



Webinar

Teleconference



Notices of Non-Coverage

March 12, 2025| Ruthie Glazier

Disclaimer

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This publication is a general summary that explains certain aspects of the Medicare Program but is not a legal document. The official Medicare Program provisions are contained in the relevant laws, regulations, and rulings. Medicare policy changes frequently, and links to the source documents have been provided within the document for your reference.

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Agenda

- **Review the Different Notices of Non-Coverage**
 - What are the Differences between the Notices?
- **When to Submit**
- **Notice of Medicare Non-Coverage**
 - 2025 Updates to the Notice of Medicare Non-Coverage





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Notices of Non-Coverage

What are the differences?

Notices of Non-Coverage

What is a Notice of Non-Coverage?

- A notice of non-coverage is used to transfer financial liability to the patient
- Three different notices used by SNFs
 - Skilled Nursing Facility Advance Beneficiary Notice of Non-Coverage (SNF ABN): Form CMS-R-131
 - Notice of Medicare Non-Coverage (NOMNC): Form CMS-10123
 - Detailed Explanation of Non-Coverage (DENC): Form CMS-10124



Notices of Non-Coverage

Which one to use?

- SNF ABN is used to inform a beneficiary before receiving services or items that may otherwise be covered, that Medicare will not, or most likely will not, pay for the services or items for a particular reason
- NOMNC informs the beneficiary of the right to request a review from the Quality Improvement Organization (QIO) and how to request an expedited review.
- DENC explains the specific reasons for the termination of services





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When to Issue

Are there specific timeframes?

When to Issue

SNF ABN:

When it is believed that Medicare may not pay on the basis of:

- Not Reasonable and Necessary for the diagnosis or treatment of illness, injury, or to improve the functioning of a malformed body member
- Custodial Care

Issue:

- Before a Triggering Event
 - Initiation
 - Reduction
 - Termination
- Prior to delivery of care item or service
 - Enough time for the beneficiary to make an informed decision

When to Issue

NOMNC:

When their Medicare Covered Services are Ending

- In place of an ABN
- Physician orders a reduction of services or to discontinue services
- Patient Qualifies for an Expedited Review

Issue:

- At least two calendar days before Medicare covered services end
- Second to last day of service if care is not being provided daily

*The two-day advance requirement is not a 48-hour requirement



When to Issue

DENC:

When a beneficiary requests an expedited determination.

- When notified by the QIO
- Submit to both beneficiary and QIO

Issue:

- By close of business the day of notification





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Notice of Medicare Non-Coverage

NOMNC

NOMNC

Beginning 01/01/25:

- Use updated NOMNC for patients with traditional Medicare or a Medicare Advantage Plan
- NOMNC revised to reflect regulations for Medicare Advantage enrollees
- Use updated DENC for patients with traditional Medicare

Beginning 04/01/25:

- Use the updated DENC for patients with a Medicare Advantage plan



NOMNC



Downloads

[Notice of Medicare Non-Coverage \(NOMNC\) Forms \(Incl Large Print\)-English and Spanish \(ZIP\)](#)

[Detailed Explanation of Non-Coverage \(DENC\) Forms \(Incl Large Print\)-English and Spanish \(ZIP\)](#)

[Instructions for Notice of Medicare Non-Coverage \(PDF\)](#)

[Instructions for Detailed Explanation of Non-Coverage \(PDF\)](#)

[Chapter 30 - Financial Liability Protections \(PDF\)](#)

[Parts C & D Enrollee Grievances, Organization/Coverage Determinations, and Appeals Guidance \(PDF\)](#)

[Notice of Medicare Non-Coverage \(NOMNC\) Eff Jan 2025 \(ZIP\)](#)

[Notice of Medicare Non-Coverage Instructions Eff Jan 2025 \(PDF\)](#)

[Detailed Explanation of Non-Coverage \(DENC\) Eff Jan 2025 \(ZIP\)](#)

[Detailed Explanation of Non-Coverage Instructions Eff Jan 2025 \(PDF\)](#)

NOMNC

- **Providers are responsible for the delivery of the NOMNC**
- **Deliver to all beneficiaries eligible for the expedited determination process**
- **Deliver even if the beneficiary agrees with the termination**
- **May delegate the delivery of notices**
- **Ensure that the beneficiary or representative signs and dates**
- **Assistive devices may be used to obtain a signature**
- **Electronic issuance is not prohibited**
 - Beneficiary must be given the option of requesting a paper issuance over electronic
 - Beneficiary must be given a paper copy
 - With the required beneficiary-specific information inserted



