HUSCH BLACKWELL

Summary of Federal Administrative Appeal Process for Disputing Claim Denials and Overpayment Demands

42 C.F.R. § 405.900, et seq.

Below is a summary of the steps and timelines for appealing claim denials and overpayments, such as denials issued by a Medicare Administrative Contractor (“MAC”) and overpayment determinations issued by a Unified Program Integrity Contractor (“UPIC”).

Level of Appeal	Applicable Decision Maker	Deadline for Filing the Appeal	Decision-Maker’s Deadline for Sending Appeal Decision
1. Redetermination	Medicare Administrative Contractor (MAC)	120 days (30 days to halt recoupment)	60 days
2. Reconsideration	Qualified Independent Contractor (QIC)	180 days (60 days to halt recoupment)	60 days*
3. Administrative Law Judge (ALJ) Hearing	ALJ	60 days (Can no longer halt recoupment—must repay or enter into an approved repayment plan)	90 days
4. Medicare Appeals Council	Medicare Appeals Council	60 days	60 days
5. Federal Court	Federal District Court	60 days	n/a

** Hospices have the option to escalate the case to the ALJ if the QIC does not issue a decision within the required timeframe.*

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