



# Blue Cross Medicare Advantage<sup>SM</sup> Plan

<Utilization Management MAPD>

<P.O. Box 660694>

<Dallas, TX 75266-0694>

## Notice of Denial of Medical Coverage

{Replace *Denial of Medical Coverage* with *Denial of Payment*, if applicable}

**Date:**

**Member number:**

**Name:**

[Insert other identifying information, as necessary (e.g., provider name, enrollee’s Medicaid number, service subject to notice, date of service)]

### Coverage for your medical services/items was {Insert appropriate term: **partially approved, denied**}

We’ve {Insert appropriate term: *denied, partially approved, stopped, reduced, suspended*} the {*payment of*} {*medical services/items or Medicare Part B drug or Medicaid drug*} listed below that you or your doctor [*provider*] requested:

---

---

---

---

### Why was coverage {Insert appropriate term: **denied, partially approved, stopped, reduced, suspended**}?

We {Insert appropriate term: *denied, partially approved, stopped, reduced, suspended*} the {*payment of*} {*medical services/items or Medicare Part B drug or Medicaid drug*} listed above because {Provide specific rationale for decision and include State or Federal law and/or Evidence of Coverage provisions to support decision}:

---

---

---

---

Share a copy of this decision with your doctor [*provider*] and discuss next steps. If your doctor [*provider*] asked for coverage on your behalf, we already sent them a copy of this denial notice.

### You have the right to appeal our decision

You have the right to ask Blue Cross Medicare Advantage Plan to review our decision by asking us for an appeal within **65 calendar days** of the date of this notice. If you ask for an appeal after 65 days, you must explain why your appeal is late. See “How to ask for an appeal with Blue Cross Medicare Advantage Plan on the next page.

Y0096\_MAPDDSNPIDN2025v2\_C

## If you want someone else to act for you

You can name a relative, friend, attorney, doctor [*provider*], or someone else to act as your representative. If you want someone else to act for you, call us at <If MAPD 1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)> <If DSNP 877-688-1813 (NM DSNP); 877-895-6437 (TX DSNP); 1-877-774-8592 (OK DSNP)> to learn how to name your representative. TTY users call <711>.

## Important Information About Your Appeal Rights

### There are 2 kinds of appeals with Blue Cross Medicare Advantage Plan

#### Standard Appeal

- **Request for Service:** For services you haven't received yet, we'll give you a written decision within {insert appropriate timeframe for medical service/item or Medicare Part B drug: *30 days, 7 days*} after we get your appeal. [insert for requests for medical service/item: *Our decision might take longer if you ask for an extension, or if we need more information about your case. We'll tell you if we're taking extra time and will explain why more time is needed.*]
- **Request for Payment:** For appeals related to payment of a {medical service/item or Medicare Part B drug} you already received, we'll give you a written decision within 60 days. You can't ask for a fast appeal if you're asking us to pay you back for a {*medical service/item or Medicare Part B drug*} you already received.

#### Fast Appeal (only available for service requests)

- We'll give you a decision on a fast appeal within 72 hours after we get your appeal. You can ask for a fast appeal if you or your doctor [*provider*] believe your health could be seriously harmed by waiting for a standard appeal.
- We'll automatically give you a fast appeal if a doctor [*provider*] asks for one for you or supports your request. For a fast appeal without support from a doctor [*provider*], we'll decide whether your request requires a fast appeal. If we don't give you a fast appeal, we'll process a standard appeal.

### How to ask for an appeal with Blue Cross Medicare Advantage Plan

**Step 1:** You, your representative, or your doctor [*provider*] can ask for an appeal. Your {*written*} request must include:

- Your name
- Address
- Plan Member number
- Reasons for appealing
- Whether you want a standard or fast appeal (for a fast appeal, explain why you need one).
- Any evidence you want us to review, like medical records, doctor supporting statements, or other information that explains why you need the {*medical service/item or Medicare Part B drug or Medicaid drug*}.

If you're asking for an appeal and missed the deadline, you can ask for an extension and should include your reason for being late.

Keep a copy of everything you send for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. You can also ask for a copy of the guidelines we used to make our decision at no cost to you.

