

## § 478.26

- (1) A record of the QIO deliberation; or
  - (2) The identity of the QIO review coordinators, physician advisors, or consultants who assisted in the initial denial determination without their consent.
- (b) The QIO may require the requester to pay a reasonable fee for the reproduction of the material requested.
- (c) The QIO must provide a party with an opportunity to submit new evidence before the reconsidered determination is made.

### § 478.26 Delegation of the reconsideration function.

A QIO may delegate the authority to reconsider an initial determination to a nonfacility subcontractor, including the organization that made the initial determination as a QIO subcontractor.

### § 478.28 Qualifications of a reconsideration reviewer.

A reconsideration reviewer must be someone who is—

- (a) Qualified under § 466.98 of this chapter to make an initial determination.
- (b) Not the individual who made the initial denial determination.
- (c) A specialist in the type of services under review, except where meeting this requirement would compromise the effectiveness or efficiency of QIO review.

### § 478.30 Evidence to be considered by the reconsideration reviewer.

A reconsidered determination must be based on—

- (a) The information that led to the initial determination;
- (b) New information found in the medical records; or
- (c) Additional evidence submitted by a party.

### § 478.32 Time limits for issuance of the reconsidered determination.

(a) *Beneficiaries.* If a beneficiary files a timely request for reconsideration of an initial denial determination, the QIO must complete its reconsidered determination and send written notice to the beneficiary within the following time limits—

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(1) Within three working days after the QIO receives the request for reconsideration if—

- (i) The beneficiary is still an inpatient in a hospital for the stay in question when the QIO receives the request for reconsideration; or
- (ii) The initial determination relates to institutional services for which admission to the institution is sought, the initial determination was made before the patient was admitted to the institution; and a request was submitted timely for an expedited reconsideration.

(2) Within 10 working days after the QIO receives the request for reconsideration if the beneficiary is still an inpatient in a SNF for the stay in question when the QIO receives the request for reconsideration.

(3) Within 30 working days after the QIO receives the request for reconsideration if—

- (i) The initial determination concerns ambulatory or noninstitutional services;
- (ii) The beneficiary is no longer an inpatient in a hospital or SNF for the stay in question; or
- (iii) The beneficiary does not submit a request for expedited reconsideration timely.

(b) *Providers or practitioners.* If the provider or practitioner files a request for reconsideration of an initial determination, the QIO must complete its reconsidered determination and send written notice to the provider or practitioner within 30 working days.

### § 478.34 Notice of a reconsidered determination.

(a) *Notice to parties.* A written notice of a QIO reconsidered determination must contain the following:

- (1) The basis for the reconsidered determination.
- (2) A detailed rationale for the reconsidered determination.
- (3) A statement explaining the Medicare payment consequences of the reconsidered determination.
- (4) A statement informing the parties of their appeal rights, including the information concerning what must be included in the request for hearing, the amount in controversy, locations for