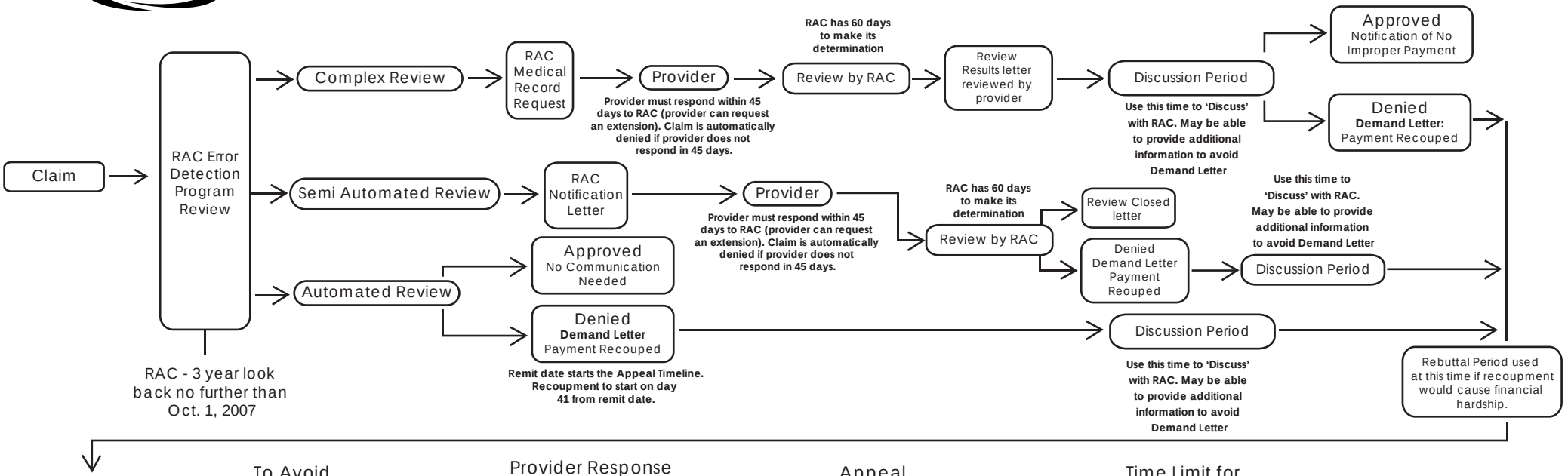
Recovery Audit Contractors Claims Review Process and Medicare Appeals Process



	To Avoid Recoupment	Provider Response Time if Denied	Appeal Entity	Time Limit for Appeal Entity	
Level 1	**Appeal determination within 30 days to stop recoupment. If appeals not filed within 30 days, recoupment begins on day 41, interest is owed on first 30 days if payment isn't made by day 41.**	**If denied, provider has 120 days from the demand letter to file an appeal**	MAC / FI / Carrier	**FI has 60 days to make a determination Plus additional days for new evidence**	**Redetermination** by Medicare carrier, FI, or MAC
Level 2	**Appeal within 60 days to stop recoupment. If not filed within 60 days, recoupment begins on day 76**	**If Denied, provider has 180 days to file an appeal**	Qualified Indept. Cont.	**QIC has 60 days to make a determination plus additional days for new evidence**	**Reconsideration** by a Qualified Indept. Contractor (QIC)
Level 3	**If provider loses at QIC level, recoupment will commence and interest will be owed.** **If recoupment has not occurred up to this point it will begin on day 30 from the appeal outcome letter**	**If denied, provider has 60 days to file an appeal At least $130 (aggregate) in controversy**	Admin. Law Judge	**ALJ has 90 days to make a determination. Hearing can be in person, videoconference, or by phone doctor advocate on your side, if doctor's notes can not be read, they are not good evidence**	
Level 4		**If Denied, provider has 60 days to file an appeal**	Medicare Appeals Council	**AC has 90 days to make a determination**	
Level 5		**If denied, provider has 60 days to file an appeal. At least $1,300 (aggregate) in controversy**	Judicial Review in U.S. Dist. Court	**No time limit for Judicial Review**	

Interest Accrues — If not remitted by day 31