NOMNC

Additional Timeframe Information:

- May be delivered earlier than two day before the end of covered services
 - Delivery must be closely tied to the end of services
- May not be routinely given at the time services begin
 - Exception- if services are expected to last fewer than two days

Refusal to Sign:

- If beneficiary refuses to sign, notate the notice
 - Indicate the date of refusal
- Date of refusal is considered to be the date of receipt
- Beneficiary remains entitled to an expedited determination



NOMNC

Delivery to Representatives:

- NOMNC may be delivered to a beneficiary's representative
 - Individuals designated by beneficiaries to act on their behalf
 - “Appointment of Representative” form, CMS-1696
- CMS usually required notification to a representative for someone who has been deemed legally incompetent



NOMNC

Representatives:

- Authorized Representative may make health care decisions on a beneficiary's behalf
 - Legal Guardian
 - Durable Medical Power of attorney
- Provider Determined reasonably represent the beneficiary
 - If beneficiary is temporarily incapacitated
 - Typically, a family member or close friend
 - Not been named in any legally binding document
 - Must have the beneficiary's best interests at heart
 - Act in a manner that is protective of the beneficiary
 - Have no relevant conflict of interest



NOMNC

Delivery to Unnamed Representative:

- Annotate the NOMNC
 - name of the staff person
 - Name of person contacted
 - Date
 - Time
 - Method
- Copy of NOMNC should be retained in the beneficiary's record



NOMNC

Delivery to Representative:

- **Exception to In Person:**
 - If the representative not living with the beneficiary
 - Provider is not required to make off-site, in-person notice delivery
 - Complete the NOMNC as required
 - Telephone the representative
 - Inform the representative of the beneficiary's right to appeal



NOMNC

Delivery to Representatives:

- **Should Include:**
 - Beneficiary's last day of covered services
 - Date beneficiary's liability is expected to begin
 - Beneficiary's right to appeal
 - How to request an appeal by a QIO
 - Deadline to request a review
 - What to do if deadline is missed
 - Telephone number of QIO
- **Date this information is communicated is considered the date of receipt**
 - By telephone or in writing



NOMNC

Delivery to Representative:

- **Telephone Contact:**
 - Include information previously listed
 - Name of Staff person
 - Name of Representative
 - Date
 - Time
 - Telephone Number



NOMNC

Delivery to Representative:

- Copy on NOMNC should be mailed to the representative
- Dated copy placed in the beneficiary's medical file
- If communicated in writing hard copy must be sent
 - Certified Mail
 - Return Receipt Requested
 - Other delivery Method for signed verification of delivery
 - Provider must demonstrate that timely contact was attempted, and notice delivered
 - Date someone signs, or refused to sign for notice, is considered the received date
- If both the provider and representative agree, the notice may be sent by fax or e-mail
 - Must meet HIPPA privacy and security requirements



NOMNC

- **Alterations:** must remain two pages; may include business logo and contact information; “Additional Information” section relevant to the beneficiary’s situation
- **Heading:** Contact Information; logo may be used but not required
- **Patient Name:** Beneficiary’s First and Last Name
- **Patient Number:** Beneficiary’s medical record or identification number
- **{Insert type}:** Kind of Service
- **{Insert Effective Date}:** Date coverage will end
- **Signature and Date Line:** Beneficiary will sign and date



NOMNC

{Insert provider contact information here}

Notice of Medicare Non-Coverage

Patient name:

Patient number:

Medicare Coverage of Your Current {insert type} Services Will End on {insert effective date}

Your provider and/or health plan determined that Medicare probably won't pay for your {insert type} services after the above date. You may have to pay for any services you get after this date.

Your right to appeal this decision

- You have the right to appeal the decision to end Medicare coverage of your services. This means you'll get an independent medical review right away. Your services will continue during the appeal.
- If you choose to appeal, the independent reviewer will ask for your opinion. You don't have to prepare anything in writing, but you have the right to do so. The reviewer also will look at your medical records and/or other relevant information.
- Once you ask for an appeal, you'll get a notice with a detailed explanation about why your service coverage should end.
- If the independent reviewer agrees Medicare coverage for your services should end, neither Medicare nor your plan will pay for these services after the above date.
- If you stop services by the above date, you'll avoid financial liability.

