APPEAL LETTER TEMPLATE

How to Appeal a Medicare Cut Notice (NOMNC)

A Notice of Medicare Non-Coverage (NOMNC) says skilled nursing or therapy coverage is ending on a certain date. Don't panic: you have the right to a fast appeal, and it's almost always worth using. Goes with the video **"Got a Medicare Cut Notice (NOMNC)? How to Appeal."**

Step by step

1. **Read the notice.**
   Find the **coverage end date** and the **phone number of the Quality Improvement Organization (BFCC-QIO)**. The notice should arrive at least 2 days before coverage ends. If you didn't get one, ask the facility for it.
2. **Call the QIO right away.**
   The deadline is **noon the day before the coverage end date**. Don't wait. Say: "I want a fast appeal of my Notice of Medicare Non-Coverage." In Nevada and most western states the QIO is Livanta, 877-588-1123, but always use the number printed on your notice.
3. **Explain why care should continue.**
   Focus on safety at home: stairs, getting to the bathroom, getting in and out of bed, falls, swallowing, or managing medications. Use the letter on page 2 to organize your reasons.
4. **Get the detailed explanation.**
   After you appeal, the facility must give you a **Detailed Explanation of Non-Coverage (DENC)**. You can also ask for copies of the medical record and therapy notes.
5. **Ask the doctor to back you up.**
   A doctor's statement that daily skilled care is still needed can help. Ask them to contact the QIO or put it in writing.
6. **Wait for the decision.**
   The QIO reviews the records and usually decides within about a day of getting them. If you win, coverage continues. If you lose, you won't pay for care before the end date on the notice, but you may owe for care after it.
7. **Lost? You can appeal again.**
   The decision letter explains the next level and its deadline. For Original Medicare, the next fast appeal must be requested by **noon the day after the decision**. Missed a deadline? You can usually still appeal, but different rules apply and you may owe for the stay. Call 1-800-MEDICARE or your SHIP for help.

Good to know

It's a coverage decision. Your therapist may still recommend more therapy. The appeal reviews whether Medicare's coverage rules are still met.
"Plateaued" isn't the end of the story. Coverage doesn't require improvement. Skilled care to maintain a condition or prevent decline can be covered (Jimmo v. Sebelius).
Use the time well. Ask therapy to practice the exact tasks needed at home, and plan a safe discharge with the case manager.

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Rules and amounts are for 2026 and can change. Confirm with your plan, care team, or 1-800-MEDICARE.

APPEAL LETTER AND CALL NOTES

Use this to call the QIO or send in writing

Fill this in before you call so everything is in one place. Read it aloud on the phone, or fax or mail it if the QIO asks.

Date _____ **To (QIO name)** _____ **QIO phone** _____

Re: Request for a fast (expedited) appeal of a Notice of Medicare Non-Coverage

Patient name _____ **Date of birth** _____

Medicare number or plan member ID _____ **Insurance plan** _____

Facility name _____ **Coverage end date on the notice** _____

I am requesting a fast appeal of the decision to end coverage of skilled care for the patient named above. I do not believe it is safe to stop skilled services yet because:

_____

_____

_____

Skilled services still needed:

☐ Physical therapy ☐ Occupational therapy ☐ Speech therapy ☐ Skilled nursing

What the patient cannot yet do safely on their own (for example: stairs, walking to the bathroom, getting out of bed, swallowing, medications):

_____

_____

Medicare coverage does not depend on the patient's potential to improve. Skilled care needed to maintain the patient's condition or prevent decline can be covered (Jimmo v. Sebelius). Please review the medical record and contact me with any questions.

Your name _____ **Relationship to patient** _____ **Phone** _____

Email _____ **Signature** _____ **Date** _____

Call notes

Date and time you called _____ **Person you spoke with** _____ **Reference or case number** _____

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