



# *Medicare Part B Appeals changes Effective January 1, 2006*

Appeal Level	Filing Time Limit	Amount in Controversy
<b>1. Redetermination</b>		
Performed by the Medicare contractor	120 days from date of the notice initial determination (MSN or MRN)	None
<b>2. Reconsideration</b>		
Performed by (QIC) Qualified Independent Contractor	180 days from date of receipt of the redetermination	None
<b>3. Administrative Law Judge</b>		
Case file prepared by the QIC and forwarded to the HHS Office of Medicare Hearings and Appeals (OMHA)	60 days from the date of receipt of the reconsideration notice	For requests on and after January 1, 2006, at least \$110 remains in controversy. At least \$100 remains in controversy for requests prior to January 1, 2006.
<b>4. Departmental Appeals Board Review</b>		
Performed by DAB	60 days from the date of receipt of the ALJ hearing decision	None
<b>5. Federal Court (Judicial) Review</b>		
Performed by a Federal court	60 days from the date of receipt of the DAB review decision	For requests on and after January 1, 2006, at least \$1090 remains in controversy. At least \$1050 remains in controversy for requests prior to January 1, 2006.

Effective January 1, 2006, the appeals process has been revised with the addition of a new second level in the administrative process called reconsiderations. For additional resources on this topic you may go to [www.cms.hhs.gov](http://www.cms.hhs.gov) for the following:

CR#: 3939 CR#: 3942 CR#: 3943 CR#: 3944 CR#: 4006 CR#: 4019 JSM#: 06034  
 Medlearn Matters articles: MM3939, MM3942, MM3944, and MM4019

