Georgia	Shawnteel Bradshaw
7	Augusta	Jessica Bowen
8	SW Georgia	Jill McCrary
9	SE Georgia	Kendall Telfair
10	South Georgia	Anitrus Johnson
North	Hospital Rep	Sherida Banks
South	Hospital Rep	Janey Griffin

# Provider Relations Field Services

*(continued)*

## State-Wide Consultants

Brenda Hulette  
Sharée C. Daniels  
Danny Williams



# Contact Us (Secure)



The screenshot displays the GAMMIS web portal interface. At the top left is the Georgia Department of Community Health logo. The main header features the GAMMIS logo and a search bar. A session expiration message reads: "[ Refresh session ] You have approximately 16 minutes until your session will expire." The date is "Monday, October 27, 2014". A navigation menu includes: Home | Contact Information | Member Information | Provider Information | Provider Enrollment | Nurse Aide/Medication Aide | EDI | Pharmacy. The "User Information" section is highlighted in blue and contains a "Login/Manage Account" link and a "Login" button, which is pointed to by a red arrow. Below this are sections for "Members" (with links for Register for Secure Access and Member Information), "Providers" (with links for PIN Activation and Provider Information), and "Upcoming Events" (announcing ICD-10 implementation on October 1, 2015). A "GAMMIS Web Portal Overview" section describes the system's role as the primary web portal for Medicaid and PeachCare for Kids. A photograph of a doctor examining a child is visible in the bottom left of the portal area.




# Contact Us

(continued)

## Georgia Medicaid Home

Jane Doe, Welcome to Georgia Medicaid

### Applications

Application	Description
<a href="#">MEUPS Account Management</a>	Manages contact information, password, and authorizations for applications.
<a href="#">Web Portal</a> 	Web Portal

# Contact My Provider Rep Message

**Login to the MMIS system with your username and password**

The screenshot shows a navigation menu with the following items: Home, Contact Information, Member Information, Provider Information, Provider Enrollment, Nurse Aide/Medication Aide, EDI, Pharmacy, HFRD, Account, Contact Us, Eligibility, Presumptive Activations, Health Check, Prior Authorization, Reports, Trade Files. A red arrow labeled '1' points to the 'Contact Information' link. A second red arrow labeled '2' points to the 'Contact Us' link. Below the 'Contact Us' link, a sub-menu is visible with the item 'Phone Numbers & Links'. At the bottom of the menu, there is a bookmarked link: '★ GAMMIS: Messages <- Bookmarkable Link > Click here for help and information about bookmarks'. A tooltip box containing the text 'Phone Numbers & Links' is positioned over the sub-menu item.

# Contact My Provider Rep Message

(continued)

The screenshot shows a web form titled "Contact Information" with a blue header bar. The form is divided into sections. The first section, "How can we help you?", contains a dropdown menu labeled "Select an Item\*" with a red arrow pointing to it. Below this is a section titled "Enter Category Details" with a light blue background. The second section, "How do you want to be contacted?", contains a dropdown menu labeled "Contact Method\*" with "Telephone" selected. Below this are input fields for "Last Name, First Name" (two boxes) and "Phone Number, Ext" (two boxes). The form has a light blue background and a dark blue header bar with a question mark icon and a close icon.

# Contact My Provider Rep Message

(continued)

Requests Requiring PHI

**NOTE:** If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit cancel

**Contact Information**

How can we help you?

Select an Item\*

Enter Category Details

How do you want to be contacted?

Contact Method\*

Last Name, First Name

Phone Number, Ext

Claim Status Inquiry  
Eligibility Inquiry  
Contact My Provider Service Rep  
Provider Enrollment  
Request a Provider Rep Visit  
ICD-10 Inquiry  
Favors Review Inquiry  
MAPIR Inquiry  
Web Registration  
Member ID Cards  
Member PCP Assignments  
Customer Service  
Complaint about a Provider  
Complaint about a Member  
Other Complaint  
Having a Technical Problem  
Other  
EDI Submission Problem  
Provider PIN Issue

OR

top of page top of page

# Contact My Provider Rep Message

(continued)

## Requests Requiring PHI

**NOTE:** If the response to your inquiry contains protected health information (PHI) such as member or claims information, you must log into the secure web portal to submit your question and receive the response. Upon login, additional contact options related to PHI will be available.

submit

cancel

### Contact Information

How can we help you?

Select an Item\* Contact My Provider Service Rep ▾

Enter Category Details

How can we help you?

How do you want to be contacted?

Contact Method\* Telephone ▾

Last Name, First Name

Phone Number, Ext

# Contact My Provider Rep Message

(continued)

**Contact Information** ? ↕

How can we help you?  
Select an Item\*  ▾

Enter Category Details

How can we help you?

