

Reference ID:Reference ID  
Date of Service:Date of Admission  
MEDREC: CC 551A

Member First Name MI Last Name  
Member Address 1  
Member Address 2  
Member Address 3  
Member city, state zip

OMB Approval No. 0938-910



## DETAILED EXPLANATION OF NON-COVERAGE

---

Date:

Patient Name:[Member Name]

Patient ID Number:[Member ID]

---

This notice gives a detailed explanation of why your MA plan and/or provider has determined that Medicare coverage for your current [type of service being terminated] 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 [type of service being terminated] services should end.**

**• The facts used to make this decision:**  
[type facts]

**• Detailed explanation of why your current services are no longer covered under your MA plan, and the specific Medicare coverage rules and policy used to make this decision:**  
[Describe how member does not meet the guidelines]

**• BlueAdvantage policy, provision, or rationale used in making the decision:  
[Describe how the member does not meet the guidelines]**

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 1-800-841-7434 or 1-888-423-9490 TTY (for hearing impaired).

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Form No. CMS-10095

Exp. Date 03/31/2007

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-NEW. The time required to distribute this information collection is 60 - 90 minutes per notice, including the time to select the preprinted form, gather the needed information, complete the form, and deliver it to the enrollee. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to CMS, PRA Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

COPY

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MEDREC: CC 551A

Facility Name  
Facility Address 1  
Facility Address 2  
Facility Address 3  
Facility City, State and Zip

OMB Approval No. 0938-910



BlueCross BlueShield  
of Tennessee

P.O. Box 180205  
Chattanooga, TN 37402  
[www.bcbst.com](http://www.bcbst.com)

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Req Prov Address 2  
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Req Prov City, State Zip

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