CENTERS FOR MEDICARE & MEDICAID SERVICES

How to File a Medicare Part A or Part B Appeal in the Original Medicare Plan

The Original Medicare Plan includes Part A (Hospital Insurance) and Part B (Medical Insurance). The Original Medicare Plan covers certain medical services and items in hospitals and other settings.

If you are enrolled in the Original Medicare Plan you can file an appeal if either a service or item:

- you received isn't covered and you think it should be
- is denied and you think Medicare should pay for it
- you question the amount that Medicare paid

Your appeal rights are explained on the back of the Medicare Summary Notice (MSN). You get this notice every 3 months from the company that handles Medicare claims. The MSN will tell you why Medicare won't pay for the item or service and how to file an appeal. If you file an appeal, ask your doctor or provider for any information that might help your case.

Note: If you are enrolled in a Medicare Advantage Plan (like an HMO or PPO), your appeal rights are described in your plan's material.

The Appeals Process

There are five levels in the Medicare Part A and Part B appeals process.

1. Redetermination by the company that handles Medicare claims
2. Reconsideration by a Qualified Independent Contractor (QIC)
3. Hearing by an Administrative Law Judge (ALJ)
4. Review by the Medicare Appeals Council (MAC)
5. Federal court review

First Level of Appeal: Redetermination

Your MSN tells you if Medicare has paid your medical claim or denied it. This is the initial determination. If your medical claim is denied and you believe Medicare should have covered it, you may request a redetermination.

- A request for redetermination must be filed within 120 days of your receipt of the MSN.
- You can use the MSN to make your request.
- The redetermination request must be filed with the company that handles Medicare claims as indicated on the MSN.
- There is no minimum dollar amount that must be in question for you to request a redetermination.
- The company that handles your Medicare claims will send you a written decision within 60 days of getting your request.

How to Request a Redetermination

You can request a redetermination in one of three ways.

1. You can follow the instructions on your MSN as follows:
   - Circle the items that you disagree with
   - Explain why you disagree
   - Sign the MSN
   - Send it to the Medicare contractor identified in the "Appeal Information" section of the MSN.
2. You can use the "Redetermination Request" form (CMS Form 20027) available at www.cms.hhs.gov/cmsforms/downloads/cms20027.pdf on the web.
3. You can make your request by letter. Your letter must include the following:
   - Your name
   - Your Medicare number (located on your red, white, and blue Medicare card)
   - The specific service and/or item(s) for which a redetermination is being requested
   - An explanation of why you disagree with the initial determination
   - The date(s) of service
   - Your signature or the name and signature of your appointed representative. An "Appointment of Representative" form (Form CMS-1696) is available at www.cms.hhs.gov/cmsforms/downloads/cms1696.pdf on the web.

However you choose to request a redetermination, you must send it to the Medicare contractor identified on your MSN and you should attach all supporting documentation that you believe may help your case. For example, you should include copies of your medical bills and copies of related MSNs.

Second Level of Appeal: Reconsideration

If you are dissatisfied with the redetermination decision, you may request a reconsideration. The reconsideration decision is made by a Qualified Independent Contractor (QIC) that didn't take part in the redetermination.

- The request for reconsideration must be filed with the QIC stated on the redetermination within 180 days of your receipt of the redetermination.
- There is no minimum dollar amount that must be in question for you to request a reconsideration.
- The QIC will send you a written reconsideration within 60 days of getting your request. The reconsideration decision will explain how you can ask for an appeal. If the QIC can't issue a timely decision, you will get a letter that asks you if you want to skip to the next level of appeal.

How to Request a Reconsideration

You can request a reconsideration in one of two ways.

1. You can use the "Reconsideration" form (CMS Form 20033) available at www.cms.hhs.gov/cmsforms/downloads/cms20033.pdf on the web.
2. You can make your request by letter. Your letter must include the following:
   - Your name
   - Your Medicare number (located on your red, white, and blue Medicare card)
   - The specific service(s) and or item(s) for which the reconsideration is requested
   - The date(s) of service
   - Your signature or the name and signature of your authorized or appointed representative
   - The name of the company that handled your claims for Medicare that made the redetermination

The reconsideration request should clearly explain why you disagree with the redetermination. You should send a copy of the Medicare Redetermination Notice and any other documentation that may help your case to the QIC identified in the Notice. If you send documentation after the reconsideration request has been filed it may take longer for the QIC to make its decision.

Third Level of Appeal: Administrative Law Judge (ALJ) Hearing

If you are dissatisfied with the QIC's reconsideration decision, you may appeal to an ALJ.

- The request for a hearing with an ALJ must be filed within 60 days of your receipt of the reconsideration decision.
- The claim(s) in your appeal must satisfy a minimum dollar amount in question to get an ALJ hearing. In the reconsideration letter, the QIC will provide an estimate of whether your case satisfies this requirement. However, it is up to the ALJ to make the final decision.
- The ALJ will send you a written decision within 90 days of receiving your request. If the ALJ can't issue a timely decision, you can ask the ALJ to skip to the next level of appeal.

How to Request an ALJ Hearing

To request an ALJ hearing, follow the instructions in the reconsideration letter you received from the QIC. If you need additional assistance filing an appeal with an ALJ, you can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Fourth Level of Appeal: Medicare Appeals Council (MAC) Review

If you disagree with the ALJ's decision, you may file an appeal with the MAC.

- The request for MAC review must be submitted in writing within 60 days of receipt of the ALJ's decision.
- There is no minimum dollar amount that must be in question for you to request MAC review.
- The MAC will send you a written decision within 90 days of getting your request. If the MAC can't issue a timely decision, you can ask the MAC to skip to the next level of appeal.

How to Request a MAC Review

You should refer to the ALJ's decision for instructions on filing a request for MAC review.

Fifth Level of Appeal: Federal Court Review

If you disagree with the MAC's decision, you may file an appeal in Federal court.

- The claim(s) in your appeal must satisfy a minimum dollar amount in question to get Federal court review.
- Your request must be filed in U.S. District Court within 60 days of your receipt of the MAC's decision.

How to Request a Federal Court Review

You should refer to the MAC's decision for instructions on requesting Federal court review.

For More Information

- Visit www.medicare.gov on the web. Select "Medicare Appeals." You can also look at or print a copy of the booklet "Your Medicare Rights and Protections." Under "Search Tools," select "Find a Medicare Publication."
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized counseling. To get their telephone number, visit www.medicare.gov on the web under "Search Tools," select "Find Helpful Phone Numbers and Websites." Or, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Attend Medicare-related events in your community. Look for information about these events in your local newspaper or listen for information on the radio.

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