Original Medicare Appeals Process: Part A & Part B (Fee-for-Service)

Level	Standard Process	Expedited Process
Initial Determination	**(Part A and Part B only)** Medicare Administrative Contractor (MAC) Initial Determination	**(Some Part A only)** Notice of Discharge or Service Termination
1st Appeal Level	**120 days to file** MAC Redetermination 60-day time limit	**Noon next calendar day** Quality Improvement Organization (QIO) Redetermination 72-hour time limit
2nd Appeal Level	**180 days to file** Qualified Independent Contractor (QIC) Reconsideration 60-day time limit	**Noon next calendar day** QIC Reconsideration 72-hour time limit
3rd Appeal Level	**60 days to file** Office of Medicare Hearings and Appeals (OMHA) Administrative Law Judge (ALJ) Hearing Amount in Controversy (AIC)≥ $190* 90-day time limit	**60 days to file** OMHA ALJ Hearing AIC≥ $190* 90-day time limit
4th Appeal Level	**60 days to file** Medicare Appeals Council 90-day time limit	**60 days to file** Medicare Appeals Council 90-day time limit
Judicial Review	**60 days to file** Federal District Court AIC ≥ $1,900*	**60 days to file** Federal District Court AIC ≥ $1,900*

NOTE: The time to file starts when the previous decision or determination is received.

*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 2025.

Medicare Advantage (Part C) Appeals Process

Level	Standard Process	Expedited Process
Organization Determination	Pre-Service: 14-day time limit Payment: 60-day time limit* Part B Drug: 72-hour time limit	Pre-Service: 72-hour time limit Part B Drug: 24-hour time limit
1st Appeal Level	**65 days to file** Health Plan Reconsideration Pre-Service: 30-day time limit Payment: 60-day time limit Part B Drug: 7-day time limit	**65 days to file** Health Plan Reconsideration 72-hour time limit
2nd Appeal Level	**Automatic forwarding to Independent Review Entity (IRE) if plan reconsideration upholds denial** IRE Reconsideration Pre-Service: 30-day time limit Payment: 60-day time limit Part B Drug: 7-day time limit	**Automatic forwarding to IRE if plan reconsideration upholds denial** IRE Reconsideration 72-hour time limit
3rd Appeal Level	**60 days to file** Office of Medicare Hearings and Appeals (OMHA) Administrative Law Judge (ALJ) Hearing Amount in Controversy (AIC) ≥ $190** No statutory time limit for processing	**60 days to file** OMHA ALJ Hearing AIC ≥ $190** No statutory time limit for processing
4th Appeal Level	**60 days to file** Medicare Appeals Council No statutory time limit for processing	**60 days to file** Medicare Appeals Council No statutory time limit for processing
Judicial Review	**60 days to file** Federal District Court AIC ≥ $1,900**	**60 days to file** Federal District Court AIC ≥ $1,900**

NOTE: The time to file starts when the previous decision or determination is received.

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*Plans must process 95% of all clean claims from out-of-network providers within 30 days. All other claims must be processed within 60 days.

**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 2025.

Medicare Drug (Part D) Appeals Process

Level	Standard Process	Expedited Process
Coverage Determination*	72-hour time limit** 14-day time limit (payment)	24-hour time limit**
1st Appeal Level	**65 days to file** Medicare drug plan (PDP)/Medicare Advantage Plan with drug coverage (MA-PD) 7-day time limit (benefits) 14-day time limit (payment)	**65 days to file** PDP/MA-PD 72-hour time limit
2nd Appeal Level	**65 days to file***** Part D Independent Review Entity (IRE) 7-day time limit (benefits) 14-day time limit (payments)	**65 days to file***** Part D IRE 72-hour time limit
3rd Appeal Level	**60 days to file** Office of Medicare Hearings and Appeals (OMHA) Administrative Law Judge (ALJ) Hearing Amount in Controversy (AIC) ≥ $190****** 90-day time limit	**60 days to file** OMHA ALJ Hearing AIC ≥ $190****** 10-day time limit
4th Appeal Level	**60 days to file** Medicare Appeals Council 90-day time limit	**60 days to file** Medicare Appeals Council 10-day time limit
Judicial Review	**60 days to file** Federal District Court AIC ≥ $1,900******	**60 days to file** Federal District Court AIC ≥ $1,900******

*A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, by the enrollee's appointed representative, or by the enrollee's physician or other prescriber.

**The adjudication timeframes generally begin when the request is received by the plan sponsor. However, if the request involves an exception request, the adjudication timeframe begins when the plan sponsor receives the physician's supporting statement.

***If, on redetermination, a plan sponsor upholds an at-risk determination made per 42 CFR § 423.153(f), the plan sponsor must auto-forward the case to the Part D IRE.

******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 2025.

References:

- Medicare Rights & Protections (CMS Product No. 11534)
- Medicare.gov/providers-services/claims-appeals-complaints/appeals/original-medicare
- Medicare.gov/providers-services/claims-appeals-complaints/appeals/medicare-health-plans
- Medicare.gov/providers-services/claims-appeals-complaints/appeals/drug-plans