

How to file a Medicare appeal*

If you disagree with a coverage or payment decision by Medicare, Medicare Advantage or other Medicare health plan or your Medicare drug plan, you can file an appeal.

Before you start ask your provider or supplier for any information to make your appeal stronger. If you're in a Medicare Advantage plan, other health plan or a drug plan, check your plan materials, or contact your plan, for details about your appeal rights. The plan must tell you, in writing, how to appeal.

You can usually find your plan's contact information on your plan membership card.

You can file an appeal if Medicare or your plan refuses to:

- 1 Cover a health care service, supply, item or drug you think Medicare should cover.
- 2 Pay for a health care service, supply, item or drug you already got.
- 3 Change the amount you must pay for a health care service, supply, item or drug.

You can also file an appeal if:

- 1 Medicare or your plan stops providing or paying for all or part of a health care service, supply, item or drug you think you still need.
- 2 Your plan's drug management program labels you as "at-risk" because you meet the Overutilization Monitoring System criteria. This means your plan limits your access to coverage for drugs like opioids and benzodiazepines.
- 3 You think your Medicare-covered services are ending too soon.

How do appeals work?

The appeals process varies depending on the coverage you have.



Learn more about Medicare the Medicare appeal process at <https://www.medicare.gov/providers-services/claims-appeals-complaints/appeals>

*Medicare.gov