



Change in the Amount in Controversy (AIC) Requirement for Administrative Law Judge (ALJ) Hearings and Federal District Court Appeals – JA6894

Related CR Release Date: May 7, 2010

Date Job Aid Revised: May 12, 2010

Effective Date: August 9, 2010

Implementation Date: August 9, 2010

Key Words MM6894, CR6894, R1965CP, AIC, Appeals

Contractors Affected

- Medicare Carriers
- Fiscal Intermediaries (FIs)
- Part A/B Medicare Administrative Contractors (A/B MACs)
- Durable Medical Equipment MACs (DME MACs)
- Regional Home Health Intermediaries (RHHIs)

Provider Types Affected

Physicians, providers and suppliers submitting claims to Medicare Carriers, DME MACs, FIs, A/B MACs, and/or RHHIs for services provided to Medicare beneficiaries are affected.



Change Request (CR) 6894 notifies Medicare contractors of the AIC required to sustain Administrative Law Judge (ALJ) and Federal District Court appeal rights beginning January 1, 2010.

Provider Needs to Know...

- CR6894 modifies the *Medicare Claims Processing Manual*, Chapter 29, Sections 220, 330.1, and 345.1 to update the AIC required for an ALJ hearing or judicial court review.
- CR6894 also expands the background information in the Section 250 (Amount in Controversy), Section 250.1 (Amount in Controversy General Requirements), Section 250.2 (Principles for Determining Amount in Controversy), and Section 250.3 (Aggregation of Claims to meet Amount in Controversy) in the *Medicare Claims Processing Manual*, Chapter 29.

AIC Requirements for ALJ Hearings

- The amount remaining in controversy requirement for ALJ hearing requests made before January 1, 2010, is \$120.
- The amount remaining in controversy requirement for ALJ hearing requests made on or after January 1, 2010 is \$130.

AIC Requirements for Federal District Court Review

- The amount remaining in controversy goes from \$1,220 for requests on or after January 1, 2009, to \$1,260 for requests on or after January 1, 2010.
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Background

The Medicare claims appeal process was amended by the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000.

Operational Impact

N/A

Reference Materials

The related MLN Matters® article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM6894.pdf> on the CMS website.

The official instruction (CR6894) issued regarding this change is available at <http://www.cms.gov/Transmittals/downloads/R1965CP.pdf> on the CMS website. The revised portions of the manual are attached to CR6894.

A brochure entitled, *The Medicare Appeals Process: Five Levels To Protect Providers, Physicians And Other Suppliers*, provides an overview of the Medicare Part A and Part B administrative appeals process available to providers, physicians and other suppliers who provide services and supplies to Medicare beneficiaries, as well as details on where to obtain more information about this appeals process. The brochure is available at <http://www.cms.hhs.gov/MLNProducts/downloads/MedicareAppealsProcess.pdf> on the CMS website.
