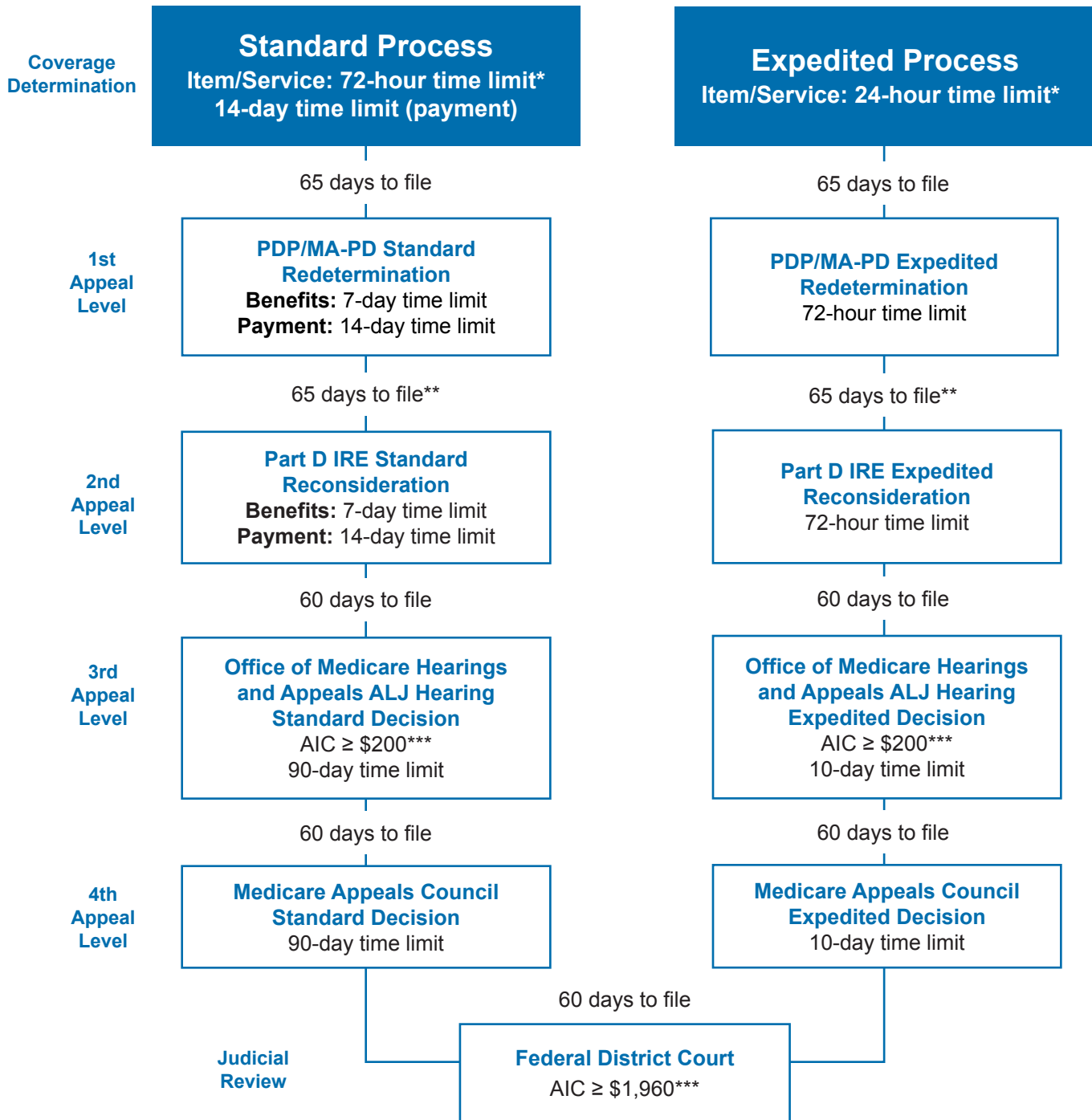


Medicare Prescription Drug (Part D)

Coverage Determination/Appeals Process



AIC: Amount in Controversy

ALJ: Administrative Law Judge

IRE: Independent Review Entity

MA-PD: Medicare Advantage plan that offers Part D benefits

PDP: Prescription Drug Plan

Note: A request for a coverage determination includes a request for a tiering exception or a formulary exception. A request for a coverage determination may be filed by the enrollee, by the enrollee's appointed representative or by the enrollee's physician or other prescriber.

*The adjudication timeframes generally begin when the request is received by the plan sponsor. However, if the request involves an exception request, the adjudication timeframe begins when the plan sponsor receives the physician's supporting statement.

** If, on redetermination, a plan sponsor upholds an at-risk determination made per 42 CFR § 423.153(f), the plan sponsor must auto-forward the case to the Part D IRE.

***The AIC requirement for an ALJ hearing and Federal District Court is adjusted annually in accordance with the medical care component of the consumer price index. The chart reflects the amounts for calendar year 2026.

Note: The 65-day deadlines for Level 1 appeals run from the date of the notice. The 60-day deadlines for ALJ hearings run from the date of receipt of the notice.