

Form Instructions for the "Notice of Denial of Payment"

CMS-10003-NDP

A Medicare+Choice Organization (M+CO) is to complete and issue this notice when it denies a M+C enrollee's request for payment of a service already received. This is not model language. This is a standard form.

We are permitting M+COs to use their existing electronic formats that generate Explanation of Benefits, as long as the back or a separate attachment contains the appeals language as stated on the second page of the Notice of Denial of Payment verbatim. However, if the M+CO does not currently generate the Explanation of Benefits format, it must use the Notice of Denial of Payment in its entirety. 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.--Enter the M+CO's name.
- e. Recently received a claim for.--Enter the medical services rendered or items provided to the enrollee.
- f. Provided to you by.--Enter the physician's or supplier's/provider's name.
- g. We will not pay for.--Enter the medical services rendered or items already provide to the enrollee that the M+CO will not cover.
- h. Because.--The M+CO must provide a specific and detailed explanation why the medical services rendered or items already provided to the enrollee are not covered, with the description of any applicable Medicare coverage rule or any other applicable M+C organization policy upon which the claim 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: How Do I File An Appeal?

The M+CO must provide the address(es) where the enrollee or authorized representative can mail or hand deliver an appeal.

Section Titled: What Do I Include With My Appeal?

No information is required to be completed.

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 5 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.