

## Detailed Explanation of Non-coverage

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Date:

Patient name:

Patient number:

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This notice explains why your provider and/or health plan decided Medicare coverage for your current services should end. ***This notice is not the decision on your appeal.*** The decision on your appeal will come from your Quality Improvement Organization (QIO).

### Why your services are no longer covered

We reviewed your case and decided that Medicare coverage of your skilled services should end.

- **The facts used to make this decision:**

- **Detailed explanation of why your services are no longer covered, and the Medicare coverage rules used to make this decision:**

- **Specific plan policy used to make the decision (health plans only):**

To get a copy of the rules or guidelines used to make this decision, or a copy of the

documents sent to the QIO, call us at 1-888-341-1507, Monday - Friday, 8:00 A.M. - 8:00 P.M. Representatives are available 7 days a week, 8:00 A.M – 8:00 PM from October 1 – March 31. For our hearing impaired members with TDD machines, please call our Telephonic Device for the Deaf (TDD) at 711.

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