

**Centers for Medicare & Medicaid Services, HHS**

**§ 478.12**

nurses and other professional health care practitioners (other than physicians defined in 1861(r) (1) and (2) of the Act) and with representatives of institutional and noninstitutional providers and suppliers with respect to the QIO's responsibility for review.

[50 FR 15330, Apr. 17, 1985; 50 FR 41886, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999]

**§ 476.104 Coordination of activities.**

In order to achieve efficient and economical review, a QIO must coordinate its activities (including information exchanges) with the activities of—

- (a) Medicare fiscal intermediaries and carriers;
- (b) Other QIOs; and
- (c) Other public or private review organizations as may be appropriate.

**PART 478—RECONSIDERATIONS AND APPEALS**

**Subpart A [Reserved]**

**Subpart B—Utilization and Quality Control Quality Improvement Organization (QIO) Reconsiderations and Appeals**

Sec.

- 478.10 Scope.
- 478.12 Statutory basis.
- 478.14 Applicability.
- 478.15 QIO review of changes resulting from DRG validation.
- 478.16 Right to reconsideration.
- 478.18 Location for submitting requests for reconsideration.
- 478.20 Time limits for requesting reconsideration.
- 478.22 Good cause for late filing of a request for a reconsideration or hearing.
- 478.24 Opportunity for a party to obtain and submit information.
- 478.26 Delegation of the reconsideration function.
- 478.28 Qualifications of a reconsideration reviewer.
- 478.30 Evidence to be considered by the reconsideration reviewer.
- 478.32 Time limits for issuance of the reconsidered determination.
- 478.34 Notice of a reconsidered determination.
- 478.36 Record of reconsideration.
- 478.38 Effect of a reconsidered determination.
- 478.40 Beneficiary's right to a hearing.
- 478.42 Submitting a request for a hearing.

478.44 Determining the amount in controversy for a hearing.

478.46 Departmental Appeals Board and judicial review.

478.48 Reopening and revision of a reconsidered determination or a hearing decision.

AUTHORITY: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

**Subpart A [Reserved]**

**Subpart B—Utilization and Quality Control Quality Improvement Organization (QIO) Reconsiderations and Appeals**

SOURCE: 50 FR 15372, Apr. 17, 1985, unless otherwise noted. Redesignated at 64 FR 66279, Nov. 24, 1999.

**§ 478.10 Scope.**

This subpart establishes the requirements and procedures for—

- (a) Reconsiderations conducted by a Utilization and Quality Control Quality Improvement Organization (QIO) or its subcontractor of initial denial determinations concerning services furnished or proposed to be furnished under Medicare;
- (b) Hearings and judicial review of reconsidered determinations; and
- (c) QIO review of a change in diagnostic and procedural coding information.

[50 FR 15372, Apr. 17, 1985; 50 FR 41887, Oct. 16, 1985. Redesignated at 64 FR 66279, Nov. 24, 1999]

**§ 478.12 Statutory basis.**

(a) Under section 1154 of the Act, a QIO may make an initial determination that services furnished or proposed to be furnished are not reasonable, necessary, or delivered in the most appropriate setting.

(b) Under section 1155 of the Act, the following rules apply:

(1) A Medicare beneficiary, a provider, or an attending practitioner who is dissatisfied with an initial denial determination under paragraph (a) of this section is entitled to a reconsideration by the QIO that made that determination.

(2) The beneficiary is also entitled to the following: