

Reconsideration

The second major level of appeal in the Medicare appeals process is called reconsideration. Often times, the first level of appeal will merely "rubber-stamp" an initial determination. Reconsiderations, however, are sent to Qualified Independent Contractors, which offer providers a better opportunity to have their arguments for payment heard. In general, a reconsideration is due 180 days after receipt of an unfavorable or partially favorable redetermination decision. However, to avoid recoupment, you must file a reconsideration within 60 days. Moreover, this is the stage where your documentary evidence is essentially "locked in." You need to submit all supporting documentation at this level for it to be heard by an Administrative Law Judge or the Medicare Appeals Council. This process is highly complex, and legal representation may assist in effectively presenting your case.

Call Liles Parker today to learn more about how we can help you.