North East Medical Services

Provider Claims Dispute Resolution Mechanism

A provider claim dispute is a written notice to North East Medical Services (NEMS) appealing or requesting reconsideration of a claim that has been reimbursed, adjudicated or denied; or seeking resolution of a billing determination; or disputing a request for reimbursement of an overpayment of a claim.

If a provider wants to dispute a claim payment or denial, the provider can submit a written dispute to the following address:

North East Medical Services
Attn: MSO Provider Claims Dispute
1520 Stockton Street
San Francisco, CA 94133
415-352-5041

Provider must submit a Provider Dispute Resolution Request (PDRR) form in writing along with any relevant and supporting documentation within 365 days of the last adjudication of the claim.

The PDRR must include:

1) Provider's Name and Contact Information (Address and Phone Number);
2) Provider's NPI Number;
3) Patient's Name and DOB;
4) Claim Number from NEMS Explanation of Benefit;
5) Copy of original claim being disputed;
6) Identification of the disputed item(s);
7) Explanation of the basis that provider believes the payment amount, adjustment, denial, or request for reimbursement is incorrect;
8) Other pertinent documentation to support the appeal;

NEMS will acknowledge the receipt of the PDR within fifteen (15) working days of receipt of the dispute.

NEMS will issue a written determination, including a statement of the pertinent fact and reasons, to the provider within forty-five (45) working days after receipt of the provider claim dispute.

If the initial submission of the PDR is incomplete, NEMS will return it to the provider with identification of the missing information. Provider has fifteen (15) working days to resubmit an amended PDRR with requested information.

NEMS will issue a written determination to the provider within forty-five (45) working days after receipt of the amended PDRR.

Note: Claims that are denied due to provider's claim submission error or omission (e.g. missing modifier, incorrect CPT / ICD-9 or place of service code, etc) do not qualify for the Provider Claim Dispute Resolution Mechanism. These claims should be resubmitted within the time period for claim submission as "corrected claim" with a brief explanation of the error either noted on the claim or as an attachment.