



**News Flash** – The revised Medicare Fraud & Abuse fact sheet (February 2010), directs you to a number of sources of information pertaining to Medicare fraud and abuse, and helps you understand what to do if you suspect or become aware of incidents of potential Medicare fraud or abuse. It can be downloaded at [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud\\_and\\_Abuse.pdf](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Fraud_and_Abuse.pdf) from the Centers for Medicare & Medicaid Services' (CMS) Medicare Learning Network.

MLN Matters® Number: MM6894

Related Change Request (CR) #: 6894

Related CR Release Date: May 7, 2010

Effective Date: August 9, 2010

Related CR Transmittal #: R1965CP

Implementation Date: August 9, 2010

**Note:** This article was updated on November 30, 2012, to reflect current Web addresses. All other information remains unchanged.

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

### Provider Types Affected

Physicians, providers and suppliers submitting claims to Medicare Carriers, Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Fiscal Intermediaries (FIs), Part A/B MACs (A/B MACs), and/or Regional Home Health Intermediaries (RHHIs) for services provided to Medicare beneficiaries are affected.

### Provider Action Needed

This article is based on Change Request (CR) 6894, which notifies Medicare contractors of the Amount in Controversy (AIC) required to sustain Administrative Law Judge (ALJ) and Federal District Court appeal rights beginning January 1, 2010.

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

#### Disclaimer

This article was prepared as a service to the public and is not intended to grant rights or impose obligations. This article may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.

controversy requirement for requests made on or after January 1, 2010, is \$130.

- **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.**

Please ensure that your staff knows of these changes.

## Background

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The Medicare claims appeal process was amended by the Medicare, Medicaid, and SCHIP Benefits Improvement and Protection Act of 2000 (BIPA). CR 6894 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. CR 6894 also expands the background information in the Amount in Controversy General Requirements, Principles for Determining Amount in Controversy, and Aggregation of Claims to meet Amount in Controversy sections 250, 250.1, 250.2 and 250.3 in the Claims Processing Manual, Chapter 29. The revised portions of the manual are attached to CR 6894.

## Additional Information

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The official instruction (CR 6894) issued to your Medicare Carrier, A/B MAC, DME MAC, FI, and/or RHHI is available at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/downloads/R1965CP.pdf> on the Centers for Medicare & Medicaid Services (CMS) website.

If you have questions, please contact your Medicare contractor at their toll-free number, which may be found at <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/provider-compliance-interactive-map/index.html> on the CMS website.

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.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/MedicareAppealsProcess.pdf> on the CMS website.

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