Original Medicare (Parts A & B - Fee-for Service) Initial Determination/Appeals Process STANDARD PROCESS **EXPEDITED PROCESS** Parts A and B (Some Part A only) Medicare Administrative Contractor Notice of Discharge or Service (MAC) Initial Determination Termination 120 days to file Noon the next calendar day First **Quality Improvement Organization MAC Redetermination** Redetermination Appeal 60-day time limit 72-hour time limit Level 180 days to file Noon the next calendar day Second Qualified Independent Contractor **Qualified Independent Contractor** Reconsideration **Appeal** Reconsideration 60-day time limit Level 72-hour time limit 60 days to file Office of Medicare Hearings and Appeals Third **ALJ** Hearing **Appeal** AIC>\$180* Level 90-day time limit 60 days to file Fourth Medicare Appeals Council **Appeal** 90-day time limit Level 60 days to file Judicial **Federal District** Review Court AIC ≥ \$1,840*

AIC = Amount In Controversy ALJ = Administrative Law Judge

MAC = Medicare Administrative Contractor

*The AIC requirement for an ALI 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 2024.