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## DETAILED EXPLANATION OF NON-COVERAGE

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Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_ Patient ID Number: \_\_\_\_\_

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This notice gives a detailed explanation of why your Medicare Health plan and/or provider has determined that 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 \_\_\_\_\_ services should end.**

**The facts used to make this decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Detailed explanation of why your current services are no longer covered under your plan, and the specific Medicare coverage rules and policy used to make this decision:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **policy, provision, or rationale used in making the decision:**

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 \_\_\_\_\_:

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H2456 H2407 H2459 031108\_1 (031908) DHS (052708) F

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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 0938-0910. The time required to complete this information collection is estimated to average 60 to 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have 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, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

**Attention.**

**If you want free help translating this information, call UCare at 612-676-3200 or toll free at 1-800-203-7225.**

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ملاحظة: إذا أردت مساعدة مجانية في ترجمة هذه المعلومات، فاتصل على الرقم الموجود أعلاه.

កំណត់សំគាល់ បើអ្នកចង់បានជំនួយបកប្រែព័ត៌មាននេះដោយមិនគិតថ្លៃ សូមទូរស័ព្ទ ទៅលេខនៅខាងលើ។

Pažnja. Ako vam je potrebna besplatna pomoć za prevod ove informacije, nazovite gornji broj.

Ceeb toom. Yog koj xav tau kev pab txhais cov xov no dawb, thov hu rau tus xov tooj saud.

ໂປດຊາບ. ຖ້າຫາກທ່ານຕ້ອງການ ການຊ່ວຍເຫຼືອ ໃນການເປ ອ້ອວາມຕັ້ງກ່າວນີ້ຟຣີ, ຈົ່ງ ໂທລ ຕາມເລກໂທລ ທີ່ຢູ່ຂ້າງເທິງນີ້.

Hubaddhu. Yoo akka odeeffannoon kun sii hiikamu gargaarsa tolaa feeta ta'e, lakkoofsa armaa olii bilbili.

Внимание. Если вам нужна бесплатная помощь в переводе этой информации, позвоните по указанному выше телефону.

Ogow. Haddii aad dooneyso in lagaa kaalmeeyo tarjamadda macluumaadkani oo lacag la'aan ah, wac lambarka kore.

Atención. Si desea recibir asistencia gratuita para traducir esta información, llame al número que aparece más arriba.

Chú Ý. Nếu quý vị cần dịch thông tin này miễn phí, xin gọi số nêu trên.

**This information is available in other forms to people with disabilities by calling: 612-676-3200 (voice) or toll free at 1-800-203-7225 (voice); 612-676-6810 (TDD) or toll free at 1-800-688-2534 (TDD) or through the Minnesota Relay at 711 or 1-877-627-3848 (speech to speech relay service).**

**American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your Health Plan primary care provider prior to the referral.**