



## 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. Submission of a complete and timely reconsideration request in accordance with the procedure below does not guarantee that the invoice will be re-processed or paid. Each individual request will be considered on its merits.

#### **PROCEDURE**

1. As noted in the PPA, an invoice received later than 180 days from the date of service 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.
    - i. Please note that the CRDP will not review reconsideration requests for invoice(s) that were denied payment due to a Provider entry error or the provision of inaccurate information at the time of invoice submission. As indicated in the PPA– Providers must submit complete and accurate invoices to the Department. As such it is the Provider’s responsibility to identify any entry errors prior to submission. **Invoices that are inaccurate or incomplete will be denied and requests for reconsideration that are based solely on a Provider entry error will not be reviewed.** CRDP claims processing staff will not correct Provider entry errors following denial of payment for an invoice nor will they re-process claims denied for that reason.
3. The Provider must provide all third party explanations 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.