

Form Instructions for the "Notice of Denial of Medical Coverage"

CMS-10003-NDMC

A Medicare+Choice Organization (M+CO) is to complete and issue this notice when it denies a M+C enrollee's request for medical service. This is not model language. This is a standard form. M+COs may not deviate from the content of the form provided. Please note that the OMB control number must be displayed on the notice.

Heading

- a. Date.--Enter the month, day, and year that the notice is being issued to the enrollee or enrollee's authorized representative.
- b. Beneficiary's Name.--Enter the full name of the enrollee.
- c. Member ID Number.-- Enter the enrollee's health insurance ID number.
- d. We have denied coverage of the following medical services or items that you or your physician requested.--List the denied medical services or items that were requested by the enrollee or physician.
- e. We denied this request because.--The M+CO must provide a specific and detailed explanation why the medical services or items are being denied, with the description of any applicable Medicare coverage rule or any other applicable M+C organization policy upon which the denial decision was based.

Section Titled: What If I Don't Agree With This Decision?

No information is required to be completed.

Section Titled: Who May File An Appeal?

In the spaces provided, the M+CO is required to enter the M+CO's telephone and TTY/TDD number where the enrollee can learn how to name an authorized representative.

Section Titled: There Are Two Kinds of Appeals You Can File

No information is required to be completed.

Section Titled: What Do I Include With My Appeal?

No information is required to be completed.

Section Titled: How Do I File An Appeal?

Under the subsection "For a Standard Appeal" -- The M+CO must provide the address(es) where the enrollee or authorized representative can mail or hand deliver a standard appeal.

Under the subsection "For a Fast Appeal" -- The M+CO is required to enter the telephone or fax number where the enrollee or authorized representative can request an expedited (fast) appeal.

Section Title: What Happens Next?

No information is required to be completed.

Section Titled: Contact Information

In the spaces provided, the M+CO is required to enter the M+CO's telephone and TTY/TDD number where the enrollee or authorized representative can call if they need information or help.

Section Titled: Other Resources To Help You

No information is required to be completed.

DISCLOSURE:

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0829. The time required to complete this information collection is estimated to average 6.3 minutes per response, including the time to review instructions, search existing data resources, and gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.