CA

5007 Time Limitations

(a)

If no other time is provided by the code or these rules, an appeal or board appeal shall be filed within 30 days after notice of the action, decision, or order being appealed was served on the appellant or board appellant.

(b)

A disputed coverage appeal may be filed by the claimant, department, voluntary plan insurer or self-insurer, or a representative of any of these. A disputed coverage appeal shall be filed within 30 days after notice of denial of coverage was served on the appellant. In disputed coverage cases in which notice of denial of coverage is not furnished, an appeal shall be filed after the expiration of 25 days, and within 55 days, from the date the appellant sends a request for payment of benefits to the department or voluntary plan insurer or self-insurer.

(c)

In the case of a denial of a disability claim by a voluntary plan insurer or self-insurer, if no notice of denial is furnished, an appeal may be filed after the expiration of 30 days, and within 60 days, from the date the claim was sent to the voluntary plan insurer or self-insurer.

(d)

If no other time is provided in the code or these rules, a petition shall be filed within 30 days after notice of the department action was served on the petitioner.

An additional 30 days may be granted upon a showing of good cause.

(e)

A board appeal from the decision of an administrative law judge on a petition shall be filed within 30 days after the decision was served on the board appellant.