**Step 2:** Submit your appeal by mail, phone, fax, or online.

**For a Standard Appeal:** Mailing Address: <Appeals Department>  
<P.O. Box 663099>  
<Dallas, TX 75266>

Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans); 1- 877-688-1813 (NM DSNP); 1-877-895-6437 (TX DSNP); 1-877-774-8592 (OK DSNP) TTY Users Call:<711>  
Fax: <1-800-419-2009>

**For a Fast Appeal:** Phone: <1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans); 1- 877-688-1813 (NM DSNP); 1-877-895-6437 (TX DSNP); 1-877-774-8592 (OK DSNP)> TTY Users Call:<711>  
Fax: <1-800-338-2227>

## What happens next?

If you ask for an appeal and we continue to deny your request for *{payment of}* a *{medical service/item or Medicare Part B drug or Medicaid drug}*, we'll automatically send your case to an independent reviewer. If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.

## Get help & more information

- Blue Cross Medicare Advantage Plan Toll Free: <If MAPD 1-877-774-8592 (Individual plans); 1-877-299-1008 (Employer plans)> <If DSNP 877-688-1813 (NM DSNP); 877-895-6437 (TX DSNP); 877-774-8592 (OK DSNP)> TTY users call:<711>  
We are open <8:00 a.m. – 8:00 p.m., local time, 7 days a week. If you are calling from April 1 through September 30, alternate technologies (for example, voicemail) will be used on weekend and holidays>.
- **Medicare:** 1-800-MEDICARE (1-800-633-4227. TTY users call: 1-877-486-2048
- **Medicare Rights Center:** 1-888-HMO-9050
- **Elder Care Locator:** 1-800-677-1116 or [Eldercare.acl.gov/Public/Index.aspx](http://Eldercare.acl.gov/Public/Index.aspx) to find help in your community

## Get information in another format

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit [Medicare.gov/about-us/accessibility-nondiscrimination-notice](https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice), or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

## PRA Disclosure Statement

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. This information collection is for the notice Medicare health plans must provide when a request for either a medical service or payment is denied, in whole or in part. The time required to complete this information collection is estimated to average less than 10 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, to review and complete the information collection. This information collection is mandatory under Section 1852(g)(1)(B) of the Act and the regulatory authority set forth in Subpart M of Part 422 at 42 CFR 422.568, 422.572, 417.600(b), and 417.840. 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.

cc: <Provider Full Name>  
<Provider Address>  
<Provider City, Provider State Provider Zip Code>

<Facility Name>  
<Facility Address>  
<Facility City, Facility State Facility Zip Code>

<Primary Care Physician Full Name>  
<Primary Care Physician Address>  
<Primary Care Physician City, Primary Care Physician State Primary Care Physician Zip Code>

<HMO plan in New Mexico, HMO and HMO-POS plans in Illinois, and PPO plans in Illinois, Montana, and New Mexico are provided by Health Care Service Corporation, a Mutual Legal Reserve Company (HCSC). HMO plan in Illinois provided by Illinois Blue Cross Blue Shield Insurance Company (ILBCBSIC). HMO Special Needs Plan and PPO Special Needs Plan in New Mexico provided by HCSC. HMO, PPO, and Dual Care HMO Special Needs plans in Texas provided by HCSC Insurance Services Company (HISC). PPO plan in New Mexico provided by HISC. HMO and PPO plans in Texas provided by GHS Insurance Company (GHSIC). All HMO and PPO employer/union group plans provided by HCSC. HMO plan in Oklahoma provided by GHS Health Maintenance Organization, Inc. d/b/a BlueLincs HMO (BlueLincs). HMO Special Needs Plan and PPO plans in Oklahoma provided by GHS Insurance Company (GHSIC). HCSC, ILBCBSIC, HISC, GHSIC, and BlueLincs are Independent Licensees of the Blue Cross and Blue Shield Association. ILBCBSIC, GHSIC and BlueLincs are Medicare Advantage organizations with a Medicare contract. HCSC is a Medicare Advantage organization with a Medicare contract and a contract with the New Mexico Medicaid program. GHSIC is a Medicare Advantage organization with a Medicare contract and a contract with the Oklahoma Medicaid program. HISC is a Medicare Advantage organization with a Medicare contract and a contract with the Texas Medicaid program. Enrollment in these plans depends on contract renewal.>