Original Medicare (Parts A & B - Fee-for Service)

Initial Determination/Appeals Process

STANDARD PROCESS
Parts A and B
FI, Carrier, or MAC Initial Determination

EXPEDITED PROCESS
(Some Part A only)
Notice of Discharge or Service Termination

120 days to file
FI, Carrier or MAC Redetermination
60 day time limit

Noon the next calendar day
Quality Improvement Organization
Redetermination
72 hour time limit

180 days to file
Qualified Independent Contractor
Reconsideration
60 day time limit

Noon the next calendar day
Qualified Independent Contractor
Reconsideration
72 hour time limit

60 days to file
Office of Medicare Hearings and Appeals
ALJ Hearing
AIC ≥ $130*
90 day time limit

Third Appeal Level

60 days to file
Medicare Appeals Council
90 day time limit

Fourth Appeal Level

60 days to file
Federal District Court
AIC ≥ $1,300*

Judicial Review

AIC = Amount In Controversy
ALJ = Administrative Law Judge
FI = Fiscal Intermediary
MAC = Medicare Administrative Contractor
*The AIC requirement for an ALJ hearing and Federal District Court is adjusted annually in accordance with the medical care component of the consumer price index. The chart reflects the amounts for calendar year (CY) 2011.