

Blue Cross and Blue Shield of Minnesota
P.O. Box 64560
St. Paul, MN 55164-0560
651 662-8000
800 382-2000



<Member's Name
Street Address
City, State, Zip>

Detailed Explanation of Non-coverage

Date:

Patient name: <Click Here and type>

Patient number: <Click Here and type>

This notice gives a detailed explanation of why your Medicare provider and/or health plan has determined 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).

We have reviewed your case and decided that Medicare coverage of your current <Click **Here** and type> services should end.

- The facts used to make this decision:
<Click Here and type>

- Detailed explanation of why your current services are no longer covered, and the specific Medicare coverage rules and policy used to make this decision:
<Click Here and type>

- Plan policy, provision, or rationale used in making the decision (health plans only):
<Click Here and type>

If you would like a copy of the policy or coverage guidelines used to make this decision, or a copy of the documents sent to the QIO, please call us at: <1-866-340-8654 or 1-888-878-0137 (TTY/TDD), daily 8:00 AM to 8:00 PM., CST.; these numbers are toll-free>.

Blue Cross and Blue Shield of Minnesota is a health plan with a Medicare contract.

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