Improving the Medicare Appeals Process

Medicare Appeals Process

Part A & B (Fee-for-Service Medicare)

File Claim or Request

Initial Determination by Contractor (45 days to decide)

First Level of Appeal

Re-determination by Contractor (60 days to decide)

Second Level of Appeal

Re-consideration by Qualified Independent Contractor (60 days to decide)

Third Level of Appeal

Administrative Law Judge Hearing (90 days to decide)

Fourth Level of Appeal

Medicare Appeals Council (90 days to decide)

Fifth Level of Appeal

Federal Court (No time limit)

Part D Prescription Drug Plans

Initial Determination by Drug Plan (72 hours to decide)

First Level of Appeal

Re-determination by Drug Plan (7 days to decide)

Second Level of Appeal

Re-consideration by Independent Review Entity (7 days to decide)

Third Level of Appeal

Administrative Law Judge Hearing (No time limit)

Fourth Level of Appeal

Medicare Appeals Council (No time limit)

Fifth Level of Appeal

Federal Court (No time limit)

Part C Medicare Advantage (managed care) Plans

File Claim or Request

Initial Determination by MA Plan (60 days to decide)

First Level of Appeal

Re-determination by MA Plan (60 days to decide)

Second Level of Appeal

Re-consideration by Independent Review Entity (60 days to decide)

Third Level of Appeal

Administrative Law Judge Hearing (No time limit)

Fourth Level of Appeal

Medicare Appeals Council (No time limit)

Fifth Level of Appeal

Federal Court (No time limit)

Note: Expedited process may be available; minimum amount in controversy may be required.


Source: AARP Public Policy Institute, Fact Sheet 164, December 2009