

**Pennsylvania Department of Health  
Division of Child and Adult Health Services  
Chronic Renal Disease Program (CRDP)  
Process for Filing a Medical Service Claim Reconsideration Request**

**PURPOSE**

To outline the process for a provider seeking reconsideration of a denial of payment of an invoice.

**PROCEDURE**

1. As noted in the PPA, an invoice received later than 180 days from the date of service was performed will be denied.
2. Within 30 days of the date on which an invoice was denied, a Provider seeking reconsideration must submit a written statement stating the following:
  - a. The invoice series number(s) for which a review is sought;
  - b. The dates of service for the claims;
  - c. The reason(s) each invoice was denied (this information can be found on the Provider Remittance Advice (PRA)); and
  - d. The reason(s) for requesting a reconsideration.
3. The Provider must provide all third party explanation of benefits (EOB) for each invoice.
4. A Provider seeking reconsideration must submit items 2 and 3 above to the Department by fax at **717-346-1106** or by mail at:

Pennsylvania Department of Health  
Division of Child and Adult Health Services  
Chronic Renal Disease Program  
Health & Welfare Building  
625 Forster St.  
7<sup>th</sup> Floor, East Wing  
Harrisburg, PA 17120

5. A request for reconsideration received without ALL the required information referenced in items 2 and 3 above will be denied.
6. Complete and timely filed requests for reconsideration will be reviewed for approval or denial on the merits; incomplete or untimely requests for reconsideration will be denied.