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## Appealing a Third Party Liability (TPL) Demand Claim

### The First Step:

A redetermination is the first level of appeal and your first recourse if you do not agree with Medicare's determination on your claim. Redeterminations are carried out by the Fiscal Intermediary(FI)/Medicare Administrative Contractor (MAC).

### Timeframe to Appeal:

You have 120 days from the date of the initial claim determination to submit your appeal request.

### Required Information:

The request for a redetermination can be sent on the Center for Medicare and Medicaid Services (CMS) Medicare Redetermination Request Form, CMS-20027, or in writing.\* The CMS-20027 form can be found on the CMS Web site using the following link:

<http://www.cms.hhs.gov/cmsforms/downloads/CMS20027.pdf>.

If you prefer to send a written request in the form of a letter, it should be submitted on company letterhead and include all of the following information:

- Provider name and address (if not included on letterhead)
- Beneficiary's name
- Beneficiary's Medicare number
- Claim date(s) of service
- Item(s)/service(s) you wish to appeal
- Signature

\* Whether you are sending your request for redetermination on the CMS-20027 or in writing, please *indicate that the appeal is for a TPL demand claim*.

**Do not submit medical records with your appeal request.** The Appeals Department will send you an Additional Development Request (ADR) once your request for redetermination is received. The ADR will include instructions regarding the records required and any additional information needed to review your appeal. The medical records must be submitted to the address indicated on your ADR.