How to ask for an immediate appeal

- Ask for the appeal as soon as possible. **You must ask for a timely appeal no later than noon of the day before the above date.**
- Make your request to your Quality Improvement Organization (QIO). A QIO is the independent reviewer authorized by Medicare.
- **If you miss the deadline** to ask for an immediate appeal, you may still have appeal rights.
- Call your QIO at **{insert QIO name and toll-free number of QIO}** to appeal, or if you have questions.

Additional information (optional):

Sign below to show you received and understand this notice.

I've been notified that coverage of my services will end on the date on this notice, and that I can appeal this decision by contacting my QIO.

Signature of Patient or Representative

Date

Resources

- **IOM 100-04 Chapter 30 -** <https://www.cms.gov/regulations-and-guidance/guidance/manuals/downloads/clm104c30.pdf>
- **Fee-For-Service and Medicare Advantage NOMNC/DENC -** <https://www.cms.gov/medicare/forms-notices/beneficiary-notices-initiative/ffs-ma-nomnc-denc>
- **SNF Demand Bills -** <https://cgsmedicare.com/parta/pubs/news/2020/05/cope17117.html>



Disable Interactive Voice Response (IVR) Beneficiary Eligibility Information

After February 28, 2025, 5 PM CT / 6 PM ET:

- The CGS IVR won't provide beneficiary eligibility information.
- Instead, you must check your patient's eligibility through:
 - myCGS portal: <https://www.cgsmedicare.com/mycgs/index.html>
 - Billing agencies, clearinghouses or software vendors
 - Health Insurance Portability and Accountability Act (HIPAA) Eligibility Transaction System (HETS) <https://www.cms.gov/data-research/cms-information-technology/hipaa-eligibility-transaction-system>
 - Direct Data Entry (Part A & HHH)
 - Professional Provider Telecommunications Network (Part B)

CR13754: <https://www.cms.gov/files/document/r12858otn.pdf>

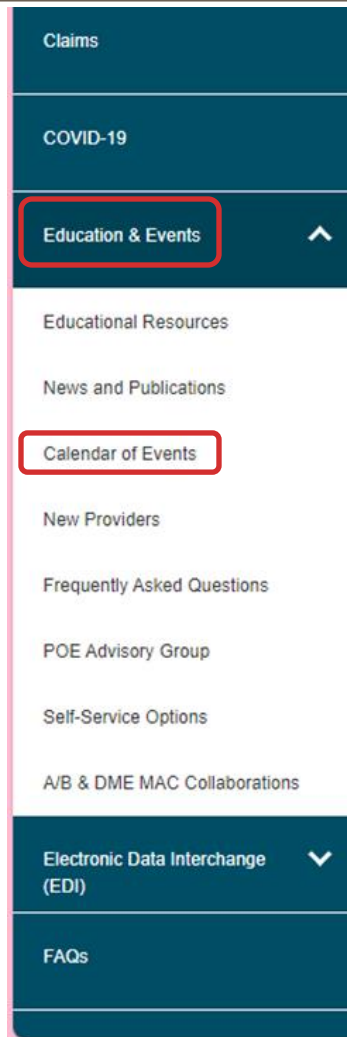


Contact Information

- **Part A Provider Contact Center: 1-866-590-6703**
- **Part A Provider Outreach and Education: J15_PartA_Education@cgsadmin.com**



New Platform



J15 Calendar of Events

About Our Webinar Platform

Welcome to CVENT! Please [visit the video tutorial](#) for help with registering and webinar tips!

1. Click on more details below to register for each event you would like to attend!
 - a. You can search for education via keywords and/or dates
 - b. When registering for events, if you don't have a NPI or PTAN, populate these fields with zeroes.
2. After registering, an email will be sent to the email used in registration with confirmation details.
3. If you have missed an event, you can create an [account](#) ^{EXT}, [log in](#) ^{EXT} and view the education via On Demand.