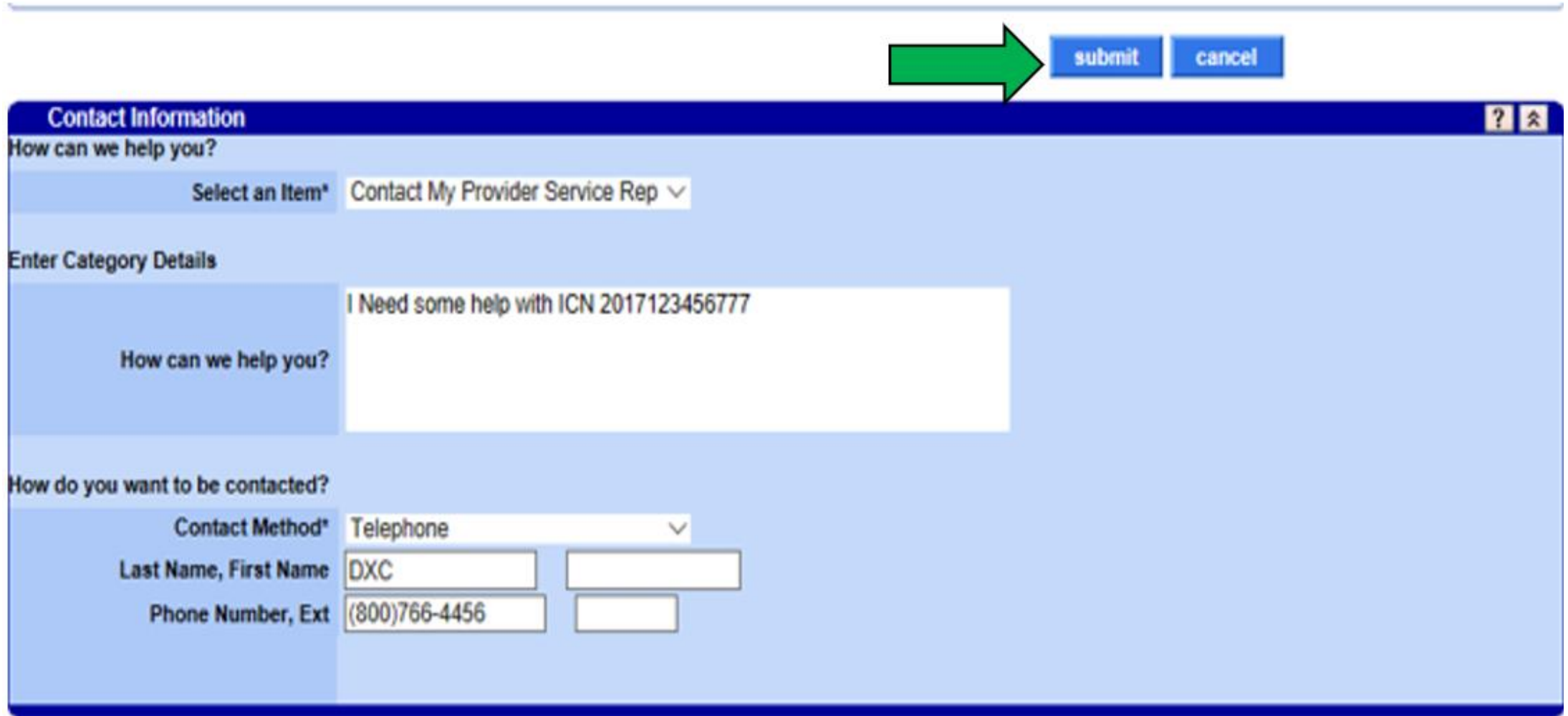
How do you want to be contacted?  
Contact Method\*  
E-Mail  
Fax  
Mail  
Anonymous/No response needed  
Telephone

Last Name, First Name

Phone Number, Ext

# Contact My Provider Rep Message

(continued)



The screenshot shows a web form titled "Contact Information" with a blue header bar. A green arrow points to the "submit" button. The form contains the following fields:

- How can we help you?**
  - Select an Item\*: Contact My Provider Service Rep
  - Enter Category Details: I Need some help with ICN 2017123456777
- How do you want to be contacted?**
  - Contact Method\*: Telephone
  - Last Name, First Name: DXC
  - Phone Number, Ext: (800)766-4456



# Contact My Provider Rep Message

(continued)

## The following messages were generated:

Your request has been processed. Your tracking number is 20763193. ←

Providers may call the Provider Contact Center at (770) 325-9600 or toll-free at (800) 766-4456. Members may call the Member Contact Center at (770) 325-2331 or toll-free at (866) 211-0950.

## Contact Information

How can we help you?

Select an Item\*

Contact My Provider Service Rep

Enter Category Details

How can we help you?

test

How do you want to be contacted?

Contact Method\*

Telephone

Last Name, First Name

HP

test

Phone Number, Ext

(800)766-4456

# Session Review

## You should be able to:

- Understand how to successfully submit a DMA-520, DMA-520A, OOS Provider Appeal as well as an Administrative Law Hearing.
- Understand the appeal process and the hearing request procedures as outlined in Section 500 in the above GA Medicaid manual.

**Questions ?**

# Thank you

## Contact

[brand@gainwelltechnologies.com](mailto:brand@gainwelltechnologies.com)  
gainwelltechnologies.com

## Gainwell Technologies

1775 Tysons Blvd.  
McLean, VA 22102