

Appeals Process – Part B Quick Reference

Appeal Level	Time Limit for Filing Request	Monetary Threshold to Be Met
1. Redeterminations	120 days from the date of receipt of the initial determination notice	None
2. Reconsiderations	180 days from the date of receipt of the redetermination	None
3. Administrative Law Judge (ALJ) Hearing	60 days from the date of receipt of the reconsideration	Effective January 1, 2010, the amount in controversy required to request an ALJ hearing increased to \$130.
4. Medicare Appeals Council (MAC) Review (part of the Departmental Appeals Board (DAB))	60 days from the date of receipt of the ALJ hearing decision	None
5. Judicial Review in U.S. District Court	60 days from the date of receipt of DAB decision or declination of review by DAB	Effective January 1, 2010, the amount in controversy required to request a judicial review increased to \$1,260.

Helpful Hints

- Each level of appeal must be completed before appealing to the next level.
- A completed Form CMS-20027 or the Part B TrailBlazer Redetermination Request Form constitutes a request for a redetermination. (If Form CMS-20027 is used, TrailBlazerSM requires the provider to include all identification elements: Provider Transaction Access Number (PTAN), National Provider Identification (NPI) and the last five digits of the Tax Identification Number (TIN)).
 - Part B Redetermination Request form: <http://www.trailblazerhealth.com/Publications/PDF%20Form/PartBRedeterminationRequestForm.pdf>
 - CMS-20027: <http://www.cms.hhs.gov/cmsforms/downloads/cms20027.pdf>
- A written request **not** on either form **must** contain:
 - Beneficiary's name.
 - Beneficiary's Health Insurance Claim Number (HICN).
 - Dates of service at issue.
 - Specific service(s) or item(s) for which the redetermination is being requested.

- Name and signature of the party or representative of the party.
- If the request is from a provider, the identification requirements are required:
PTAN, NPI and the last five digits of the TIN.
- Documentation included with a request should include:
 - Operative notes.
 - Progress notes.
 - Office notes.
 - A letter from the physician (if applicable).