Keyword

Date



Filter Events

January 2025

Registration Type

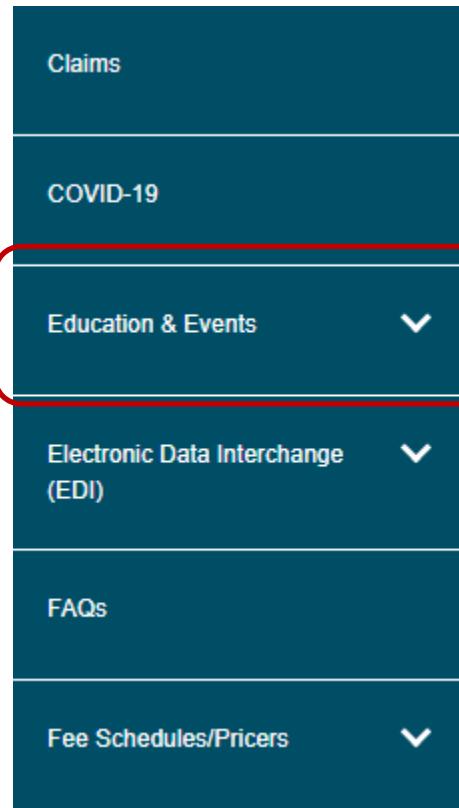
☐ All

Medicare 101 - Ambulatory Surgery Center Overview (1/23/25) - PART B

🕒 January 23, 2025 at 11:00 AM – 12:00 PM ET

Join us for a general overview of Part B ASC services. We will discuss the general guidelines, updates

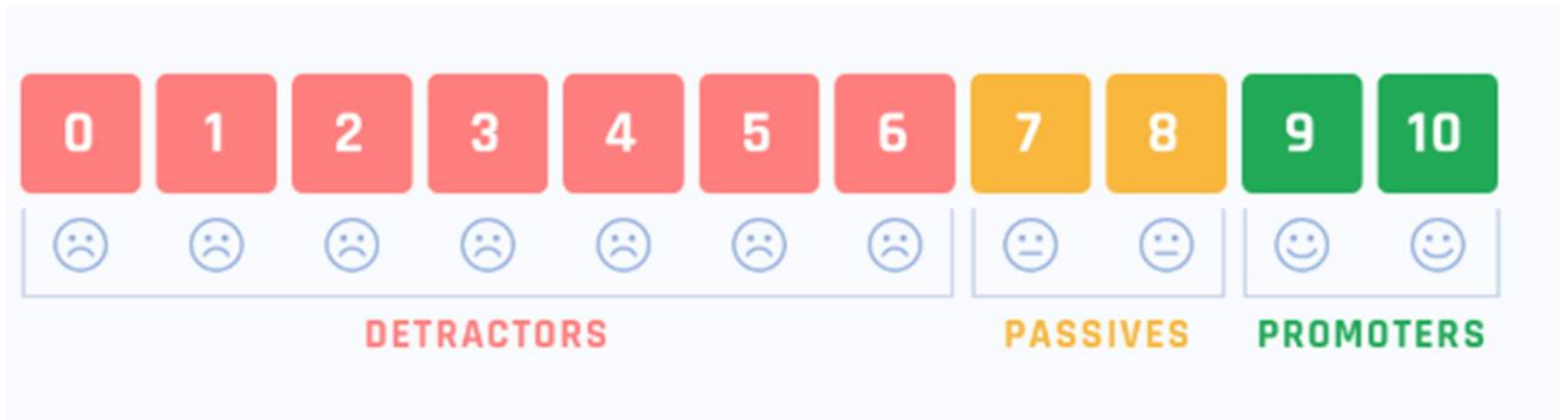
Upcoming Events



[Calendar of Events](#)

- **03/18/2025 – What’s New with MyCGS?**
- **03/20/2025 – Appeals 101**
- **03/25/2025 – Self-Service Options**

How likely are you to recommend our education to a colleague or peer?

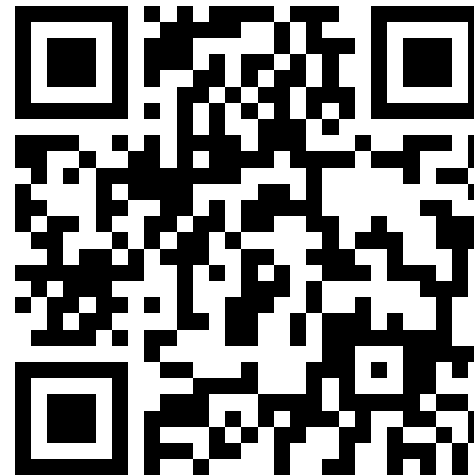


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Let us know any future education sessions you would like to see and how likely you are to return for more education sessions



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