FREE 2026 KIT · TEMPLATETITANHQ

The Medicare Appeal Kit (2026)

How to fight a Medicare Advantage denial — and win. All 5 levels, every deadline, on one page.

~13%	50%+	<1%
of MA prior-auth denials were wrongly denied (federal audit)	of filed appeals get overturned	of denials are ever appealed

Translation: most denials are paperwork or coverage-rule problems, not real medical calls — and the people who actually appeal usually win. The only mistake is not trying.

First: don't miss your deadline

Level 1 (the first appeal) is generally due 60 days from the date on your denial notice. If you're past it, you can still file — ask for "good cause" and explain why. Always confirm the exact deadline printed on your own notice.

The 5 levels of appeal

Level 1 — Plan Reconsideration. You ask your plan to look again.

File within **60 days** of the denial notice. Decision: ~30 days (service) / ~60 days (payment) standard; **72 hours expedited** if waiting could harm your health.

Level 2 — Independent Review Entity (IRE). If Level 1 is denied, your plan must **automatically forward** the case to an outside reviewer (Part C IRE: C2C Innovative Solutions, as of May 1, 2026).

30 days standard / 72 hours expedited. You don't have to re-file — but send any new evidence.

Level 3 — Administrative Law Judge (OMHA / ALJ). A judge reviews your case.

Request within **60 days** of the IRE decision. In 2026 the case must be worth at least **$200**.

Level 4 — Medicare Appeals Council.

Request within **60 days** of the ALJ decision.

Level 5 — Federal District Court.

Request within **60 days** of the Council decision. In 2026 the amount in dispute must be at least **$1,960**.

What to attach (this is what wins)

- **A copy of your denial notice** (the one with the date and reason).
- **A short supporting letter from your doctor** — the single most important item. It should say why the service is medically necessary for you.
- Any relevant **medical records, test results, or prescriptions**.
- If someone is filing for you: a completed **Appointment of Representative form (CMS-1696)**.

The wording that works

Keep it short and factual. State (1) who you are + your member ID, (2) what was denied and the notice date, (3) that you're requesting reconsideration, (4) why the denial is wrong — in plain terms, backed by your doctor's note, (5) that if upheld you want it forwarded to the IRE. Ask for written confirmation of receipt.

Tip: Use the free **Appeal Letter Builder** at medicare-tools-2026.netlify.app/medicare-appeal.html — it writes the letter for you from your details, right in your browser (nothing is stored).

Free help

Your **State Health Insurance Assistance Program (SHIP)** gives free, unbiased Medicare counseling — find yours at **shiphelp.org** or 1-800-MEDICARE. A licensed Medicare agent can also help at no cost to you.